

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED  
OMB NO. 0938-0050  
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 9/28/2017 2:06 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 9/28/2017	Time: 2:06 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF CHICAGO HOSPITALS ( 14-0088 ) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-596,531	216,378	0	363,254	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-596,531	216,378	0	363,254	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 9/28/2017 2:05 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5841 SOUTH MARYLAND AVENUE			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60637		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII	XIX						
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital		UNIVERSITY OF CHICAGO HOSPITALS	140088	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, 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 Section §412.106(c)(2) (Pickler amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
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		22.03	
23.00	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.							3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	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.		16,877	25,440	0	2,301	34,392		0	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 9/28/2017 2:05 pm				
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the 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.	0	0	0	0	0	0	25.00		
		Urban/Rural		S		Date of Geogr				
		1.00		2.00						
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00		
27.00	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		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00		
		Beginning:		Ending:						
		1.00		2.00						
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01		
38.00	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.							38.00		
		Y/N		Y/N						
		1.00		2.00						
39.00	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	39.00		
40.00	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	40.00		
		V		XVII		XIX				
		1.00		2.00		3.00				
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00	
46.00	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	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00	
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					Y			59.00	
60.00	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			60.00	
		Y/N		IME		Direct GME				
		1.00		2.00		3.00		4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					N		0.00	0.00	61.00
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)			0.00		0.00				61.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-2  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			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)		0.00	0.00			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)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	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.				0.00	0.00	61.10
61.20	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.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
				1.00	2.00	3.00	
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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.09	568.46	0.007143	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. 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)	GERIATRIC MEDICINE	1408	0.03	0.75	0.038462	
65.01		PATHOLOGY	1950	0.51	22.56	0.022107	
65.02		PEDIATRICS	2000	3.43	44.23	0.071968	
65.03		DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	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)			8.61	658.16	0.012913	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. 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)	PEDIATRICS	2000	7.44	74.41	0.090898	
67.01		GERIATRIC MEDICINE	1408	0.68	2.01	0.252788	
67.02		HOSPICE & PALLIATIVE MEDICINE	1422	0.49	1.44	0.253886	

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			1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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 or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME 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 or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	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			81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital a "subclause (11)" LTCH classified under section 1886(d)(1)(B)(iv)(11)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	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		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	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 no for each therapy.		N	N	N
			1.00		
110.00	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	110.00

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				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	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.	0				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	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		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	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.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	12/02/1970				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/28/2008				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/08/1990				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/28/2008				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	01/02/1970				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	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				140.00
		1.00	2.00	3.00		
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.						
141.00	Name:	Contractor's Name:		Contractor's Number:		
142.00	Street:	PO Box:				
143.00	City:	State:		Zip Code:		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 9/28/2017 2:05 pm	
				1.00		2.00	
145.00	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.	Y		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "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				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
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)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC					161.00	
161.10	CORF			N		161.10	
161.20	OUTPATIENT PHYSICAL THERAPY			N		161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY			N		161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY			N		161.40	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	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)					0	
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	
169.00	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		169.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2016		09/30/2017		170.00	
						1.00	
						2.00	
171.00	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 in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y		1,191		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 9/28/2017 2:05 pm	
		Y/N	Date				
		1.00	2.00				
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							
Provider Organization and Operation							
1.00	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					1.00
		Y/N	Date				
		1.00	2.00				
2.00	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					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	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			16.00
17.00	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	09/22/2017	Y	09/22/2017		17.00
18.00	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 this cost report? If yes, see instructions.	N		N			18.00
19.00	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			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 9/28/2017 2:05 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	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.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SANDRA		COSLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF CHICAGO MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-834-5209		SANDRA.COSLER@UCHOSPITALS.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 9/28/2017 2:05 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	EXECUTIVE DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 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)	30.00	453	164,112	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		453	164,112	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	86	31,096	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	19	6,935	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	8	2,920	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU	35.00	47	17,155	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		613	222,218	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		613				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		9	3,205			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 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)	42,884	17,792	137,784			1.00
2.00 HMO and other (see instructions)	16,922	47,208				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	42,884	17,792	137,784			7.00
8.00 INTENSIVE CARE UNIT	7,595	4,420	23,714			8.00
9.00 CORONARY CARE UNIT	910	226	6,888			9.00
10.00 BURN INTENSIVE CARE UNIT	411	411	2,475			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU	0	5,176	15,117			12.00
13.00 NURSERY		3,590	10,310			13.00
14.00 Total (see instructions)	51,800	31,615	196,288	606.65	7,408.34	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0	0	0	606.65	7,408.34	27.00
28.00 Observation Bed Days		840	11,888			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			2,578			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	187	3,118			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 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)		0	7,443	3,161	29,544	1.00
2.00 HMO and other (see instructions)			2,394	8,395		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,443	3,161	29,544	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet S-3 Part II Date/Time Prepared: 9/28/2017 2:05 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	555,054,432	162,242,733	717,297,165	15,511,159.37	46.24	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		4,348,345	0	4,348,345	50,348.76	86.36	3.00
4.00	Physician-Part A - Administrative		29,780,455	0	29,780,455	207,123.77	143.78	4.00
4.01	Physicians - Part A - Teaching		8,262,295	0	8,262,295	73,785.79	111.98	4.01
5.00	Physician and Non-Physician-Part B		121,015,708	0	121,015,708	1,087,053.61	111.32	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	36,454,503	-2,166,720	34,287,783	1,211,134.95	28.31	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		9,470,461	460,031	9,930,492	264,510.75	37.54	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		7,876,951	0	7,876,951	247,520.80	31.82	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		168,253,293	0	168,253,293			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,824,651	0	1,824,651			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		1,096,408	0	1,096,408			21.00
22.00	Physician Part A - Administrative		8,815,015	0	8,815,015			22.00
22.01	Physician Part A - Teaching		2,950,464	0	2,950,464			22.01
23.00	Physician Part B		35,820,650	0	35,820,650			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		6,401,134	0	6,401,134			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	8,774,404	-1,884	8,772,520	101,940.24	86.06	26.00
27.00	Administrative & General	5.00	101,524,010	2,425,306	103,949,316	2,207,689.78	47.09	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		12,531,860	0	12,531,860	205,747.21	60.91	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	15,121,558	-28,218	15,093,340	572,528.32	26.36	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	16,936,758	-56,915	16,879,843	954,743.59	17.68	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	5,957,932	-11,790	5,946,142	288,302.47	20.62	34.00
35.00	Dietary under contract (see instructions)		1,709,532	0	1,709,532	70,523.25	24.24	35.00
36.00	Cafeteria	11.00	711,126	0	711,126	37,425.10	19.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	9,168,711	-21,421	9,147,290	213,668.93	42.81	38.00
39.00	Central Services and Supply	14.00	2,531,641	-4,821	2,526,820	111,034.50	22.76	39.00
40.00	Pharmacy	15.00	19,219,572	-48,154	19,171,418	421,447.35	45.49	40.00
41.00	Medical Records & Medical Records Library	16.00	4,679,883	-3,013	4,676,870	123,800.46	37.78	41.00
42.00	Social Service	17.00	576,995	0	576,995	22,233.73	25.95	42.00
43.00	Other General Service	18.00	5,433,975	-21,895	5,412,080	247,519.37	21.87	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-3  
Part III  
Date/Time Prepared:  
9/28/2017 2:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	399,214,973	164,409,453	563,624,426	13,365,106.72	42.17	1.00
2.00	Excluded area salaries (see instructions)	9,470,461	460,031	9,930,492	264,510.75	37.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	389,744,512	163,949,422	553,693,934	13,100,595.97	42.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,876,951	0	7,876,951	247,520.80	31.82	4.00
5.00	Subtotal wage-related costs (see inst.)	177,068,308	0	177,068,308	0.00	31.98	5.00
6.00	Total (sum of lines 3 thru 5)	574,689,771	163,949,422	738,639,193	13,348,116.77	55.34	6.00
7.00	Total overhead cost (see instructions)	204,877,957	2,227,195	207,105,152	5,578,604.30	37.12	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 9/28/2017 2:05 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		24,217,079	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		26,805,555	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		944,041	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		68,745,149	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		423,458	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,349,717	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,991,576	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		41,865,134	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		3,884,709	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		1,460,988	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		5,888,081	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		177,575,487	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 9/28/2017 2:05 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		7,876,951	177,575,487
2.00	Hospital		7,876,951	177,575,487
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
16.20	Hospital-Based-CMHC 20		0	0
16.30	Hospital-Based-CMHC 30		0	0
16.40	Hospital-Based-CMHC 40		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet S-7

Date/Time Prepared:  
9/28/2017 2:05 pm

		1.00	2.00	1.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	0	0	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-7 Date/Time Prepared: 9/28/2017 2:05 pm
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	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	0	0	0	76.00
77.00	PA2	0	0	0	77.00
78.00	PA1	0	0	0	78.00
199.00	AAA	0	0	0	199.00
200.00	TOTAL	0	0	0	200.00

	CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
	1.00	2.00

201.00 SNF SERVICES  
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 201.00

	Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
	1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 9/28/2017 2:05 pm
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			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.205237	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		318,371,410	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		1,598,443,606	6.00
7.00	Medicaid cost (line 1 times line 6)		328,059,770	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		9,688,360	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
<b>Uncompensated care (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,688,360	19.00
			Uninsured patients	
			Insured patients	
			Total (col. 1 + col. 2)	
20.00	Charity care charges for the entire facility (see instructions)	1.00	2.00	3.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	12,551,727	13,672,004	26,223,731
22.00	Partial payment by patients approved for charity care	2,576,079	2,806,001	5,382,080
23.00	Cost of charity care (line 21 minus line 22)	9,465	206,228	215,693
23.00	Cost of charity care (line 21 minus line 22)	2,566,614	2,599,773	5,166,387
			1.00	
24.00	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?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		39,799,753	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,840,397	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		36,959,356	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		7,585,427	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,751,814	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,440,174	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		46,296,991	46,296,991	-3,549,423	42,747,568	1.00
1.01	00101		0	0	4,947,019	4,947,019	1.01
1.02	00102		0	0	787,574	787,574	1.02
1.03	00103		0	0	190,944	190,944	1.03
2.00	00200		53,890,472	53,890,472	99,521	53,989,993	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	8,774,404	154,573,008	163,347,412	0	163,347,412	4.00
5.01	00540	1,949,413	-54,843	1,894,570	0	1,894,570	5.01
5.02	00550	26,981,240	30,803,944	57,785,184	-176,317	57,608,867	5.02
5.03	00560	6,865,738	2,704,485	9,570,223	0	9,570,223	5.03
5.04	00570	4,332,547	549,243	4,881,790	-105,215	4,776,575	5.04
5.05	00580	6,387,080	14,993,611	21,380,691	0	21,380,691	5.05
5.06	00590	55,007,992	98,678,374	153,686,366	-2,469,857	151,216,509	5.06
7.00	00700	15,121,558	25,883,726	41,005,284	371,335	41,376,619	7.00
8.00	00800	0	3,763,459	3,763,459	0	3,763,459	8.00
9.00	00900	16,936,758	7,462,136	24,398,894	-8,850	24,390,044	9.00
10.00	01000	5,957,932	3,899,553	9,857,485	-551	9,856,934	10.00
11.00	01100	711,126	2,923,774	3,634,900	0	3,634,900	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	9,168,711	869,238	10,037,949	0	10,037,949	13.00
14.00	01400	2,531,641	3,419,898	5,951,539	-1,983	5,949,556	14.00
15.00	01500	19,219,572	135,344,992	154,564,564	-124,947,117	29,617,447	15.00
16.00	01600	4,679,883	4,138,884	8,818,767	0	8,818,767	16.00
17.00	01700	576,995	231,400	808,395	0	808,395	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	204,223	154,486	358,709	0	358,709	18.01
18.02	01852	4,015,553	1,286,949	5,302,502	0	5,302,502	18.02
18.03	01853	1,214,199	479,956	1,694,155	0	1,694,155	18.03
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	36,454,503	1,717,377	38,171,880	-2,162,232	36,009,648	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,129,313	69,998	1,199,311	-7,233	1,192,078	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	87,403,398	11,988,604	99,392,002	-2,211,186	97,180,816	30.00
31.00	03100	31,703,306	6,817,580	38,520,886	-5,181,071	33,339,815	31.00
32.00	03200	707,331	153,941	861,272	5,091,545	5,952,817	32.00
33.00	03300	2,301,301	433,642	2,734,943	-260,832	2,474,111	33.00
35.00	02080	15,277,800	1,789,169	17,066,969	-8,584	17,058,385	35.00
43.00	04300	2,946,438	257,898	3,204,336	1,946,407	5,150,743	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	31,740,471	71,024,170	102,764,641	-45,748,445	57,016,196	50.00
52.00	05200	4,227,482	1,711,078	5,938,560	-117,263	5,821,297	52.00
53.00	05300	5,823,235	3,582,534	9,405,769	-801,267	8,604,502	53.00
54.00	05400	12,135,830	13,792,749	25,928,579	-5,076,399	20,852,180	54.00
55.00	05500	4,665,811	3,240,648	7,906,459	48,801	7,955,260	55.00
57.00	05700	2,693,189	878,416	3,571,605	-44,854	3,526,751	57.00
58.00	05800	2,725,321	1,109,319	3,834,640	20,073	3,854,713	58.00
59.00	05900	1,361,223	6,677,321	8,038,544	-4,585,867	3,452,677	59.00
60.00	06000	17,314,377	20,234,385	37,548,762	-20,478	37,528,284	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	2,730,628	9,269,080	11,999,708	-44,292	11,955,416	63.00
65.00	06500	7,006,192	3,699,850	10,706,042	-61,836	10,644,206	65.00
66.00	06600	5,858,597	891,094	6,749,691	-115,052	6,634,639	66.00
69.00	06900	6,182,682	10,413,833	16,596,515	-7,414,917	9,181,598	69.00
70.00	07000	2,798,080	295,758	3,093,838	-26,244	3,067,594	70.00
70.01	07001	168,293	160,385	328,678	-119,822	208,856	70.01
71.00	07100	0	0	0	27,059,301	27,059,301	71.00
72.00	07200	0	0	0	40,522,264	40,522,264	72.00
73.00	07300	0	1,163	1,163	124,917,259	124,918,422	73.00
74.00	07400	2,383,300	773,754	3,157,054	0	3,157,054	74.00
76.97	07697	121,006	12,444	133,450	0	133,450	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	48,061,632	263,476,826	311,538,458	-2,978,157	308,560,301	90.00
90.01	09001	0	0	0	2,621,469	2,621,469	90.01
90.02	09002	2,714,269	2,608,963	5,323,232	-64,124	5,259,108	90.02
90.03	09003	1,422,672	3,420,404	4,843,076	-10,558	4,832,518	90.03
91.00	09100	16,019,039	4,043,256	20,062,295	-15,164	20,047,131	91.00
92.00	09200						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet A Date/Time Prepared: 9/28/2017 2:05 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,347,876	177,722	1,525,598	-23,973	1,501,625	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	2,162,232	2,162,232	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	3,136,272	3,718,059	6,854,331	-3,091,556	3,762,775	105.00
106.00	10600	HEART ACQUISITION	99,598	1,955,961	2,055,559	312,202	2,367,761	106.00
107.00	10700	LIVER ACQUISITION	756,509	1,557,567	2,314,076	-148,719	2,165,357	107.00
108.00	10800	LUNG ACQUISITION	519,563	1,686,116	2,205,679	-367,817	1,837,862	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	872,723	872,723	109.00
113.00	11300	INTEREST EXPENSE		37,142,810	37,142,810	0	37,142,810	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	552,573,102	1,083,077,610	1,635,650,712	3,414	1,635,654,126	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,614	3,614	0	3,614	190.00
190.01	19001	ORLAND PARK PHYSICIAN	1,015,453	1,649,773	2,665,226	0	2,665,226	190.01
191.01	19101	OTHER NONREIMBURSABLE	920,882	2,493,918	3,414,800	161	3,414,961	191.01
191.02	19102	SOUTH LOOP CLINIC	544,995	1,438,178	1,983,173	-3,575	1,979,598	191.02
200.00		TOTAL (SUM OF LINES 118-199)	555,054,432	1,088,663,093	1,643,717,525	0	1,643,717,525	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,406,886	39,340,682	1.00
1.01	00101	DCAM CAPITAL	0	4,947,019	1.01
1.02	00102	ORLAND PARK CAPITAL	0	787,574	1.02
1.03	00103	SOUTH LOOP CAPITAL	0	190,944	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	53,989,993	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-62,105	163,285,307	4.00
5.01	00540	NON-PATIENT PHONES	0	1,894,570	5.01
5.02	00550	DATA PROCESSING	-5,277,186	52,331,681	5.02
5.03	00560	PURCHASING	-7,036	9,563,187	5.03
5.04	00570	ADMINING	465,423	5,241,998	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	21,380,691	5.05
5.06	00590	OTHER ADMIN & GENERAL	-27,796,275	123,420,234	5.06
7.00	00700	OPERATION OF PLANT	-107,726	41,268,893	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,763,459	8.00
9.00	00900	HOUSEKEEPING	-658,923	23,731,121	9.00
10.00	01000	DIETARY	-400	9,856,534	10.00
11.00	01100	CAFETERIA	-3,437,129	197,771	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	447	10,038,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,949,556	14.00
15.00	01500	PHARMACY	-19,838,175	9,779,272	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,818,767	16.00
17.00	01700	SOCIAL SERVICE	-9,845	798,550	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	18.00
18.01	01851	VOLUNTEERS	0	358,709	18.01
18.02	01852	PATIENT TRANSPORT	0	5,302,502	18.02
18.03	01853	MEDICAL ELECTRONICS	0	1,694,155	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-738,732	35,270,916	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,452,759	14,452,759	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	1,192,078	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	11,862,392	109,043,208	30.00
31.00	03100	INTENSIVE CARE UNIT	2,043,782	35,383,597	31.00
32.00	03200	CORONARY CARE UNIT	593,281	6,546,098	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	213,172	2,687,283	33.00
35.00	02080	NURSERY ICU	1,302,062	18,360,447	35.00
43.00	04300	NURSERY	888,001	6,038,744	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	15,784,362	72,800,558	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-35	5,821,262	52.00
53.00	05300	ANESTHESIOLOGY	5,413,980	14,018,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,067,098	26,919,278	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,459,559	9,414,819	55.00
57.00	05700	CT SCAN	-24,917	3,501,834	57.00
58.00	05800	MRI	-2,376	3,852,337	58.00
59.00	05900	CARDIAC CATHETERIZATION	-564	3,452,113	59.00
60.00	06000	LABORATORY	-6,988,084	30,540,200	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-371,162	11,584,254	63.00
65.00	06500	RESPIRATORY THERAPY	-5,600	10,638,606	65.00
66.00	06600	PHYSICAL THERAPY	54,455	6,689,094	66.00
69.00	06900	ELECTROCARDIOLOGY	6,246,857	15,428,455	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126,719	3,194,313	70.00
70.01	07001	BRACE AND PLASTER ROOM	521	209,377	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,059,301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,522,264	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	124,918,422	73.00
74.00	07400	RENAL DIALYSIS	0	3,157,054	74.00
76.97	07697	CARDIAC REHABILITATION	0	133,450	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-195,123,041	113,437,260	90.00
90.01	09001	TRANSPLANT CLINIC	0	2,621,469	90.01
90.02	09002	SILVER CROSS CLINIC	-3,318,558	1,940,550	90.02
90.03	09003	ORLAND PARK CLINIC	0	4,832,518	90.03
91.00	09100	EMERGENCY	-96,403	19,950,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-1,153,097	348,528	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	2,162,232	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	594,556	4,357,331	105.00
106.00	10600	HEART ACQUISITION	128,693	2,496,454	106.00
107.00	10700	LIVER ACQUISITION	607,229	2,772,586	107.00
108.00	10800	LUNG ACQUISITION	233,671	2,071,533	108.00
109.00	10900	PANCREAS ACQUISITION	13,917	886,640	109.00
113.00	11300	INTEREST EXPENSE	-37,142,810	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-237,014,129	1,398,639,997	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,614	190.00
190.01	19001	ORLAND PARK PHYSICIAN	-868,873	1,796,353	190.01
191.01	19101	OTHER NONREIMBURSABLE	-864,058	2,550,903	191.01
191.02	19102	SOUTH LOOP CLINIC	-283,463	1,696,135	191.02
200.00		TOTAL (SUM OF LINES 118-199)	-239,030,523	1,404,687,002	200.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - NRCC DIETARY</b>						
1.00	OTHER NONREIMBURSABLE	191.01	333	218	1.00	
	TOTALS		333	218		
<b>B - ST DISABILITY</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,884	1.00	
2.00	NON-PATIENT PHONES	5.01	0	3,207	2.00	
3.00	DATA PROCESSING	5.02	0	8,296	3.00	
4.00	PURCHASING	5.03	0	15,113	4.00	
5.00	ADMINISTRATIVE	5.04	0	6,886	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	5,432	6.00	
7.00	OTHER ADMIN & GENERAL	5.06	0	18,674	7.00	
8.00	OPERATION OF PLANT	7.00	0	28,218	8.00	
9.00	HOUSEKEEPING	9.00	0	56,915	9.00	
10.00	DIETARY	10.00	0	11,457	10.00	
12.00	NURSING ADMINISTRATION	13.00	0	21,421	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,821	13.00	
14.00	PHARMACY	15.00	0	18,546	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,013	15.00	
16.00	PATIENT TRANSPORT	18.02	0	21,895	16.00	
17.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	4,488	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	156,086	18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	41,565	19.00	
20.00	CORONARY CARE UNIT	32.00	0	499	20.00	
21.00	BURN INTENSIVE CARE UNIT	33.00	0	1,651	21.00	
22.00	NURSERY ICU	35.00	0	29,628	22.00	
23.00	OPERATING ROOM	50.00	0	49,895	23.00	
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,972	24.00	
25.00	ANESTHESIOLOGY	53.00	0	6,302	25.00	
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,383	26.00	
27.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,456	27.00	
28.00	MRI	58.00	0	1,484	28.00	
29.00	CARDIAC CATHETERIZATION	59.00	0	4,041	29.00	
30.00	LABORATORY	60.00	0	17,027	30.00	
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,240	31.00	
32.00	RESPIRATORY THERAPY	65.00	0	8,463	32.00	
33.00	PHYSICAL THERAPY	66.00	0	1,718	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	11,979	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,330	35.00	
37.00	CLINIC	90.00	0	76,196	37.00	
38.00	EMERGENCY	91.00	0	29,227	38.00	
39.00	KIDNEY ACQUISITION	105.00	0	1,504	39.00	
40.00	LUNG ACQUISITION	108.00	0	420	40.00	
41.00	OTHER NONREIMBURSABLE	191.01	0	1,796	41.00	
	TOTALS		0	707,128		
<b>C - DRUGS CHARGED</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	124,917,259	1.00	
	TOTALS		0	124,917,259		
<b>D - ELECTRICITY RECLASS</b>						
1.00	OPERATION OF PLANT	7.00	0	385,985	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	385,985		
<b>E - NURSERY RECLASS</b>						
1.00	NURSERY	43.00	1,718,861	235,904	1.00	
	TOTALS		1,718,861	235,904		
<b>F - MED SUP &amp; IMP</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,059,301	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	40,522,264	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
TOTALS					67,581,565	
<b>G - TRANSPLANT</b>						
1.00	KIDNEY ACQUISITION	105.00	122,635			1.00
2.00	HEART ACQUISITION	106.00	387,398	32,915		2.00
3.00	LIVER ACQUISITION	107.00	292,791	33,535		3.00
4.00	LUNG ACQUISITION	108.00	197,439	26,772		4.00
5.00	PANCREAS ACQUISITION	109.00	187,449	685,274		5.00
6.00	TRANSPLANT CLINIC	90.01	1,896,303	725,166		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
TOTALS					3,084,015	1,503,662
<b>H - PARAMED PHAR</b>						
1.00	PHARMACY	15.00	483,808	0		1.00
2.00	PARAMED ED PRGM-PHARMACY	23.00	476,575	0		2.00
3.00		0.00	0	0		3.00
TOTALS					960,383	0
<b>I - WAGE INDEX</b>						
1.00	CLINIC	90.00	0	402,213		1.00
2.00	OTHER ADMIN & GENERAL	5.06	2,588,129	0		2.00
TOTALS					2,588,129	402,213
<b>J - RADIOLOGY</b>						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	50,525		1.00
2.00	CT SCAN	57.00	0	101,150		2.00
3.00	MRI	58.00	0	44,032		3.00
TOTALS					0	195,707
<b>K - DCAM DEPR</b>						
1.00	DCAM CAPITAL	1.01	0	4,947,019		1.00
2.00	ORLAND PARK CAPITAL	1.02	0	787,574		2.00
3.00	SOUTH LOOP CAPITAL	1.03	0	190,944		3.00
TOTALS					0	5,925,537
<b>L - INSURANCE</b>						
1.00	OTHER ADMIN & GENERAL	5.06	0	98,013		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,376,114		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	99,521		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
TOTALS					0	2,573,648

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
M - PHYSICIAN COMP					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	9,967,782	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	19,302,948	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	3,322,230	0	3.00
4.00	CORONARY CARE UNIT	32.00	964,979	0	4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	346,737	0	5.00
7.00	NURSERY ICU	35.00	2,117,827	0	7.00
8.00	NURSERY	43.00	1,444,387	0	8.00
9.00	OPERATING ROOM	50.00	33,264,635	0	9.00
10.00	ANESTHESIOLOGY	53.00	2,850,712	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	11,573,511	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	3,223,354	0	12.00
13.00	LABORATORY	60.00	88,653	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	9,962,490	0	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	230,447	0	15.00
16.00	CLINIC	90.00	62,103,253	0	16.00
	TOTALS		160,763,945	0	
N - ICU RECLASS TO CCU					
1.00	CORONARY CARE UNIT	32.00	4,389,029	703,423	1.00
	TOTALS		4,389,029	703,423	
O - MEDICAL EDUCATION RECLASS					
1.00	I&R SERVICES - NOT APPRVD. PRGM.	100.00	2,162,232	0	1.00
	TOTALS		2,162,232	0	
500.00	Grand Total: Increases		175,666,927	205,132,249	500.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

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Date/Time Prepared:  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - NRCC DIETARY</b>							
1.00	DIETARY	10.00	333	218	0		1.00
	TOTALS		333	218			
<b>B - ST DISABILITY</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,884	0	0		1.00
2.00	NON-PATIENT PHONES	5.01	3,207	0	0		2.00
3.00	DATA PROCESSING	5.02	8,296	0	0		3.00
4.00	PURCHASING	5.03	15,113	0	0		4.00
5.00	ADMINISTRATIVE	5.04	6,886	0	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	5,432	0	0		6.00
7.00	OTHER ADMIN & GENERAL	5.06	18,674	0	0		7.00
8.00	OPERATION OF PLANT	7.00	28,218	0	0		8.00
9.00	HOUSEKEEPING	9.00	56,915	0	0		9.00
10.00	DIETARY	10.00	11,457	0	0		10.00
12.00	NURSING ADMINISTRATION	13.00	21,421	0	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	4,821	0	0		13.00
14.00	PHARMACY	15.00	18,546	0	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	3,013	0	0		15.00
16.00	PATIENT TRANSPORT	18.02	21,895	0	0		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	4,488	0	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	156,086	0	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	41,565	0	0		19.00
20.00	CORONARY CARE UNIT	32.00	499	0	0		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	1,651	0	0		21.00
22.00	NURSERY ICU	35.00	29,628	0	0		22.00
23.00	OPERATING ROOM	50.00	49,895	0	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	3,972	0	0		24.00
25.00	ANESTHESIOLOGY	53.00	6,302	0	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	22,383	0	0		26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	1,456	0	0		27.00
28.00	MRI	58.00	1,484	0	0		28.00
29.00	CARDIAC CATHETERIZATION	59.00	4,041	0	0		29.00
30.00	LABORATORY	60.00	17,027	0	0		30.00
31.00	BLOOD STORING, PROCESSING & TRANS.	63.00	3,240	0	0		31.00
32.00	RESPIRATORY THERAPY	65.00	8,463	0	0		32.00
33.00	PHYSICAL THERAPY	66.00	1,718	0	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	11,979	0	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	6,330	0	0		35.00
37.00	CLINIC	90.00	76,196	0	0		37.00
38.00	EMERGENCY	91.00	29,227	0	0		38.00
39.00	KIDNEY ACQUISITION	105.00	1,504	0	0		39.00
40.00	LUNG ACQUISITION	108.00	420	0	0		40.00
41.00	OTHER NONREIMBURSABLE	191.01	1,796	0	0		41.00
	TOTALS		707,128	0	0		
<b>C - DRUGS CHARGED</b>							
1.00	PHARMACY	15.00	0	124,917,259	0		1.00
	TOTALS		0	124,917,259			
<b>D - ELECTRICITY RECLASS</b>							
1.00	DATA PROCESSING	5.02	0	176,317	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	139,958	0		2.00
3.00	CLINIC	90.00	0	14,366	0		3.00
4.00	SILVER CROSS CLINIC	90.02	0	55,344	0		4.00
	TOTALS		0	385,985			
<b>E - NURSERY RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,718,861	235,904	0		1.00
	TOTALS		1,718,861	235,904			
<b>F - MED SUP &amp; IMP</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,983	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	32,411	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	56,783	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	0	34	0		4.00
5.00	OPERATING ROOM	50.00	0	32,513,832	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,878	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	19,924	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	983,138	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	166	0		9.00
10.00	CT SCAN	57.00	0	32	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	1,598,298	0		11.00
12.00	LABORATORY	60.00	0	20,252	0		12.00
13.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,461	0		13.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	ELECTROCARDIOLOGY	69.00	0	4,904,903	0	14.00	
15.00	CLINIC	90.00	0	346,174	0	15.00	
16.00	LIVER CROSS CLINIC	90.02	0	8,780	0	16.00	
17.00	ORLAND PARK CLINIC	90.03	0	10,558	0	17.00	
18.00	SOUTH LOOP CLINIC	191.02	0	3,575	0	18.00	
19.00	EMERGENCY	91.00	0	14,750	0	19.00	
20.00	OTHER NONREIMBURSABLE	191.01	0	332	0	20.00	
21.00	ADULTS & PEDIATRICS	30.00	0	224,010	0	21.00	
22.00	INTENSIVE CARE UNIT	31.00	0	31,836	0	22.00	
23.00	CORONARY CARE UNIT	32.00	0	907	0	23.00	
24.00	BURN INTENSIVE CARE UNIT	33.00	0	260,798	0	24.00	
25.00	NURSERY	43.00	0	8,358	0	25.00	
26.00	NURSERY ICU	35.00	0	8,584	0	26.00	
27.00	OPERATING ROOM	50.00	0	13,234,613	0	27.00	
28.00	DELIVERY ROOM & LABOR ROOM	52.00	0	112,385	0	28.00	
29.00	ANESTHESIOLOGY	53.00	0	781,343	0	29.00	
30.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,897,554	0	30.00	
31.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,558	0	31.00	
32.00	CT SCAN	57.00	0	145,972	0	32.00	
33.00	MRI	58.00	0	23,959	0	33.00	
34.00	CARDIAC CATHETERIZATION	59.00	0	2,987,569	0	34.00	
35.00	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	42,831	0	35.00	
36.00	RESPIRATORY THERAPY	65.00	0	61,836	0	36.00	
37.00	PHYSICAL THERAPY	66.00	0	115,052	0	37.00	
38.00	ELECTROCARDIOLOGY	69.00	0	2,454,323	0	38.00	
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,244	0	39.00	
40.00	BRACE AND PLASTER ROOM	70.01	0	119,822	0	40.00	
41.00	CLINIC	90.00	0	2,518,644	0	41.00	
42.00	EMERGENCY	91.00	0	414	0	42.00	
43.00	KIDNEY ACQUISITION	105.00	0	631	0	43.00	
44.00	OTHER NONREIMBURSABLE	191.01	0	58	0	44.00	
	TOTALS		0	67,581,565			
<b>G - TRANSPLANT</b>							
1.00	ADMINISTRATIVE	5.04	105,215		0	1.00	
2.00	PHARMACY	15.00	43,590		0	2.00	
3.00	LABORATORY	60.00	226		0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	55,691		0	4.00	
5.00	KIDNEY ACQUISITION	105.00	2,113,431	1,094,340	0	5.00	
6.00	HEART ACQUISITION	106.00	52,252	55,859	0	6.00	
7.00	LIVER ACQUISITION	107.00	356,516	118,529	0	7.00	
8.00	LUNG ACQUISITION	108.00	357,094	234,934	0	8.00	
	TOTALS		3,084,015	1,503,662			
<b>H - PARAMED PHAR</b>							
1.00	PHARMACY	15.00	469,826	0	0	1.00	
2.00	PARAMED PRGM-PHARMACY	23.00	483,808	0	0	2.00	
3.00	CLINIC	90.00	6,749	0	0	3.00	
	TOTALS		960,383	0			
<b>I - WAGE INDEX</b>							
1.00	CLINIC	90.00	402,213	0	0	1.00	
2.00	OTHER ADMIN & GENERAL	5.06	0	2,588,129	0	2.00	
	TOTALS		402,213	2,588,129			
<b>J - RADIOLOGY</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	195,707	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		0	195,707			
<b>K - DCAM DEPR</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,925,537	9	1.00	
2.00		0.00	0	0	9	2.00	
3.00		0.00	0	0	9	3.00	
	TOTALS		0	5,925,537			
<b>L - INSURANCE</b>							
1.00	OTHER ADMIN & GENERAL	5.06	0	2,427,912	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	14,650	9	2.00	
3.00	HOUSEKEEPING	9.00	0	8,850	9	3.00	
4.00	PHARMACY	15.00	0	250	0	4.00	
5.00	CLINIC	90.00	0	92,224	0	5.00	
6.00	AMBULANCE SERVICES	95.00	0	23,973	0	6.00	
7.00	KIDNEY ACQUISITION	105.00	0	5,789	0	7.00	
	TOTALS		0	2,573,648			

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
M - PHYSICIAN COMP							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	9,967,782	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	19,302,948	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,322,230	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	964,979	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	346,737	0		5.00
7.00	NURSERY ICU	35.00	0	2,117,827	0		7.00
8.00	NURSERY	43.00	0	1,444,387	0		8.00
9.00	OPERATING ROOM	50.00	0	33,264,635	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	2,850,712	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,573,511	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,223,354	0		12.00
13.00	LABORATORY	60.00	0	88,653	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	9,962,490	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	230,447	0		15.00
16.00	CLINIC	90.00	0	62,103,253	0		16.00
	TOTALS		0	160,763,945			
N - ICU RECLASS TO CCU							
1.00	INTENSIVE CARE UNIT	31.00	4,389,029	703,423	0		1.00
	TOTALS		4,389,029	703,423			
O - MEDICAL EDUCATION RECLASS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,162,232	0	0		1.00
	TOTALS		2,162,232	0			
500.00	Grand Total: Decreases		13,424,194	367,374,982			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	36,008,345	9,123,579	0	9,123,579	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,614,720,986	386,199,484	0	386,199,484	345,291,882	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	524,673,309	108,492,578	0	108,492,578	12,157,513	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,175,402,640	503,815,641	0	503,815,641	357,449,395	8.00
9.00	Reconciling Items	197,344,845	197,527,268	0	197,527,268	339,764,142	9.00
10.00	Total (line 8 minus line 9)	1,978,057,795	306,288,373	0	306,288,373	17,685,253	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	45,131,924	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	1,655,628,588	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	621,008,374	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	2,321,768,886	0				8.00
9.00	Reconciling Items	55,107,971	0				9.00
10.00	Total (line 8 minus line 9)	2,266,660,915	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
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Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	46,296,991	0	0	0	0	1.00
1.01	DCAM CAPITAL	0	0	0	0	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	53,890,472	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	100,187,463	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	46,296,991				1.00
1.01	DCAM CAPITAL	0	0				1.01
1.02	ORLAND PARK CAPITAL	0	0				1.02
1.03	SOUTH LOOP CAPITAL	0	0				1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	53,890,472				2.00
3.00	Total (sum of lines 1-2)	0	100,187,463				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-7  
Part III  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,700,760,512	0	1,700,760,512	0.732528	0	1.00
1.01	DCAM CAPITAL	0	0	0	0.000000	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0.000000	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0.000000	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	621,008,374	0	621,008,374	0.267472	0	2.00
3.00	Total (sum of lines 1-2)	2,321,768,886	0	2,321,768,886	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	39,340,682	0	1.00
1.01	DCAM CAPITAL	0	0	0	4,947,019	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	787,574	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	190,944	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	53,989,993	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	99,256,212	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	39,340,682	1.00
1.01	DCAM CAPITAL	0	0	0	0	4,947,019	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	787,574	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	190,944	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	53,989,993	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	99,256,212	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - DCAM CAPITAL (chapter 2)			0	DCAM CAPITAL	1.01	0	1.01
1.02 Investment income - ORLAND PARK CAPITAL (chapter 2)			0	ORLAND PARK CAPITAL	1.02	0	1.02
1.03 Investment income - SOUTH LOOP CAPITAL (chapter 2)			0	SOUTH LOOP CAPITAL	1.03	0	1.03
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-5,336,947		OTHER ADMIN & GENERAL	5.06	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-129,830,969				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	21,033,390				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-3,437,129		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	A	-19,811,223		PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - DCAM CAPITAL			0	DCAM CAPITAL	1.01	0	26.01
26.02 Depreciation - ORLAND PARK CAPITAL			0	ORLAND PARK CAPITAL	1.02	0	26.02
26.03 Depreciation - SOUTH LOOP CAPITAL			0	SOUTH LOOP CAPITAL	1.03	0	26.03
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
30.00	A-8-3	0	*** Cost Center Deleted ***			30.00
30.99			ADULTS & PEDIATRICS		30.00	30.99
31.00	A-8-3	0	*** Cost Center Deleted ***			31.00
32.00		0				0 32.00
33.00	B	-35	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
33.01	B	-303,371	OTHER ADMIN & GENERAL		5.06	0 33.01
33.02	B	-30,320	OPERATION OF PLANT		7.00	0 33.02
33.03	B	-400	DIETARY		10.00	0 33.03
33.05	B	447	NURSING ADMINISTRATION		13.00	0 33.05
33.06	B	-25,490	PHARMACY		15.00	0 33.06
33.07	B	-738,732	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.07
33.08	B	-5,332	ADULTS & PEDIATRICS		30.00	0 33.08
33.09	B	1,148	INTENSIVE CARE UNIT		31.00	0 33.09
33.11	B	-35	DELIVERY ROOM & LABOR ROOM		52.00	0 33.11
33.12	B	-6,923	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13	B	-11,235	RADIOLOGY-THERAPEUTIC		55.00	0 33.13
33.14	B	-24,917	CT SCAN		57.00	0 33.14
33.15	B	-2,376	MRI		58.00	0 33.15
34.00	B	-564	CARDIAC CATHETERIZATION		59.00	0 34.00
34.01	B	-7,027,567	LABORATORY		60.00	0 34.01
34.02	B	-371,162	BLOOD STORAGE, PROCESSING & TRANS.		63.00	0 34.02
34.03	B	55,230	PHYSICAL THERAPY		66.00	0 34.03
34.04	B	-57,082	ELECTROCARDIOLOGY		69.00	0 34.04
34.05	B	-6,727	ELECTROENCEPHALOGRAPHY		70.00	0 34.05
34.06	B	521	BRACE AND PLASTER ROOM		70.01	0 34.06
34.07	B	-396,375	CLINIC		90.00	0 34.07
34.08	B	-667,470	SILVER CROSS CLINIC		90.02	9 34.08
35.00		0				0 35.00
35.01	B	-1,136,614	AMBULANCE SERVICES		95.00	0 35.01
35.02	B	-151,797	OTHER ADMIN & GENERAL		5.06	0 35.02
35.03	B	1,142	OTHER NONREIMBURSABLE		191.01	0 35.03
35.04	A	-402,213	CLINIC		90.00	0 35.04
35.05	A	-4,983,960	OTHER ADMIN & GENERAL		5.06	0 35.05
35.06	A	-37,142,810	INTEREST EXPENSE		113.00	0 35.06
35.07	A	-7,557	OTHER ADMIN & GENERAL		5.06	0 35.07
36.00	A	-1,967,028	CLINIC		90.00	0 36.00
36.01	A	-23,585	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 36.01
36.02	A	-96,727	OTHER ADMIN & GENERAL		5.06	0 36.02
37.00	A	-2,651,088	SILVER CROSS CLINIC		90.02	0 37.00
37.01	A	-38,485	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.01
37.02	A	-5,277,186	DATA PROCESSING		5.02	0 37.02
37.03	A	-7,036	PURCHASING		5.03	0 37.03
37.04	A	-261,061	OTHER ADMIN & GENERAL		5.06	0 37.04
37.05	A	-1,462	PHARMACY		15.00	0 37.05
38.01	A	-9,845	SOCIAL SERVICE		17.00	0 38.01
39.00	A	-4,730	OPERATING ROOM		50.00	0 39.00
39.01	A	-20,000	ANESTHESIOLOGY		53.00	0 39.01
39.02	A	-80,980	RADIOLOGY-THERAPEUTIC		55.00	0 39.02
39.03	A	-5,127	LABORATORY		60.00	0 39.03
39.04	A	-5,600	RESPIRATORY THERAPY		65.00	0 39.04
39.05	A	-775	PHYSICAL THERAPY		66.00	0 39.05
39.06	A	-93,708	CLINIC		90.00	0 39.06
39.07	A	-3,661	EMERGENCY		91.00	0 39.07
39.08	A	-16,483	AMBULANCE SERVICES		95.00	0 39.08
39.09	A	-5,004	KIDNEY ACQUISITION		105.00	0 39.09
39.10	A	-41,753,223	OTHER ADMIN & GENERAL		5.06	0 39.10
39.11	A	-3,172,451	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 39.11
39.12	A	-92,742	EMERGENCY		91.00	0 39.12
39.13	A	-131,301	OTHER ADMIN & GENERAL		5.06	0 39.13

Provider CCN: 14-0088      Period: From 07/01/2016 To 06/30/2017      Worksheet A-8  
 Date/Time Prepared: 9/28/2017 2:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
39.14 SMG SALARY & BENEFITS	A	1,117,381	OTHER ADMIN & GENERAL	5.06	0	39.14
40.00 ORGAN ACQUISITION	A	599,560	KIDNEY ACQUISITION	105.00	0	40.00
40.01 ORGAN ACQUISITION	A	128,693	HEART ACQUISITION	106.00	0	40.01
40.02 ORGAN ACQUISITION	A	607,229	LIVER ACQUISITION	107.00	0	40.02
40.03 ORGAN ACQUISITION	A	233,671	LUNG ACQUISITION	108.00	0	40.03
40.04 ORGAN ACQUISITION	A	13,917	PANCREAS ACQUISITION	109.00	0	40.04
40.05 ORGAN ACQUISITION	A	465,423	ADMINISTRATION	5.04	0	40.05
40.06 CRNA	A	4,348,345	ANESTHESIOLOGY	53.00	0	40.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-239,030,523				50.00

(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

Provider CCN: 14-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet A-8-1

Date/Time Prepared: 9/28/2017 2:05 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:</b>						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	BSD DEPRECIATION	0	3,406,886	1.00
2.00	5.06	OTHER ADMIN & GENERAL	HOSPITAL MALPRACTICE & OVERH	34,174,230	10,061,942	2.00
3.00	7.00	OPERATION OF PLANT	ELECTRICITY & STEAM	12,638,079	12,715,485	3.00
3.01	9.00	HOUSEKEEPING	HOUSEKEEPING	0	658,923	3.01
3.02	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	0	252	3.02
3.03	90.00	CLINIC	PHYSICIAN SERVICES	0	227,691,671	3.03
3.04	190.01	ORLAND PARK PHYSICIAN	PHYSICIAN SERVICES	0	868,873	3.04
3.05	191.02	SOUTH LOOP CLINIC	PHYSICIAN SERVICES	0	283,463	3.05
3.06	191.01	OTHER NONREIMBURSABLE	PHYSICIAN SERVICES	0	865,200	3.06
3.07	22.00	I&R SERVICES-OTHER PRGM COST	PHYSICIAN SERVICES	18,541,504	0	3.07
3.08	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	27,513,499	0	3.08
3.09	31.00	INTENSIVE CARE UNIT	PHYSICIAN SERVICES	4,735,347	0	3.09
3.10	32.00	CORONARY CARE UNIT	PHYSICIAN SERVICES	1,375,435	0	3.10
3.11	33.00	BURN INTENSIVE CARE UNIT	PHYSICIAN SERVICES	494,222	0	3.11
3.13	35.00	NURSERY ICU	PHYSICIAN SERVICES	3,018,649	0	3.13
3.14	43.00	NURSERY	PHYSICIAN SERVICES	2,058,760	0	3.14
3.15	50.00	OPERATING ROOM	PHYSICIAN SERVICES	46,147,273	0	3.15
3.16	53.00	ANESTHESIOLOGY	PHYSICIAN SERVICES	3,813,194	0	3.16
3.17	54.00	RADIOLOGY-DIAGNOSTIC	PHYSICIAN SERVICES	16,188,292	0	3.17
3.18	55.00	RADIOLOGY-THERAPEUTIC	PHYSICIAN SERVICES	4,462,966	0	3.18
3.19	60.00	LABORATORY	PHYSICIAN SERVICES	122,375	0	3.19
4.00	69.00	ELECTROCARDIOLOGY	PHYSICIAN SERVICES	14,441,631	0	4.00
4.01	70.00	ELECTROENCEPHALOGRAPHY	PHYSICIAN SERVICES	322,187	0	4.01
4.02	90.00	CLINIC	PHYSICIAN SERVICES	87,538,442	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			277,586,085	256,552,695	5.00

\* The amounts on lines 1-4 (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 has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate 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.



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:  
9/28/2017 2:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	9,967,782	0	9,967,782	211,500	89,017	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	19,302,948	14,876,984	4,425,964	211,500	35,969	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	3,322,230	2,560,477	761,752	211,500	6,191	3.00
4.00	32.00	AGGREGATE-CORONARY CARE UNIT	964,979	743,720	221,259	211,500	1,798	4.00
5.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	346,737	267,234	79,503	211,500	646	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	35.00	AGGREGATE-NURSERY ICU	2,117,827	1,632,231	485,596	211,500	3,946	7.00
8.00	43.00	AGGREGATE-NURSERY	1,444,387	1,113,204	331,183	211,500	2,691	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	33,264,635	27,882,481	5,382,153	246,400	24,535	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	2,850,712	2,640,357	210,355	239,400	1,070	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	11,573,511	9,465,851	2,107,660	271,900	11,163	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	3,223,354	2,717,280	506,074	271,900	2,388	12.00
13.00	60.00	AGGREGATE-LABORATORY	88,653	75,393	13,260	260,300	87	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	9,962,490	7,249,980	2,712,510	211,500	17,946	14.00
15.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	230,447	188,741	41,706	211,500	417	15.00
16.00	90.00	AGGREGATE-CLINIC	62,103,253	49,601,775	12,501,478	211,500	98,274	16.00
200.00			160,763,945	121,015,708	39,748,235		296,138	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	9,051,488	452,574	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,657,425	182,871	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	629,517	31,476	0	0	0	3.00
4.00	32.00	AGGREGATE-CORONARY CARE UNIT	182,825	9,141	0	0	0	4.00
5.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	65,687	3,284	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	35.00	AGGREGATE-NURSERY ICU	401,240	20,062	0	0	0	7.00
8.00	43.00	AGGREGATE-NURSERY	273,628	13,681	0	0	0	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	2,906,454	145,323	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	123,153	6,158	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,459,240	72,962	0	0	0	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	312,162	15,608	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	10,888	544	0	0	0	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	1,824,798	91,240	0	0	0	14.00
15.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	42,402	2,120	0	0	0	15.00
16.00	90.00	AGGREGATE-CLINIC	9,992,765	499,638	0	0	0	16.00
200.00			30,933,672	1,546,682	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	9,051,488	916,294	916,294		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	3,657,425	768,539	15,645,523		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	629,517	132,235	2,692,713		3.00
4.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	182,825	38,434	782,154		4.00
5.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	0	65,687	13,816	281,050		5.00
6.00	0.00		0	0	0	0		6.00
7.00	35.00	AGGREGATE-NURSERY ICU	0	401,240	84,356	1,716,587		7.00
8.00	43.00	AGGREGATE-NURSERY	0	273,628	57,555	1,170,759		8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	0	2,906,454	2,475,699	30,358,181		9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	123,153	87,202	2,727,559		10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	1,459,240	648,420	10,114,271		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet A-8-2

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9/28/2017 2:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	312,162	193,912	2,911,192		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	10,888	2,372	77,765		13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	1,824,798	887,712	8,137,692		14.00
15.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	42,402	0	188,741		15.00
16.00	90.00	AGGREGATE-CLINIC	0	9,992,765	2,508,713	52,110,488		16.00
200.00			0	30,933,672	8,815,259	129,830,969		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL		
		0	1.00	1.01	1.02	1.03		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	39,340,682	39,340,682				1.00
1.01	00101	DCAM CAPITAL	4,947,019	0	4,947,019			1.01
1.02	00102	ORLAND PARK CAPITAL	787,574	0	0	787,574		1.02
1.03	00103	SOUTH LOOP CAPITAL	190,944	0	0	0	190,944	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	53,989,993					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	163,285,307	147,594	0	0	0	4.00
5.01	00540	NON-PATIENT PHONES	1,894,570	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	52,331,681	1,133,003	52,364	0	0	5.02
5.03	00560	PURCHASING	9,563,187	1,362,227	2,607	0	0	5.03
5.04	00570	ADMITTING	5,241,998	82,512	10,094	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	21,380,691	14,198	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	123,420,234	3,777,622	551,154	0	0	5.06
7.00	00700	OPERATION OF PLANT	41,268,893	821,070	8,982	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,763,459	35,805	0	0	0	8.00
9.00	00900	HOUSEKEEPING	23,731,121	1,296,786	98,453	0	0	9.00
10.00	01000	DIETARY	9,856,534	271,558	0	0	0	10.00
11.00	01100	CAFETERIA	197,771	1,298,157	174,658	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,038,396	281,741	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,949,556	655,231	0	0	0	14.00
15.00	01500	PHARMACY	9,779,272	633,363	36,957	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,818,767	329,264	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	798,550	87,049	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	358,709	37,372	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	5,302,502	253,149	0	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	1,694,155	300,998	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	35,270,916	571,283	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,452,759	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,192,078	37,894	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	109,043,208	10,139,712	13,382	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35,383,597	2,529,632	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,546,098	274,528	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,687,283	346,889	0	0	0	33.00
35.00	02080	NURSERY ICU	18,360,447	646,451	0	0	0	35.00
43.00	04300	NURSERY	6,038,744	288,236	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	72,800,558	2,504,793	325,027	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,821,262	1,170,701	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,018,482	148,998	16,453	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,919,278	1,676,967	499,304	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,414,819	0	384,780	0	0	55.00
57.00	05700	CT SCAN	3,501,834	44,911	0	0	0	57.00
58.00	05800	MRI	3,852,337	1,697	73,881	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,452,113	115,771	0	0	0	59.00
60.00	06000	LABORATORY	30,540,200	1,803,019	69,365	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,584,254	169,560	16,353	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10,638,606	166,264	66,709	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,689,094	449,898	15,225	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	15,428,455	155,460	88,060	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,194,313	162,119	59,470	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	209,377	0	10,559	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,059,301	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,522,264	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,918,422	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,157,054	120,928	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	133,450	5,483	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	113,437,260	1,251,352	2,317,730	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	2,621,469	38,318	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	1,940,550	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	4,832,518	0	0	652,354	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
			0	1.00	1.01	1.02	1.03	
91.00	09100	EMERGENCY	19,950,728	769,468	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	348,528	24,088	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	2,162,232	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,357,331	85,580	29,353	0	0	105.00
106.00	10600	HEART ACQUISITION	2,496,454	37,698	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,772,586	9,106	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,071,533	42,757	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	886,640	9,465	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,398,639,997	38,617,725	4,920,920	652,354	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,614	77,061	26,099	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	1,796,353	0	0	135,220	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	2,550,903	645,896	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	1,696,135	0	0	0	190,944	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,404,687,002	39,340,682	4,947,019	787,574	190,944	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	Subtotal	DATA PROCESSING	
		MVBLE EQUIP					
		2.00	4.00	5.01	5A.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPI TAL					1.01
1.02	00102	ORLAND PARK CAPI TAL					1.02
1.03	00103	SOUTH LOOP CAPI TAL					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	53,989,993				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	192,735	163,625,636			4.00
5.01	00540	NON-PATIENT PHONES	2,124	449,455	2,346,149		5.01
5.02	00550	DATA PROCESSING	22,236,558	6,229,105	15,537	81,998,248	81,998,248
5.03	00560	PURCHASING	250,742	1,582,076	15,537	12,776,376	792,059
5.04	00570	ADMINI TTING	7,603	974,666	15,537	6,332,410	392,571
5.05	00580	CASHI ERI NG/ACCOUNTS RECEI VABLE	1,559	1,473,771	15,537	22,885,756	1,418,780
5.06	00590	OTHER ADMIN & GENERAL	5,918,782	13,296,878	1,553,761	148,518,431	9,206,734
7.00	00700	OPERATION OF PLANT	518,003	3,485,641	15,537	46,118,126	2,859,047
8.00	00800	LAUNDRY & LI NEN SERVICE	21,773	0	15,537	3,836,574	237,845
9.00	00900	HOUSEKEEPING	323,287	3,898,214	15,537	29,363,398	1,820,354
10.00	01000	DI ETARY	21,299	1,373,196	15,537	11,538,124	715,294
11.00	01100	CAFETERIA	326,074	164,227	15,537	2,176,424	134,925
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSI NG ADMINI STRATION	277,486	2,112,466	15,537	12,725,626	788,912
14.00	01400	CENTRAL SERVI CES & SUPPLY	238,292	583,541	15,537	7,442,157	461,369
15.00	01500	PHARMACY	646,715	4,427,428	15,537	15,539,272	963,342
16.00	01600	MEDI CAL RECORDS & LI BRARY	4,848	1,080,072	15,537	10,248,488	635,345
17.00	01700	SOCI AL SERVI CE	1,545	133,251	15,537	1,035,932	64,222
18.00	01850	OCCUPATI ONAL THERAPY	0	0	0	0	0
18.01	01851	VOLUNTEERS	2,781	47,163	15,537	461,562	28,614
18.02	01852	PATI ENT TRANSPORT	89,430	922,291	15,537	6,582,909	408,101
18.03	01853	MEDI CAL ELECTRONI CS	103,739	280,406	15,537	2,394,835	148,465
19.00	01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	0
20.00	02000	NURSI NG SCHOOL	0	0	0	0	0
21.00	02100	I & R SERVI CES-SALARY & FRI NGES APPRV	102,478	7,918,386	0	43,863,063	2,719,247
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	0	2,301,950	15,537	16,770,246	1,039,655
23.00	02300	PARAMED ED PRGM-PHARMACY	0	259,132	15,537	1,504,641	93,279
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDI ATRI CS	1,124,705	24,209,658	15,537	144,546,202	8,960,997
31.00	03100	INTENSIVE CARE UNI T	282,354	7,065,565	15,537	45,276,685	2,806,883
32.00	03200	CORONARY CARE UNI T	14,739	1,399,684	15,537	8,250,586	511,487
33.00	03300	BURN INTENSIVE CARE UNI T	15,427	611,154	15,537	3,676,290	227,908
35.00	02080	NURSERY ICU	313,571	4,010,486	15,537	23,346,492	1,447,342
43.00	04300	NURSERY	46,059	1,410,965	15,537	7,799,541	483,525
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATI NG ROOM	5,083,430	15,000,691	31,075	95,745,574	5,935,651
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,054	975,373	15,537	8,036,927	498,241
53.00	05300	ANESTHESI OLOGY	1,135,572	2,001,697	15,537	17,336,739	1,074,774
54.00	05400	RADI OLOGY-DI AGNOSTI C	3,883,727	5,470,242	15,537	38,465,055	2,384,603
55.00	05500	RADI OLOGY-THERAPEUTI C	1,135,148	1,821,580	15,537	12,771,864	791,779
57.00	05700	CT SCAN	592,497	621,962	15,537	4,776,741	296,129
58.00	05800	MRI	1,265,483	629,040	15,537	5,837,975	361,919
59.00	05900	CARDI AC CATHETERI ZATI ON	737,684	313,426	15,537	4,634,531	287,313
60.00	06000	LABORATORY	1,362,568	4,015,054	15,537	37,805,743	2,343,729
62.30	06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	0	0	0
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	129,744	629,860	15,537	12,545,308	777,734
65.00	06500	RESPI RATORY THERAPY	482,835	1,616,049	15,537	12,986,000	805,054
66.00	06600	PHYSI CAL THERAPY	46,217	1,352,582	15,537	8,568,553	531,199
69.00	06900	ELECTROCARDI OLOGY	863,517	3,712,922	15,537	20,263,951	1,256,243
70.00	07000	ELECTROENCEPHALOGRAPHY	115,799	697,943	15,537	4,245,181	263,176
70.01	07001	BRACE AND PLASTER ROOM	0	38,865	15,537	274,338	17,007
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	27,059,301	1,677,514
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	40,522,264	2,512,137
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	124,918,422	7,744,193
74.00	07400	RENAL DI ALYSI S	211,916	550,397	15,537	4,055,832	251,437
76.97	07697	CARDI AC REHABI LI TATI ON	416	27,945	0	167,294	10,371
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LI THOTRI PSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLI NI C	2,694,617	25,328,992	15,537	145,045,488	8,991,950
90.01	09001	TRANSPLANT CLI NI C	10,778	437,930	15,537	3,124,032	193,671
90.02	09002	SI LVER CROSS CLI NI C	215,441	626,831	0	2,782,822	172,518
90.03	09003	ORLAND PARK CLI NI C	234,445	328,550	0	6,047,867	374,931
91.00	09100	EMERGENCY	336,061	3,692,671	15,537	24,764,465	1,535,248
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART				0	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	Subtotal	DATA PROCESSING		
	MVBLE	EQUIP						
	2.00	4.00						
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	24,218	311,277	15,537	723,648	44,862	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	499,344	0	2,661,576	165,002	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	28,764	264,188	15,537	4,780,753	296,378	105.00
106.00	10600	HEART ACQUISITION	0	100,399	15,537	2,650,088	164,290	106.00
107.00	10700	LIVER ACQUISITION	12,090	159,991	15,537	2,969,310	184,079	107.00
108.00	10800	LUNG ACQUISITION	3,200	83,020	15,537	2,216,047	137,382	108.00
109.00	10900	PANCREAS ACQUISITION	1,744	43,289	15,537	956,675	59,308	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,746,673	163,052,937	2,346,149	1,396,748,758	81,506,124	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	106,774	6,619	190.00
190.01	19001	ORLAND PARK PHYSICIAN	48,599	234,508	0	2,214,680	137,297	190.01
191.01	19101	OTHER NONREIMBURSABLE	12,116	212,330	0	3,421,245	212,097	191.01
191.02	19102	SOUTH LOOP CLINIC	182,605	125,861	0	2,195,545	136,111	191.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	53,989,993	163,625,636	2,346,149	1,404,687,002	81,998,248	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	13,568,435					5.03
5.04	00570		6,726,011				5.04
5.05	00580			24,307,003			5.05
5.06	00590				157,725,165	157,725,165	5.06
7.00	00700	73,809			49,050,982	6,204,361	7.00
8.00	00800	2,304			4,076,723	515,657	8.00
9.00	00900	89,163			31,272,915	3,955,648	9.00
10.00	01000	58,289			12,311,707	1,557,283	10.00
11.00	01100	42,985			2,354,334	297,795	11.00
12.00	01200						12.00
13.00	01300	2,435			13,516,973	1,709,735	13.00
14.00	01400	100,593			8,004,119	1,012,425	14.00
15.00	01500				16,502,614	2,087,383	15.00
16.00	01600	2,943			10,886,776	1,377,047	16.00
17.00	01700	39			1,100,193	139,161	17.00
18.00	01850						18.00
18.01	01851	152			490,328	62,021	18.01
18.02	01852	617			6,991,627	884,357	18.02
18.03	01853				2,543,300	321,697	18.03
19.00	01900						19.00
20.00	02000						20.00
21.00	02100	1,311			46,583,621	5,892,269	21.00
22.00	02200				17,809,901	2,252,739	22.00
23.00	02300	135			1,598,055	202,135	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	335,243	1,025,849	2,300,144	157,168,435	19,879,374	30.00
31.00	03100	277,702	462,224	922,304	49,745,798	6,292,246	31.00
32.00	03200	5,347	104,247	178,659	9,050,326	1,144,758	32.00
33.00	03300	17,833	45,685	84,162	4,051,878	512,514	33.00
35.00	02080	59,914	248,316	507,619	25,609,683	3,239,318	35.00
43.00	04300	7,058	16,912	161,484	8,468,520	1,071,166	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,984,324	725,135	2,159,254	107,549,938	13,603,777	50.00
52.00	05200	60,983	54,788	102,878	8,753,817	1,107,253	52.00
53.00	05300	120,804	213,261	778,745	19,524,323	2,469,593	53.00
54.00	05400	383,948	180,330	926,759	42,340,695	5,355,590	54.00
55.00	05500	37,504	76,513	583,594	14,261,254	1,803,877	55.00
57.00	05700	34,715	199,816	1,168,357	6,475,758	819,106	57.00
58.00	05800	37,496	81,205	508,595	6,827,190	863,558	58.00
59.00	05900	258,162	113,529	324,626	5,618,161	710,630	59.00
60.00	06000	561,766	730,201	2,850,489	44,291,928	5,602,397	60.00
62.30	06250						62.30
63.00	06300						63.00
65.00	06500	391,994	226,389	462,226	14,403,651	1,821,889	65.00
66.00	06600	149,933	279,772	579,570	14,800,329	1,872,064	66.00
66.00	06600	17,590	48,194	152,489	9,318,025	1,178,618	66.00
69.00	06900	376,720	144,444	737,305	22,778,663	2,881,228	69.00
70.00	07000	6,841	49,523	140,795	4,705,516	595,191	70.00
70.01	07001	7,026	31	2,035	300,437	38,002	70.01
71.00	07100		151,345	581,154	29,469,314	3,727,515	71.00
72.00	07200		308,574	868,435	44,211,410	5,592,213	72.00
73.00	07300	5,920,247	904,074	4,019,830	143,506,766	18,151,884	73.00
74.00	07400	29,904	56,750	102,759	4,496,682	568,776	74.00
76.97	07697	147	4	4,735	182,551	23,091	76.97
76.98	07698						76.98
76.99	07699						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	795,268	95,772	1,786,402	156,714,880	19,822,552	90.00
90.01	09001	2,049	4,746	12,945	3,337,443	422,146	90.01
90.02	09002	7,512	27	94,167	3,057,046	386,680	90.02
90.03	09003	91,207		108,114	6,622,119	837,619	90.03
91.00	09100	143,413	148,428	1,017,476	27,609,030	3,492,211	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	1,802	11	30	770,353	97,440	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	2,826,578	357,528	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,564	10,733	30,802	5,123,230	648,027	105.00
106.00	10600	HEART ACQUISITION	1,253	8,018	21,120	2,844,769	359,829	106.00
107.00	10700	LIVER ACQUISITION	0	5,989	15,864	3,175,242	401,630	107.00
108.00	10800	LUNG ACQUISITION	3,888	5,176	8,887	2,371,380	299,951	108.00
109.00	10900	PANCREAS ACQUISITION	464	0	2,194	1,018,641	128,846	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,512,893	6,726,011	24,307,003	1,396,201,092	156,651,800	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	113,393	14,343	190.00
190.01	19001	ORLAND PARK PHYSICIAN	43,992	0	0	2,395,969	303,061	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	3,633,342	459,574	191.01
191.02	19102	SOUTH LOOP CLINIC	11,550	0	0	2,343,206	296,387	191.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,568,435	6,726,011	24,307,003	1,404,687,002	157,725,165	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 9/28/2017 2:05 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	DCAM CAPITAL					1.01	
1.02	00102	ORLAND PARK CAPITAL					1.02	
1.03	00103	SOUTH LOOP CAPITAL					1.03	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NON-PATIENT PHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN & GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	55,255,343				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	61,821	4,654,201			8.00	
9.00	00900	HOUSEKEEPING	2,239,027	0	37,467,590		9.00	
10.00	01000	DIETARY	468,871	0	933,590	15,271,451	10.00	
11.00	01100	CAFETERIA	2,241,394	0	121,191	0	5,014,714	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	486,453	0	691,911	0	96,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,131,320	0	359,558	0	49,949	14.00
15.00	01500	PHARMACY	1,093,562	0	1,364,746	0	189,589	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	568,506	0	400,894	0	55,692	16.00
17.00	01700	SOCIAL SERVICE	150,298	0	71,999	0	10,002	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	64,526	0	23,484	0	3,262	18.01
18.02	01852	PATIENT TRANSPORT	437,087	0	676,215	0	93,939	18.02
18.03	01853	MEDICAL ELECTRONICS	519,703	0	101,826	0	14,146	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	986,375	0	6,490,232	0	901,615	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	65,428	0	164,347	0	22,831	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	17,507,190	3,390,758	6,819,333	11,125,817	947,336	30.00
31.00	03100	INTENSIVE CARE UNIT	4,367,655	634,602	2,087,896	2,082,269	290,048	31.00
32.00	03200	CORONARY CARE UNIT	473,999	100,023	71,546	328,197	9,939	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	598,937	64,052	158,680	210,169	22,044	33.00
35.00	02080	NURSERY ICU	1,116,160	385,168	942,441	1,263,821	130,923	35.00
43.00	04300	NURSERY	497,668	79,598	176,273	261,178	24,488	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,324,769	0	2,184,700	0	303,496	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,021,329	0	308,332	0	42,833	52.00
53.00	05300	ANESTHESIOLOGY	257,259	0	325,197	0	45,176	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,895,446	0	1,020,799	0	141,808	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	355,435	0	49,377	55.00
57.00	05700	CT SCAN	77,544	0	194,731	0	27,052	57.00
58.00	05800	MRI	2,930	0	209,180	0	29,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	199,890	0	103,271	0	14,346	59.00
60.00	06000	LABORATORY	3,113,087	0	1,870,086	0	259,790	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	292,762	0	236,926	0	32,913	63.00
65.00	06500	RESPIRATORY THERAPY	287,071	0	681,578	0	94,684	65.00
66.00	06600	PHYSICAL THERAPY	776,793	0	518,863	0	72,080	66.00
69.00	06900	ELECTROCARDIOLOGY	268,417	0	530,909	0	73,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	279,914	0	319,122	0	44,332	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	24,468	0	3,399	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	208,794	0	167,381	0	23,252	74.00
76.97	07697	CARDIAC REHABILITATION	9,468	0	13,899	0	1,931	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,160,581	0	4,626,937	0	642,768	90.00
90.01	09001	TRANSPLANT CLINIC	66,160	0	64,088	0	8,903	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	75,402	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	108,831	0	0	90.03
91.00	09100	EMERGENCY	1,328,561	0	1,132,043	0	157,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	41,590	0	89,615	0	12,449	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	147,762	0	185,172	0	25,724	105.00
106.00	10600	HEART ACQUISITION	65,090	0	5,735	0	797	106.00
107.00	10700	LIVER ACQUISITION	15,723	0	42,016	0	5,837	107.00
108.00	10800	LUNG ACQUISITION	73,825	0	32,123	0	4,463	108.00
109.00	10900	PANCREAS ACQUISITION	16,343	0	17,373	0	2,413	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		<b>SUBTOTALS (SUM OF LINES 1-117)</b>	<b>54,007,088</b>	<b>4,654,201</b>	<b>37,100,374</b>	<b>15,271,451</b>	<b>4,981,819</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	133,053	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	77,682	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	1,115,202	0	236,790	0	32,895	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	52,744	0	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		<b>TOTAL (sum lines 118-201)</b>	<b>55,255,343</b>	<b>4,654,201</b>	<b>37,467,590</b>	<b>15,271,451</b>	<b>5,014,714</b>	<b>202.00</b>

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	16,501,191				13.00
14.00	01400	0	2,632	10,560,003			14.00
15.00	01500	0	6,041	0	21,243,935		15.00
16.00	01600	0	0	2,490	0	13,291,405	16.00
17.00	01700	0	0	33	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	0	129	0	0	18.01
18.02	01852	0	0	522	0	0	18.02
18.03	01853	0	0	0	0	0	18.03
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	35	1,110	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	114	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	5,793,142	283,678	39,507	2,025,081	30.00
31.00	03100	0	2,448,326	234,988	11,882	913,581	31.00
32.00	03200	0	84,343	4,525	132	206,042	32.00
33.00	03300	0	169,358	15,090	1,599	90,296	33.00
35.00	02080	0	1,127,609	50,698	4,477	490,794	35.00
43.00	04300	0	213,756	5,972	294	33,427	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	1,902,092	2,525,295	238,673	1,433,224	50.00
52.00	05200	0	334,894	51,603	16,331	108,289	52.00
53.00	05300	0	209,493	102,223	696,151	421,508	53.00
54.00	05400	0	101,538	324,892	452,151	356,421	54.00
55.00	05500	0	48,812	31,736	651,918	151,228	55.00
57.00	05700	0	0	29,375	321,633	394,934	57.00
58.00	05800	0	0	31,728	682,425	160,500	58.00
59.00	05900	0	71,501	218,454	106,616	224,388	59.00
60.00	06000	0	0	475,359	2,449	1,443,236	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	37,187	331,700	39,691	447,457	63.00
65.00	06500	0	155	126,872	2,682,148	552,967	65.00
66.00	06600	0	17,959	14,884	302,992	95,256	66.00
69.00	06900	0	139,662	318,775	16,750	285,492	69.00
70.00	07000	0	9,528	5,789	0	97,882	70.00
70.01	07001	0	0	5,946	49	62	70.01
71.00	07100	0	0	0	0	299,133	71.00
72.00	07200	0	0	0	0	609,894	72.00
73.00	07300	0	0	5,009,545	0	1,786,896	73.00
74.00	07400	0	135,580	25,304	0	112,166	74.00
76.97	07697	0	0	125	149	9	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	2,174,517	67,298	10,577,048	189,292	90.00
90.01	09001	0	0	1,734	41,150	9,381	90.01
90.02	09002	0	3,797	6,356	418	53	90.02
90.03	09003	0	27,176	77,178	3,573,707	0	90.03
91.00	09100	0	1,078,822	121,354	33,674	293,367	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	62,034	1,525	2,187	22	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	135,291	3,862	126,559	21,213	105.00
106.00	10600	HEART ACQUISITION	0	0	1,060	1,975	15,847	106.00
107.00	10700	LIVER ACQUISITION	0	45,710	0	0	11,837	107.00
108.00	10800	LUNG ACQUISITION	0	31,293	3,290	5,314	10,230	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	393	13,026	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,412,283	10,513,004	20,643,075	13,291,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	13,105	37,225	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	63,721	0	407,901	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	12,082	9,774	192,959	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	16,501,191	10,560,003	21,243,935	13,291,405	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER GENERAL SERVICE						
		SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS		
		17.00	18.00	18.01	18.02	18.03		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	DCAM CAPITAL					1.01	
1.02	00102	ORLAND PARK CAPITAL					1.02	
1.03	00103	SOUTH LOOP CAPITAL					1.03	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NON-PATIENT PHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN & GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
12.00	01200	MAINTENANCE OF PERSONNEL					12.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE	1,471,686				17.00	
18.00	01850	OCCUPATIONAL THERAPY	0	0			18.00	
18.01	01851	VOLUNTEERS	0	0	643,750		18.01	
18.02	01852	PATIENT TRANSPORT	0	0	0	9,083,747	18.02	
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	18.03	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM-PHARMACY	0	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,072,177	0	97,439	1,383,887	534,629	30.00
31.00	03100	INTENSIVE CARE UNIT	200,665	0	44,300	624,378	240,515	31.00
32.00	03200	CORONARY CARE UNIT	31,628	0	9,991	140,818	54,244	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,254	0	4,379	61,712	23,772	33.00
35.00	02080	NURSERY ICU	121,793	0	23,799	335,428	129,210	35.00
43.00	04300	NURSERY	25,169	0	1,621	22,845	8,800	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	69,498	979,523	377,319	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,251	74,009	28,509	52.00
53.00	05300	ANESTHESIOLOGY	0	0	20,439	288,075	110,969	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,283	243,593	93,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	7,333	103,355	39,813	55.00
57.00	05700	CT SCAN	0	0	19,151	269,914	103,973	57.00
58.00	05800	MRI	0	0	7,783	109,692	42,254	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	10,881	153,356	59,074	59.00
60.00	06000	LABORATORY	0	0	69,983	986,365	379,955	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	21,697	305,810	117,800	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	26,814	377,920	145,577	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,619	65,102	25,078	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	13,844	195,117	75,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,746	66,897	25,769	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	3	42	16	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	14,505	204,439	78,752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	29,574	416,826	160,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	86,647	1,221,236	470,429	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,439	76,659	29,530	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6	2	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	9,179	129,370	49,834	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	455	6,411	2,470	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	3	37	14	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	14,226	200,499	77,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

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Cost Center Description	OTHER GENERAL SERVICE						
	SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS		
	17.00	18.00	18.01	18.02	18.03		
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	0	1	15	6	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500	KIDNEY ACQUISITION	0	0	1,029	14,498	5,585	105.00
106.00 10600	HEART ACQUISITION	0	0	768	10,831	4,172	106.00
107.00 10700	LIVER ACQUISITION	0	0	574	8,090	3,116	107.00
108.00 10800	LUNG ACQUISITION	0	0	496	6,992	2,693	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,471,686	0	643,750	9,083,747	3,500,672	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.01 19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02 19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,471,686	0	643,750	9,083,747	3,500,672	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 DCAM CAPITAL						1.01
1.02 00102 ORLAND PARK CAPITAL						1.02
1.03 00103 SOUTH LOOP CAPITAL						1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NON-PATIENT PHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OCCUPATIONAL THERAPY						18.00
18.01 01851 VOLUNTEERS						18.01
18.02 01852 PATIENT TRANSPORT						18.02
18.03 01853 MEDICAL ELECTRONICS						18.03
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			60,855,257			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV				20,062,640		22.00
23.00 02300 PARAMED PRGM-PHARMACY					2,052,910	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	18,565,103	6,120,505	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	3,586,701	1,182,457	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	1,129,218	372,278	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	275,606	90,861	0	33.00
35.00 02080 NURSERY ICU	0	0	1,841,199	607,003	0	35.00
43.00 04300 NURSERY	0	0	22,967	7,572	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	6,461,421	2,130,188	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,040,247	672,625	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	4,317,822	1,423,491	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	2,702,466	890,944	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	639,252	210,747	0	55.00
57.00 05700 CT SCAN	0	0	382,786	126,196	0	57.00
58.00 05800 MRI	0	0	80,385	26,501	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	405,753	133,768	0	59.00
60.00 06000 LABORATORY	0	0	3,540,767	1,167,313	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	22,967	7,572	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	333,023	109,791	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	474,654	156,483	0	70.00
70.01 07001 BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,052,910	73.00
74.00 07400 RENAL DIALYSIS	0	0	76,557	25,239	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	6,002,078	1,978,753	0	90.00
90.01 09001 TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02 09002 LIVER CROSS CLINIC	0	0	202,876	66,884	0	90.02
90.03 09003 ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	1,875,650	618,360	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0 100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	0 108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
113.00 11300	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	54,979,498	18,125,531	2,052,910 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01 19001	ORLAND PARK PHYSICIAN	0	0	0	0	0 190.01
191.01 19101	OTHER NONREIMBURSABLE	0	0	5,875,759	1,937,109	0 191.01
191.02 19102	SOUTH LOOP CLINIC	0	0	0	0	0 191.02
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	0	60,855,257	20,062,640	2,052,910 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.01	00101				1.01
1.02	00102				1.02
1.03	00103				1.03
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
18.01	01851				18.01
18.02	01852				18.02
18.03	01853				18.03
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	252,753,391	-24,685,608	228,067,783	30.00
31.00	03100	74,988,307	-4,769,158	70,219,149	31.00
32.00	03200	13,212,007	-1,501,496	11,710,511	32.00
33.00	03300	6,371,201	-366,467	6,004,734	33.00
35.00	02080	37,419,524	-2,448,202	34,971,322	35.00
43.00	04300	10,921,314	-30,539	10,890,775	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	144,083,913	-8,591,609	135,492,304	50.00
52.00	05200	15,565,322	-2,712,872	12,852,450	52.00
53.00	05300	30,211,719	-5,741,313	24,470,406	53.00
54.00	05400	56,937,460	-3,593,410	53,344,050	54.00
55.00	05500	18,354,137	-849,999	17,504,138	55.00
57.00	05700	9,242,153	-508,982	8,733,171	57.00
58.00	05800	9,073,185	-106,886	8,966,299	58.00
59.00	05900	8,030,089	-539,521	7,490,568	59.00
60.00	06000	63,202,715	-4,708,080	58,494,635	60.00
62.30	06250	0	0	0	62.30
63.00	06300	18,120,022	-30,539	18,089,483	63.00
65.00	06500	21,648,179	0	21,648,179	65.00
66.00	06600	12,390,269	0	12,390,269	66.00
69.00	06900	28,020,584	-442,814	27,577,770	69.00
70.00	07000	6,785,823	-631,137	6,154,686	70.00
70.01	07001	372,424	0	372,424	70.01
71.00	07100	33,793,658	0	33,793,658	71.00
72.00	07200	51,020,482	0	51,020,482	72.00
73.00	07300	172,286,313	0	172,286,313	73.00
74.00	07400	5,951,359	-101,796	5,849,563	74.00
76.97	07697	231,231	0	231,231	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	205,145,087	-7,980,831	197,164,256	90.00
90.01	09001	3,960,341	0	3,960,341	90.01
90.02	09002	3,799,566	-269,760	3,529,806	90.02
90.03	09003	11,246,630	0	11,246,630	90.03
91.00	09100	38,032,293	-2,494,010	35,538,283	91.00
92.00	09200		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	1,077,237	0	1,077,237	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	3,184,106	0	3,184,106	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	6,437,952	0	6,437,952	105.00
106.00	10600	HEART ACQUISITION	3,310,873	0	3,310,873	106.00
107.00	10700	LIVER ACQUISITION	3,709,775	0	3,709,775	107.00
108.00	10800	LUNG ACQUISITION	2,842,050	0	2,842,050	108.00
109.00	10900	PANCREAS ACQUISITION	1,197,035	0	1,197,035	109.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,384,929,726	-73,105,029	1,311,824,697	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	260,789	0	260,789	190.00
190.01	19001	ORLAND PARK PHYSICIAN	2,827,042	0	2,827,042	190.01
191.01	19101	OTHER NONREIMBURSABLE	13,762,293	-7,812,868	5,949,425	191.01
191.02	19102	SOUTH LOOP CLINIC	2,907,152	0	2,907,152	191.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,404,687,002	-80,917,897	1,323,769,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
			1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	147,594	0	0	4.00
5.01	00540	NON-PATIENT PHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	1,133,003	52,364	0	5.02
5.03	00560	PURCHASING	0	1,362,227	2,607	0	5.03
5.04	00570	ADMINISTRATIVE	0	82,512	10,094	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,198	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,777,622	551,154	0	5.06
7.00	00700	OPERATION OF PLANT	0	821,070	8,982	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	35,805	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,296,786	98,453	0	9.00
10.00	01000	DIETARY	0	271,558	0	0	10.00
11.00	01100	CAFETERIA	0	1,298,157	174,658	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	281,741	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	655,231	0	0	14.00
15.00	01500	PHARMACY	0	633,363	36,957	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	329,264	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	87,049	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	37,372	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	253,149	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	300,998	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	571,283	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-PHARMACY	0	37,894	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	10,139,712	13,382	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,529,632	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	274,528	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	346,889	0	0	33.00
35.00	02080	NURSERY ICU	0	646,451	0	0	35.00
43.00	04300	NURSERY	0	288,236	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	2,504,793	325,027	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,170,701	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	148,998	16,453	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,676,967	499,304	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	384,780	0	55.00
57.00	05700	CT SCAN	0	44,911	0	0	57.00
58.00	05800	MRI	0	1,697	73,881	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	115,771	0	0	59.00
60.00	06000	LABORATORY	0	1,803,019	69,365	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	169,560	16,353	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	166,264	66,709	0	65.00
66.00	06600	PHYSICAL THERAPY	0	449,898	15,225	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	155,460	88,060	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	162,119	59,470	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	10,559	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	120,928	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	5,483	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	1,251,352	2,317,730	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	38,318	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	652,354	90.03
91.00	09100	EMERGENCY	0	769,468	0	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS						
		BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL			
		1.00	1.01	1.02	1.03			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)	0	1.00	1.01	1.02	1.03	92.00		
95.00 09500 AMBULANCE SERVICES	0	24,088	0	0	0	95.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20		
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30		
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40		
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00		
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	85,580	29,353	0	0	105.00		
106.00 10600 HEART ACQUISITION	0	37,698	0	0	0	106.00		
107.00 10700 LIVER ACQUISITION	0	9,106	0	0	0	107.00		
108.00 10800 LUNG ACQUISITION	0	42,757	0	0	0	108.00		
109.00 10900 PANCREAS ACQUISITION	0	9,465	0	0	0	109.00		
113.00 11300 INTEREST EXPENSE						113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	38,617,725	4,920,920	652,354	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,061	26,099	0	0	190.00		
190.01 19001 ORLAND PARK PHYSICIAN	0	0	0	135,220	0	190.01		
191.01 19101 OTHER NONREIMBURSABLE	0	645,896	0	0	0	191.01		
191.02 19102 SOUTH LOOP CLINIC	0	0	0	0	190,944	191.02		
200.00		Cross Foot Adjustments				200.00		
201.00		Negative Cost Centers	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	0	39,340,682	4,947,019	787,574	190,944	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	DATA PROCESSING	
	MVBLE EQUIP						
	2.00	2A					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101	DCAM CAPITAL						1.01
1.02 00102	ORLAND PARK CAPITAL						1.02
1.03 00103	SOUTH LOOP CAPITAL						1.03
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	192,735	340,329	340,329			4.00
5.01 00540	NON-PATIENT PHONES	2,124	2,124		934	3,058	5.01
5.02 00550	DATA PROCESSING	22,236,558	23,421,925	12,947	20	23,434,892	5.02
5.03 00560	PURCHASING	250,742	1,615,576	3,288	20	226,372	5.03
5.04 00570	ADMINISTRATIVE	7,603	100,209	2,026		112,198	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,559	15,757	3,063	20	405,490	5.05
5.06 00590	OTHER ADMIN & GENERAL	5,918,782	10,247,558	27,637	2,037	2,630,939	5.06
7.00 00700	OPERATION OF PLANT	518,003	1,348,055	7,245	20	817,121	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	21,773	57,578	0	20	67,976	8.00
9.00 00900	HOUSEKEEPING	323,287	1,718,526	8,102	20	520,261	9.00
10.00 01000	DIETARY	21,299	292,857	2,854	20	204,432	10.00
11.00 01100	CAFETERIA	326,074	1,798,889	341	20	38,562	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	277,486	559,227	4,391	20	225,473	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	238,292	893,523	1,213	20	131,860	14.00
15.00 01500	PHARMACY	646,715	1,317,035	9,202	20	275,325	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,848	334,112	2,245	20	181,583	16.00
17.00 01700	SOCIAL SERVICE	1,545	88,594	277	20	18,355	17.00
18.00 01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01 01851	VOLUNTEERS	2,781	40,153	98	20	8,178	18.01
18.02 01852	PATIENT TRANSPORT	89,430	342,579	1,917	20	116,636	18.02
18.03 01853	MEDICAL ELECTRONICS	103,739	404,737	583	20	42,432	18.03
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	102,478	673,761	16,458	0	777,166	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,785	20	297,135	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	37,894	539	20	26,659	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	1,124,705	11,277,799	50,319	20	2,561,070	30.00
31.00 03100	INTENSIVE CARE UNIT	282,354	2,811,986	14,686	20	802,212	31.00
32.00 03200	CORONARY CARE UNIT	14,739	289,267	2,909	20	146,184	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	15,427	362,316	1,270	20	65,137	33.00
35.00 02080	NURSERY ICU	313,571	960,022	8,336	20	413,653	35.00
43.00 04300	NURSERY	46,059	334,295	2,933	20	138,192	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	5,083,430	7,913,250	31,179	41	1,696,420	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	54,054	1,224,755	2,027	20	142,398	52.00
53.00 05300	ANESTHESIOLOGY	1,135,572	1,301,023	4,160	20	307,172	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,883,727	6,059,998	11,370	20	681,524	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,135,148	1,519,928	3,786	20	226,292	55.00
57.00 05700	CT SCAN	592,497	637,408	1,293	20	84,634	57.00
58.00 05800	MRI	1,265,483	1,341,061	1,307	20	103,437	58.00
59.00 05900	CARDIAC CATHETERIZATION	737,684	853,455	651	20	82,115	59.00
60.00 06000	LABORATORY	1,362,568	3,234,952	8,345	20	669,842	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	129,744	315,657	1,309	20	222,278	63.00
65.00 06500	RESPIRATORY THERAPY	482,835	715,808	3,359	20	230,086	65.00
66.00 06600	PHYSICAL THERAPY	46,217	511,340	2,811	20	151,818	66.00
69.00 06900	ELECTROCARDIOLOGY	863,517	1,107,037	7,717	20	359,037	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	115,799	337,388	1,451	20	75,216	70.00
70.01 07001	BRACE AND PLASTER ROOM	0	10,559	81	20	4,861	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	479,437	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	717,973	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,213,305	73.00
74.00 07400	RENAL DIALYSIS	211,916	332,844	1,144	20	71,861	74.00
76.97 07697	CARDIAC REHABILITATION	416	5,899	58	0	2,964	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	2,694,617	6,263,699	52,883	20	2,569,916	90.00
90.01 09001	TRANSPLANT CLINIC	10,778	49,096	910	20	55,352	90.01
90.02 09002	LIVER CROSS CLINIC	215,441	215,441	1,303	0	49,306	90.02
90.03 09003	ORLAND PARK CLINIC	234,445	886,799	683	0	107,156	90.03
91.00 09100	EMERGENCY	336,061	1,105,529	7,675	20	438,777	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	DATA PROCESSING		
	MVBLE	EQUIP						
	2.00	2A						4.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	24,218	48,306	647	20	12,822	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	1,038	0	47,158	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	28,764	143,697	549	20	84,705	105.00
106.00	10600	HEART ACQUISITION	0	37,698	209	20	46,954	106.00
107.00	10700	LIVER ACQUISITION	12,090	21,196	333	20	52,610	107.00
108.00	10800	LUNG ACQUISITION	3,200	45,957	173	20	39,264	108.00
109.00	10900	PANCREAS ACQUISITION	1,744	11,209	90	20	16,950	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,746,673	97,937,672	339,139	3,058	23,294,241	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	103,160	0	0	1,892	190.00
190.01	19001	ORLAND PARK PHYSICIAN	48,599	183,819	487	0	39,240	190.01
191.01	19101	OTHER NONREIMBURSABLE	12,116	658,012	441	0	60,618	191.01
191.02	19102	SOUTH LOOP CLINIC	182,605	373,549	262	0	38,901	191.02
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	53,989,993	99,256,212	340,329	3,058	23,434,892	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description		PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
		5.03	5.04	5.05	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING	1,845,256				5.03
5.04	00570	ADMINISTRATIVE	140	214,593			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	336	0	424,666		5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	0	12,908,171	5.06
7.00	00700	OPERATION OF PLANT	10,038	0	0	507,776	2,690,255
8.00	00800	LAUNDRY & LINEN SERVICE	313	0	0	42,202	3,010
9.00	00900	HOUSEKEEPING	12,126	0	0	323,737	109,013
10.00	01000	DIETARY	7,927	0	0	127,451	22,828
11.00	01100	CAFETERIA	5,846	0	0	24,372	109,128
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	331	0	0	139,928	23,684
14.00	01400	CENTRAL SERVICES & SUPPLY	13,681	0	0	82,859	55,081
15.00	01500	PHARMACY	0	0	0	170,835	53,243
16.00	01600	MEDICAL RECORDS & LIBRARY	400	0	0	112,700	27,679
17.00	01700	SOCIAL SERVICE	5	0	0	11,389	7,318
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0
18.01	01851	VOLUNTEERS	21	0	0	5,076	3,142
18.02	01852	PATIENT TRANSPORT	84	0	0	72,377	21,281
18.03	01853	MEDICAL ELECTRONICS	0	0	0	26,328	25,303
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	178	0	0	482,234	48,024
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	184,368	0
23.00	02300	PARAMED ED PRGM-PHARMACY	18	0	0	16,543	3,186
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	45,593	31,632	39,918	1,626,626	852,384
31.00	03100	INTENSIVE CARE UNIT	37,768	14,836	16,006	514,969	212,651
32.00	03200	CORONARY CARE UNIT	727	3,346	3,101	93,689	23,078
33.00	03300	BURN INTENSIVE CARE UNIT	2,425	1,466	1,461	41,945	29,161
35.00	02080	NURSERY ICU	8,148	7,970	8,810	265,111	54,343
43.00	04300	NURSERY	960	543	2,803	87,666	24,230
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	405,872	23,275	37,473	1,113,357	210,563
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,294	1,759	1,785	90,620	98,414
53.00	05300	ANESTHESIOLOGY	16,429	6,845	13,515	202,116	12,525
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,217	5,788	16,084	438,311	140,973
55.00	05500	RADIOLOGY-THERAPEUTIC	5,101	2,456	10,128	147,633	0
57.00	05700	CT SCAN	4,721	6,414	20,277	67,037	3,775
58.00	05800	MRI	5,099	2,606	8,827	70,675	143
59.00	05900	CARDIAC CATHETERIZATION	35,110	3,644	5,634	58,159	9,732
60.00	06000	LABORATORY	76,401	23,438	49,469	458,510	151,569
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	53,312	7,267	8,022	149,107	14,254
65.00	06500	RESPIRATORY THERAPY	20,391	8,980	10,058	153,213	13,977
66.00	06600	PHYSICAL THERAPY	2,392	1,547	2,646	96,460	37,820
69.00	06900	ELECTROCARDIOLOGY	51,234	4,636	12,796	235,805	13,069
70.00	07000	ELECTROENCEPHALOGRAPHY	930	1,590	2,443	48,712	13,628
70.01	07001	BRACE AND PLASTER ROOM	956	1	35	3,110	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,858	10,086	305,066	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,905	15,071	457,677	0
73.00	07300	DRUGS CHARGED TO PATIENTS	805,097	29,019	72,587	1,485,582	0
74.00	07400	RENAL DIALYSIS	4,067	1,822	1,783	46,550	10,166
76.97	07697	CARDIAC REHABILITATION	20	0	82	1,890	461
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	108,157	3,074	31,003	1,622,312	105,194
90.01	09001	TRANSPLANT CLINIC	279	152	225	34,549	3,221
90.02	09002	SILVER CROSS CLINIC	1,022	1	1,634	31,647	0
90.03	09003	ORLAND PARK CLINIC	12,404	0	1,876	68,552	0
91.00	09100	EMERGENCY	19,504	4,764	17,658	285,809	64,685
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	245	0	1	7,975	2,025

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	29,261	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	621	344	535	53,036	7,194	105.00
106.00	10600	HEART ACQUISITION	170	257	367	29,449	3,169	106.00
107.00	10700	LIVER ACQUISITION	0	192	275	32,870	766	107.00
108.00	10800	LUNG ACQUISITION	529	166	154	24,549	3,594	108.00
109.00	10900	PANCREAS ACQUISITION	63	0	38	10,545	796	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,837,702	214,593	424,666	12,820,325	2,629,480	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,174	6,478	190.00
190.01	19001	ORLAND PARK PHYSICIAN	5,983	0	0	24,803	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	37,612	54,297	191.01
191.02	19102	SOUTH LOOP CLINIC	1,571	0	0	24,257	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,845,256	214,593	424,666	12,908,171	2,690,255	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	171,099					8.00
9.00	00900	HOUSEKEEPING	0	2,691,785				9.00
10.00	01000	DIETARY	0	67,072	725,441			10.00
11.00	01100	CAFETERIA	0	8,707	0	1,985,865		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	49,709	0	38,064	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,832	0	19,780	0	14.00
15.00	01500	PHARMACY	0	98,048	0	75,079	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,801	0	22,054	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,173	0	3,961	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	1,687	0	1,292	0	18.01
18.02	01852	PATIENT TRANSPORT	0	48,581	0	37,201	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	7,316	0	5,602	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	466,278	0	357,047	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	11,807	0	9,041	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	124,652	489,919	528,511	375,152	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,329	150,001	98,914	114,861	0	31.00
32.00	03200	CORONARY CARE UNIT	3,677	5,140	15,590	3,936	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,355	11,400	9,984	8,729	0	33.00
35.00	02080	NURSERY ICU	14,160	67,708	60,035	51,846	0	35.00
43.00	04300	NURSERY	2,926	12,664	12,407	9,697	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	156,956	0	120,187	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,152	0	16,962	0	52.00
53.00	05300	ANESTHESIOLOGY	0	23,363	0	17,890	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,337	0	56,157	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,536	0	19,554	0	55.00
57.00	05700	CT SCAN	0	13,990	0	10,713	0	57.00
58.00	05800	MRI	0	15,028	0	11,508	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,419	0	5,681	0	59.00
60.00	06000	LABORATORY	0	134,353	0	102,879	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,021	0	13,034	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	48,967	0	37,496	0	65.00
66.00	06600	PHYSICAL THERAPY	0	37,277	0	28,544	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	38,142	0	29,207	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,927	0	17,556	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	1,758	0	1,346	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	12,025	0	9,208	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	999	0	765	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	332,413	0	254,541	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	4,604	0	3,526	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	5,417	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	7,819	0	0	0	90.03
91.00	09100	EMERGENCY	0	81,329	0	62,277	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	6,438	0	4,930	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	13,303	0	10,187	0	105.00
106.00	10600	HEART ACQUISITION	0	412	0	315	0	106.00
107.00	10700	LIVER ACQUISITION	0	3,019	0	2,311	0	107.00
108.00	10800	LUNG ACQUISITION	0	2,308	0	1,767	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,248	0	956	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	171,099	2,665,403	725,441	1,972,839	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	5,581	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	17,012	0	13,026	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	3,789	0	0	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	171,099	2,691,785	725,441	1,985,865	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,040,827					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	166	1,224,015				14.00
15.00	01500	PHARMACY	381	0	1,999,168			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	289	0	709,883		16.00
17.00	01700	SOCIAL SERVICE	0	4	0	0	135,096	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	15	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	61	0	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2	129	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	13	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	365,404	32,882	3,718	109,457	98,424	30.00
31.00	03100	INTENSIVE CARE UNIT	154,431	27,238	1,118	48,688	18,420	31.00
32.00	03200	CORONARY CARE UNIT	5,320	524	12	10,981	2,903	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,682	1,749	150	4,812	1,859	33.00
35.00	02080	NURSERY ICU	71,125	5,877	421	26,156	11,180	35.00
43.00	04300	NURSERY	13,483	692	28	1,781	2,310	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	119,976	292,714	22,460	76,382	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,124	5,981	1,537	5,771	0	52.00
53.00	05300	ANESTHESIOLOGY	13,214	11,849	65,512	22,464	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,405	37,659	42,550	18,995	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,079	3,679	61,349	8,059	0	55.00
57.00	05700	CT SCAN	0	3,405	30,267	21,048	0	57.00
58.00	05800	MRI	0	3,678	64,220	8,554	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,510	25,322	10,033	11,958	0	59.00
60.00	06000	LABORATORY	0	55,100	230	76,915	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,346	38,448	3,735	23,847	0	63.00
65.00	06500	RESPIRATORY THERAPY	10	14,706	252,405	29,470	0	65.00
66.00	06600	PHYSICAL THERAPY	1,133	1,725	28,513	5,077	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,809	36,950	1,576	15,215	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	601	671	0	5,217	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	689	5	3	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	15,942	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,504	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	580,645	0	95,230	0	73.00
74.00	07400	RENAL DIALYSIS	8,552	2,933	0	5,978	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	14	14	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	137,160	7,801	995,357	10,088	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	201	3,872	500	0	90.01
90.02	09002	SILVER CROSS CLINIC	240	737	39	3	0	90.02
90.03	09003	ORLAND PARK CLINIC	1,714	8,946	336,306	0	0	90.03
91.00	09100	EMERGENCY	68,048	14,066	3,169	15,635	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	3,913	177	206	1	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8,534	448	11,910	1,131	0	105.00
106.00	10600	HEART ACQUISITION	0	123	186	845	0	106.00
107.00	10700	LIVER ACQUISITION	2,883	0	0	631	0	107.00
108.00	10800	LUNG ACQUISITION	1,974	381	500	545	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	46	1,226	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,035,219	1,218,567	1,942,624	709,883	135,096	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	827	4,315	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	4,019	0	38,386	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	762	1,133	18,158	0	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,040,827	1,224,015	1,999,168	709,883	135,096	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS	
		OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS		
		18.00	18.01	18.02	18.03		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OCCUPATIONAL THERAPY	0				18.00
18.01	01851	VOLUNTEERS	0	59,682			18.01
18.02	01852	PATIENT TRANSPORT	0	0	640,737		18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	512,321	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	8,146	97,005	76,820	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,179	44,091	35,315	31.00
32.00	03200	CORONARY CARE UNIT	0	943	9,944	7,965	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	413	4,358	3,490	33.00
35.00	02080	NURSERY ICU	0	2,245	23,687	18,972	35.00
43.00	04300	NURSERY	0	153	1,613	1,292	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	6,556	69,170	55,401	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	495	5,226	4,186	52.00
53.00	05300	ANESTHESIOLOGY	0	1,928	20,343	16,293	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,630	17,201	13,777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	692	7,298	5,846	55.00
57.00	05700	CT SCAN	0	1,807	19,060	15,266	57.00
58.00	05800	MRI	0	734	7,746	6,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,026	10,829	8,674	59.00
60.00	06000	LABORATORY	0	6,602	69,653	55,788	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,047	21,595	17,296	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,530	26,687	21,375	65.00
66.00	06600	PHYSICAL THERAPY	0	436	4,597	3,682	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,306	13,778	11,036	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	448	4,724	3,784	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	3	2	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,368	14,437	11,563	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,790	29,435	23,576	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,174	86,239	69,073	73.00
74.00	07400	RENAL DIALYSIS	0	513	5,413	4,336	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	866	9,136	7,317	90.00
90.01	09001	TRANSPLANT CLINIC	0	43	453	363	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	3	2	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	1,342	14,158	11,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS		
	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS			
	18.00	18.01	18.02	18.03			19.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	1	1	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	97	1,024	820	105.00
106.00	10600	HEART ACQUISITION	0	72	765	613	106.00
107.00	10700	LIVER ACQUISITION	0	54	571	458	107.00
108.00	10800	LUNG ACQUISITION	0	47	494	395	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	59,682	640,737	512,321	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	191.02
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	0	59,682	640,737	512,321	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			22.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	DCAM CAPITAL				1.01
1.02	00102	ORLAND PARK CAPITAL				1.02
1.03	00103	SOUTH LOOP CAPITAL				1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NON-PATIENT PHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OCCUPATIONAL THERAPY				18.00
18.01	01851	VOLUNTEERS				18.01
18.02	01852	PATIENT TRANSPORT				18.02
18.03	01853	MEDICAL ELECTRONICS				18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,821,277			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		486,308		22.00
23.00	02300	PARAMED PRGM-PHARMACY			105,720	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS			18,795,451	30.00
31.00	03100	INTENSIVE CARE UNIT			5,145,719	31.00
32.00	03200	CORONARY CARE UNIT			629,256	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			565,182	33.00
35.00	02080	NURSERY ICU			2,079,825	35.00
43.00	04300	NURSERY			650,688	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM			12,351,232	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,653,506	52.00
53.00	05300	ANESTHESIOLOGY			2,056,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			7,673,996	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			2,050,436	55.00
57.00	05700	CT SCAN			941,135	57.00
58.00	05800	MRI			1,650,847	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,133,972	59.00
60.00	06000	LABORATORY			5,174,066	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			910,595	63.00
65.00	06500	RESPIRATORY THERAPY			1,589,538	65.00
66.00	06600	PHYSICAL THERAPY			917,838	66.00
69.00	06900	ELECTROCARDIOLOGY			1,947,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			537,306	70.00
70.01	07001	BRACE AND PLASTER ROOM			23,429	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			842,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,288,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			5,444,951	73.00
74.00	07400	RENAL DIALYSIS			519,215	74.00
76.97	07697	CARDIAC REHABILITATION			13,166	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY			0	76.98
76.99	07699	LI THOTRI PSY			0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC			12,510,937	90.00
90.01	09001	TRANSPLANT CLINIC			157,366	90.01
90.02	09002	LIVER CROSS CLINIC			306,795	90.02
90.03	09003	ORLAND PARK CLINIC			1,432,255	90.03
91.00	09100	EMERGENCY			2,215,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	Subtotal			
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES				87,708	95.00	
99.10	09910	CORF				0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY				0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				0	99.40	
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.				77,457	100.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION				338,155	105.00	
106.00	10600	HEART ACQUISITION				121,624	106.00	
107.00	10700	LIVER ACQUISITION				118,189	107.00	
108.00	10800	LUNG ACQUISITION				122,817	108.00	
109.00	10900	PANCREAS ACQUISITION				43,187	109.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	94,119,343	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				112,704	190.00	
190.01	19001	ORLAND PARK PHYSICIAN				265,055	190.01	
191.01	19101	OTHER NONREIMBURSABLE				883,423	191.01	
191.02	19102	SOUTH LOOP CLINIC				462,382	191.02	
200.00		Cross Foot Adjustments	0	2,821,277	486,308	105,720	3,413,305	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,821,277	486,308	105,720	99,256,212	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00	
1.01	00101	DCAM CAPITAL		1.01	
1.02	00102	ORLAND PARK CAPITAL		1.02	
1.03	00103	SOUTH LOOP CAPITAL		1.03	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00540	NON-PATIENT PHONES		5.01	
5.02	00550	DATA PROCESSING		5.02	
5.03	00560	PURCHASING		5.03	
5.04	00570	ADMITTING		5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00590	OTHER ADMIN & GENERAL		5.06	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL		12.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
18.00	01850	OCCUPATIONAL THERAPY		18.00	
18.01	01851	VOLUNTEERS		18.01	
18.02	01852	PATIENT TRANSPORT		18.02	
18.03	01853	MEDICAL ELECTRONICS		18.03	
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00	
20.00	02000	NURSING SCHOOL		20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	
23.00	02300	PARAMED ED PRGM-PHARMACY		23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	18,795,451	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,145,719	31.00
32.00	03200	CORONARY CARE UNIT	0	629,256	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	565,182	33.00
35.00	02080	NURSERY ICU	0	2,079,825	35.00
43.00	04300	NURSERY	0	650,688	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	12,351,232	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,653,506	52.00
53.00	05300	ANESTHESIOLOGY	0	2,056,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,673,996	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,050,436	55.00
57.00	05700	CT SCAN	0	941,135	57.00
58.00	05800	MRI	0	1,650,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,133,972	59.00
60.00	06000	LABORATORY	0	5,174,066	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	910,595	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,589,538	65.00
66.00	06600	PHYSICAL THERAPY	0	917,838	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,947,370	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	537,306	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	23,429	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	842,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,288,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,444,951	73.00
74.00	07400	RENAL DIALYSIS	0	519,215	74.00
76.97	07697	CARDIAC REHABILITATION	0	13,166	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	12,510,937	90.00
90.01	09001	TRANSPLANT CLINIC	0	157,366	90.01
90.02	09002	LIVER CROSS CLINIC	0	306,795	90.02
90.03	09003	ORLAND PARK CLINIC	0	1,432,255	90.03
91.00	09100	EMERGENCY	0	2,215,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 9/28/2017 2:05 pm
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	87,708	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	77,457	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	338,155	105.00
106.00	10600	HEART ACQUISITION	0	121,624	106.00
107.00	10700	LIVER ACQUISITION	0	118,189	107.00
108.00	10800	LUNG ACQUISITION	0	122,817	108.00
109.00	10900	PANCREAS ACQUISITION	0	43,187	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	94,119,343	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	112,704	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	265,055	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	883,423	191.01
191.02	19102	SOUTH LOOP CLINIC	0	462,382	191.02
200.00		Cross Foot Adjustments	0	3,413,305	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	99,256,212	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,205,322					1.00
1.01	00101	DCAM CAPITAL	0	297,968				1.01
1.02	00102	ORLAND PARK CAPITAL	0	0	59,770			1.02
1.03	00103	SOUTH LOOP CAPITAL	0	0	0	17,627		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					52,426,008	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,522	0	0	0	187,152	4.00
5.01	00540	NON-PATIENT PHONES	0	0	0	0	2,062	5.01
5.02	00550	DATA PROCESSING	34,713	3,154	0	0	21,592,401	5.02
5.03	00560	PURCHASING	41,736	157	0	0	243,479	5.03
5.04	00570	ADMINISTRATIVE	2,528	608	0	0	7,383	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	435	0	0	0	1,514	5.05
5.06	00590	OTHER ADMIN & GENERAL	115,739	33,197	0	0	5,747,328	5.06
7.00	00700	OPERATION OF PLANT	25,156	541	0	0	502,998	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,097	0	0	0	21,142	8.00
9.00	00900	HOUSEKEEPING	39,731	5,930	0	0	313,922	9.00
10.00	01000	DIETARY	8,320	0	0	0	20,682	10.00
11.00	01100	CAFETERIA	39,773	10,520	0	0	316,628	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,632	0	0	0	269,448	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,075	0	0	0	231,389	14.00
15.00	01500	PHARMACY	19,405	2,226	0	0	627,981	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,088	0	0	0	4,708	16.00
17.00	01700	SOCIAL SERVICE	2,667	0	0	0	1,500	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	1,145	0	0	0	2,700	18.01
18.02	01852	PATIENT TRANSPORT	7,756	0	0	0	86,839	18.02
18.03	01853	MEDICAL ELECTRONICS	9,222	0	0	0	100,734	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,503	0	0	0	99,509	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,161	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	310,661	806	0	0	1,092,125	30.00
31.00	03100	INTENSIVE CARE UNIT	77,503	0	0	0	274,175	31.00
32.00	03200	CORONARY CARE UNIT	8,411	0	0	0	14,312	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,628	0	0	0	14,980	33.00
35.00	02080	NURSERY ICU	19,806	0	0	0	304,488	35.00
43.00	04300	NURSERY	8,831	0	0	0	44,725	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	76,742	19,577	0	0	4,936,174	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,868	0	0	0	52,488	52.00
53.00	05300	ANESTHESIOLOGY	4,565	991	0	0	1,102,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,379	30,074	0	0	3,771,224	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,176	0	0	1,102,265	55.00
57.00	05700	CT SCAN	1,376	0	0	0	575,334	57.00
58.00	05800	MRI	52	4,450	0	0	1,228,825	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,547	0	0	0	716,315	59.00
60.00	06000	LABORATORY	55,241	4,178	0	0	1,323,097	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,195	985	0	0	125,986	63.00
65.00	06500	RESPIRATORY THERAPY	5,094	4,018	0	0	468,848	65.00
66.00	06600	PHYSICAL THERAPY	13,784	917	0	0	44,878	66.00
69.00	06900	ELECTROCARDIOLOGY	4,763	5,304	0	0	838,503	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,967	3,582	0	0	112,445	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	636	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,705	0	0	0	205,777	74.00
76.97	07697	CARDIAC REHABILITATION	168	0	0	0	404	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	38,339	139,601	0	0	2,616,560	90.00
90.01	09001	TRANSPLANT CLINIC	1,174	0	0	0	10,466	90.01
90.02	09002	LIVER CROSS CLINIC	0	0	0	0	209,200	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	49,508	0	227,654	90.03
91.00	09100	EMERGENCY	23,575	0	0	0	326,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		CAPITAL RELATED COSTS						
		BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	1.03	2.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	738	0	0	0	23,516	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	2,622	1,768	0	0	27,931	105.00
106.00	10600	HEART ACQUISITION	1,155	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	279	0	0	0	11,740	107.00
108.00	10800	LUNG ACQUISITION	1,310	0	0	0	3,107	108.00
109.00	10900	PANCREAS ACQUISITION	290	0	0	0	1,693	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,183,172	296,396	49,508	0	52,189,737	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,361	1,572	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	10,262	0	47,191	190.01
191.01	19101	OTHER NONREIMBURSABLE	19,789	0	0	0	11,765	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	17,627	177,315	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	39,340,682	4,947,019	787,574	190,944	53,989,993	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.639147	16.602518	13.176744	10.832473	1.029832	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (NUMBER OF PHONES)	Reconciliation	DATA PROCESSING (ACCUM COST)	PURCHASING (COSTED REQUIS)	
			4.00	5.01	5A.02	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	708,524,645					4.00
5.01	00540	NON-PATIENT PHONES	1,946,206	151				5.01
5.02	00550	DATA PROCESSING	26,972,944	1	-81,998,248	1,322,688,754		5.02
5.03	00560	PURCHASING	6,850,625	1	0	12,776,376	290,829,816	5.03
5.04	00570	ADMINISTRATIVE	4,220,446	1	0	6,332,410	22,073	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,381,648	1	0	22,885,756	52,887	5.05
5.06	00590	OTHER ADMIN & GENERAL	57,577,447	100	0	148,518,431	0	5.06
7.00	00700	OPERATION OF PLANT	15,093,340	1	0	46,118,126	1,582,048	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1	0	3,836,574	49,376	8.00
9.00	00900	HOUSEKEEPING	16,879,843	1	0	29,363,398	1,911,146	9.00
10.00	01000	DIETARY	5,946,142	1	0	11,538,124	1,249,389	10.00
11.00	01100	CAFETERIA	711,126	1	0	2,176,424	921,358	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,147,290	1	0	12,725,626	52,197	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,526,820	1	0	7,442,157	2,156,139	14.00
15.00	01500	PHARMACY	19,171,418	1	0	15,539,272	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,676,870	1	0	10,248,488	63,076	16.00
17.00	01700	SOCIAL SERVICE	576,995	1	0	1,035,932	831	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	204,223	1	0	461,562	3,263	18.01
18.02	01852	PATIENT TRANSPORT	3,993,658	1	0	6,582,909	13,222	18.02
18.03	01853	MEDICAL ELECTRONICS	1,214,199	1	0	2,394,835	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	34,287,783	0	0	43,863,063	28,111	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,967,782	1	0	16,770,246	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,122,080	1	0	1,504,641	2,888	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	104,831,399	1	0	144,546,202	7,185,720	30.00
31.00	03100	INTENSIVE CARE UNIT	30,594,942	1	0	45,276,685	5,952,377	31.00
32.00	03200	CORONARY CARE UNIT	6,060,840	1	0	8,250,586	114,614	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,646,387	1	0	3,676,290	382,237	33.00
35.00	02080	NURSERY ICU	17,365,999	1	0	23,346,492	1,284,214	35.00
43.00	04300	NURSERY	6,109,686	1	0	7,799,541	151,286	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	64,955,211	2	0	95,745,574	63,967,155	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,223,510	1	0	8,036,927	1,307,124	52.00
53.00	05300	ANESTHESIOLOGY	8,667,645	1	0	17,336,739	2,589,360	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,686,958	1	0	38,465,055	8,229,699	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,887,709	1	0	12,771,864	803,886	55.00
57.00	05700	CT SCAN	2,693,189	1	0	4,776,741	744,085	57.00
58.00	05800	MRI	2,723,837	1	0	5,837,975	803,695	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,357,182	1	0	4,634,531	5,533,554	59.00
60.00	06000	LABORATORY	17,385,777	1	0	37,805,743	12,041,109	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,727,388	1	0	12,545,308	8,402,152	63.00
65.00	06500	RESPIRATORY THERAPY	6,997,729	1	0	12,986,000	3,213,730	65.00
66.00	06600	PHYSICAL THERAPY	5,856,879	1	0	8,568,553	377,032	66.00
69.00	06900	ELECTROCARDIOLOGY	16,077,502	1	0	20,263,951	8,074,762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,022,197	1	0	4,245,181	146,632	70.00
70.01	07001	BRACE AND PLASTER ROOM	168,293	1	0	274,338	150,603	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	27,059,301	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,522,264	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	124,918,422	126,895,619	73.00
74.00	07400	RENAL DIALYSIS	2,383,300	1	0	4,055,832	640,971	74.00
76.97	07697	CARDIAC REHABILITATION	121,006	0	0	167,294	3,156	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	109,679,727	1	0	145,045,488	17,046,086	90.00
90.01	09001	TRANSPLANT CLINIC	1,896,303	1	0	3,124,032	43,919	90.01
90.02	09002	LIVER CROSS CLINIC	2,714,269	0	0	2,782,822	161,005	90.02
90.03	09003	ORLAND PARK CLINIC	1,422,672	0	0	6,047,867	1,954,959	90.03
91.00	09100	EMERGENCY	15,989,812	1	0	24,764,465	3,073,970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (NUMBER OF PHONES)	Reconciliation	DATA PROCESSING (ACCUM COST)	PURCHASING (COSTED REQUIS)		
		4.00	5.01	5A.02	5.02	5.03		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,347,876	1	0	723,648	38,620	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	2,162,232	0	0	2,661,576	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,143,972	1	0	4,780,753	97,827	105.00
106.00	10600	HEART ACQUISITION	434,744	1	0	2,650,088	26,857	106.00
107.00	10700	LIVER ACQUISITION	692,784	1	0	2,969,310	0	107.00
108.00	10800	LUNG ACQUISITION	359,488	1	0	2,216,047	83,342	108.00
109.00	10900	PANCREAS ACQUISITION	187,449	1	0	956,675	9,944	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	706,044,778	151	-81,998,248	1,314,750,510	289,639,305	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	106,774	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	1,015,453	0	0	2,214,680	942,941	190.01
191.01	19101	OTHER NONREIMBURSABLE	919,419	0	0	3,421,245	0	191.01
191.02	19102	SOUTH LOOP CLINIC	544,995	0	0	2,195,545	247,570	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	163,625,636	2,346,149		81,998,248	13,568,435	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.230939	15,537.410596		0.061994	0.046654	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	340,329	3,058		23,434,892	1,845,256	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000480	20.251656		0.017718	0.006345	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description			ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING	3,040,232,804					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,391,765,224				5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	-157,725,165	1,246,961,837		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	49,050,982	980,493	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,076,723	1,097	8.00
9.00	00900	HOUSEKEEPING	0	0	0	31,272,915	39,731	9.00
10.00	01000	DIETARY	0	0	0	12,311,707	8,320	10.00
11.00	01100	CAFETERIA	0	0	0	2,354,334	39,773	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13,516,973	8,632	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	8,004,119	20,075	14.00
15.00	01500	PHARMACY	0	0	0	16,502,614	19,405	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	10,886,776	10,088	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,100,193	2,667	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	0	490,328	1,145	18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	6,991,627	7,756	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	2,543,300	9,222	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	46,583,621	17,503	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	17,809,901	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	1,598,055	1,161	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	463,305,685	604,823,613	0	157,168,435	310,661	30.00
31.00	03100	INTENSIVE CARE UNIT	208,961,870	242,520,058	0	49,745,798	77,503	31.00
32.00	03200	CORONARY CARE UNIT	47,127,741	46,978,527	0	9,050,326	8,411	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,653,351	22,130,374	0	4,051,878	10,628	33.00
35.00	02080	NURSERY ICU	112,258,480	133,478,508	0	25,609,683	19,806	35.00
43.00	04300	NURSERY	7,645,632	42,462,314	0	8,468,520	8,831	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	327,818,787	567,776,522	0	107,549,938	76,742	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,768,732	27,051,715	0	8,753,817	35,868	52.00
53.00	05300	ANESTHESIOLOGY	96,410,777	204,771,327	0	19,524,323	4,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,523,635	243,691,541	0	42,340,695	51,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,590,039	153,456,185	0	14,261,254	0	55.00
57.00	05700	CT SCAN	90,332,655	307,219,714	0	6,475,758	1,376	57.00
58.00	05800	MRI	36,710,900	133,735,296	0	6,827,190	52	58.00
59.00	05900	CARDIAC CATHETERIZATION	51,323,959	85,360,532	0	5,618,161	3,547	59.00
60.00	06000	LABORATORY	330,108,896	749,536,859	0	44,291,928	55,241	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	102,346,012	121,542,597	0	14,403,651	5,195	63.00
65.00	06500	RESPIRATORY THERAPY	126,479,107	152,398,011	0	14,800,329	5,094	65.00
66.00	06600	PHYSICAL THERAPY	21,787,708	40,097,062	0	9,318,025	13,784	66.00
69.00	06900	ELECTROCARDIOLOGY	65,300,162	193,874,629	0	22,778,663	4,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,388,459	37,022,211	0	4,705,516	4,967	70.00
70.01	07001	BRACE AND PLASTER ROOM	14,086	535,094	0	300,437	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,420,071	152,814,561	0	29,469,314	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,500,035	228,355,240	0	44,211,410	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	408,713,530	1,057,246,492	0	143,506,766	0	73.00
74.00	07400	RENAL DIALYSIS	25,655,600	27,020,425	0	4,496,682	3,705	74.00
76.97	07697	CARDIAC REHABILITATION	2,007	1,245,154	0	182,551	168	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	43,296,383	469,735,021	0	156,714,880	38,339	90.00
90.01	09001	TRANSPLANT CLINIC	2,145,596	3,403,879	0	3,337,443	1,174	90.01
90.02	09002	LIVER CROSS CLINIC	12,235	24,761,288	0	3,057,046	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	28,428,661	0	6,622,119	0	90.03
91.00	09100	EMERGENCY	67,101,438	267,545,738	0	27,609,030	23,575	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	OPERATION OF PLANT (SQUARE FEET)		
		5.04	5.05	5A.06	5.06	7.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	5,120	7,978	0	770,353	738	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	2,826,578	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	4,851,971	8,099,347	0	5,123,230	2,622	105.00
106.00	10600	HEART ACQUISITION	3,624,758	5,553,398	0	2,844,769	1,155	106.00
107.00	10700	LIVER ACQUISITION	2,707,403	4,171,476	0	3,175,242	279	107.00
108.00	10800	LUNG ACQUISITION	2,339,984	2,336,929	0	2,371,380	1,310	108.00
109.00	10900	PANCREAS ACQUISITION	0	576,948	0	1,018,641	290	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,040,232,804	6,391,765,224	-157,725,165	1,238,475,927	958,343	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	113,393	2,361	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	2,395,969	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	3,633,342	19,789	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	2,343,206	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,726,011	24,307,003		157,725,165	55,255,343	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002212	0.003803		0.126488	56.354653	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	214,593	424,666		12,908,171	2,690,255	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000071	0.000066		0.010352	2.743778	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	179,332				8.00
9.00	00900	HOUSEKEEPING	0	11,570,365			9.00
10.00	01000	DIETARY	0	288,302	179,332		10.00
11.00	01100	CAFETERIA	0	37,425	0	11,147,468	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	213,669	0	213,669	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	111,035	0	111,035	14.00
15.00	01500	PHARMACY	0	421,447	0	421,447	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	123,800	0	123,800	16.00
17.00	01700	SOCIAL SERVICE	0	22,234	0	22,234	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	7,252	0	7,252	18.01
18.02	01852	PATIENT TRANSPORT	0	208,822	0	208,822	18.02
18.03	01853	MEDICAL ELECTRONICS	0	31,445	0	31,445	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,004,248	0	2,004,248	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	50,752	0	50,752	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	130,650	2,105,879	130,650	2,105,879	30.00
31.00	03100	INTENSIVE CARE UNIT	24,452	644,763	24,452	644,763	31.00
32.00	03200	CORONARY CARE UNIT	3,854	22,094	3,854	22,094	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,468	49,002	2,468	49,002	33.00
35.00	02080	NURSERY ICU	14,841	291,035	14,841	291,035	35.00
43.00	04300	NURSERY	3,067	54,435	3,067	54,435	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	674,657	0	674,657	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	95,216	0	95,216	52.00
53.00	05300	ANESTHESIOLOGY	0	100,424	0	100,424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	315,233	0	315,233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	109,762	0	109,762	55.00
57.00	05700	CT SCAN	0	60,135	0	60,135	57.00
58.00	05800	MRI	0	64,597	0	64,597	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	31,891	0	31,891	59.00
60.00	06000	LABORATORY	0	577,501	0	577,501	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	73,165	0	73,165	63.00
65.00	06500	RESPIRATORY THERAPY	0	210,478	0	210,478	65.00
66.00	06600	PHYSICAL THERAPY	0	160,230	0	160,230	66.00
69.00	06900	ELECTROCARDIOLOGY	0	163,950	0	163,950	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	98,548	0	98,548	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	7,556	0	7,556	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	51,689	0	51,689	74.00
76.97	07697	CARDIAC REHABILITATION	0	4,292	0	4,292	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	1,428,844	0	1,428,844	90.00
90.01	09001	TRANSPLANT CLINIC	0	19,791	0	19,791	90.01
90.02	09002	SILVER CROSS CLINIC	0	23,285	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	33,608	0	0	90.03
91.00	09100	EMERGENCY	0	349,586	0	349,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
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Worksheet B-1

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Cost Center Description		LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	27,674	0	27,674	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0 100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	57,183	0	57,183	0 105.00
106.00	10600	HEART ACQUISITION	0	1,771	0	1,771	0 106.00
107.00	10700	LIVER ACQUISITION	0	12,975	0	12,975	0 107.00
108.00	10800	LUNG ACQUISITION	0	9,920	0	9,920	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	5,365	0	5,365	0 109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	179,332	11,456,965	179,332	11,074,345	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	23,989	0	0	0 190.01
191.01	19101	OTHER NONREIMBURSABLE	0	73,123	0	73,123	0 191.01
191.02	19102	SOUTH LOOP CLINIC	0	16,288	0	0	0 191.02
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,654,201	37,467,590	15,271,451	5,014,714	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.952987	3.238238	85.157423	0.449852	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	171,099	2,691,785	725,441	1,985,865	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.954091	0.232645	4.045240	0.178145	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

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Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300	3,824,074					13.00
14.00	01400	610	267,491,803				14.00
15.00	01500	1,400	0	15,252,119			15.00
16.00	01600	0	63,076	0	3,040,232,804		16.00
17.00	01700	0	831	0	0	179,332	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	3,263	0	0	0	18.01
18.02	01852	0	13,222	0	0	0	18.02
18.03	01853	0	0	0	0	0	18.03
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	8	28,111	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	2,888	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,342,534	7,185,720	28,364	463,305,685	130,650	30.00
31.00	03100	567,388	5,952,377	8,531	208,961,870	24,452	31.00
32.00	03200	19,546	114,614	95	47,127,741	3,854	32.00
33.00	03300	39,248	382,237	1,148	20,653,351	2,468	33.00
35.00	02080	261,318	1,284,214	3,214	112,258,480	14,841	35.00
43.00	04300	49,537	151,286	211	7,645,632	3,067	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	440,801	63,967,155	171,356	327,818,787	0	50.00
52.00	05200	77,610	1,307,124	11,725	24,768,732	0	52.00
53.00	05300	48,549	2,589,360	499,803	96,410,777	0	53.00
54.00	05400	23,531	8,229,699	324,623	81,523,635	0	54.00
55.00	05500	11,312	803,886	468,046	34,590,039	0	55.00
57.00	05700	0	744,085	230,917	90,332,655	0	57.00
58.00	05800	0	803,695	489,948	36,710,900	0	58.00
59.00	05900	16,570	5,533,554	76,545	51,323,959	0	59.00
60.00	06000	0	12,041,109	1,758	330,108,896	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	8,618	8,402,152	28,496	102,346,012	0	63.00
65.00	06500	36	3,213,730	1,925,653	126,479,107	0	65.00
66.00	06600	4,162	377,032	217,534	21,787,708	0	66.00
69.00	06900	32,366	8,074,762	12,026	65,300,162	0	69.00
70.00	07000	2,208	146,632	0	22,388,459	0	70.00
70.01	07001	0	150,603	35	14,086	0	70.01
71.00	07100	0	0	0	68,420,071	0	71.00
72.00	07200	0	0	0	139,500,035	0	72.00
73.00	07300	0	126,895,619	0	408,713,530	0	73.00
74.00	07400	31,420	640,971	0	25,655,600	0	74.00
76.97	07697	0	3,156	107	2,007	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	503,934	1,704,686	7,593,808	43,296,383	0	90.00
90.01	09001	0	43,919	29,544	2,145,596	0	90.01
90.02	09002	880	161,005	300	12,235	0	90.02
90.03	09003	6,298	1,954,959	2,565,750	0	0	90.03
91.00	09100	250,012	3,073,970	24,176	67,101,438	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE  (PATIENT DAYS)		
		13.00	14.00	15.00	16.00	17.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	14,376	38,620	1,570	5,120	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	31,353	97,827	90,863	4,851,971	0	105.00
106.00	10600	HEART ACQUISITION	0	26,857	1,418	3,624,758	0	106.00
107.00	10700	LIVER ACQUISITION	10,593	0	0	2,707,403	0	107.00
108.00	10800	LUNG ACQUISITION	7,252	83,342	3,815	2,339,984	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	9,944	9,352	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,803,470	266,301,292	14,820,731	3,040,232,804	179,332	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	3,037	942,941	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	14,767	0	292,853	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	2,800	247,570	138,535	0	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	16,501,191	10,560,003	21,243,935	13,291,405	1,471,686	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.315082	0.039478	1.392851	0.004372	8.206489	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,040,827	1,224,015	1,999,168	709,883	135,096	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.272178	0.004576	0.131075	0.000233	0.753329	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		OCCUPATIONAL THERAPY (TIME SPENT)	VOLUNTEERS (INPATIENT REVENUE)	PATIENT TRANSPORT (INPATIENT REVENUE)	MEDICAL ELECTRONICS (INPATIENT REVENUE)			
		18.00	18.01	18.02	18.03			19.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	DCAM CAPITAL					1.01	
1.02	00102	ORLAND PARK CAPITAL					1.02	
1.03	00103	SOUTH LOOP CAPITAL					1.03	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NON-PATIENT PHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN & GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
12.00	01200	MAINTENANCE OF PERSONNEL					12.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
18.00	01850	OCCUPATIONAL THERAPY	0				18.00	
18.01	01851	VOLUNTEERS	0	3,040,232,804			18.01	
18.02	01852	PATIENT TRANSPORT	0	0	3,040,232,804		18.02	
18.03	01853	MEDICAL ELECTRONICS	0	0	0	3,040,232,804	18.03	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	463,305,685	463,305,685	463,305,685	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	208,961,870	208,961,870	208,961,870	0	31.00
32.00	03200	CORONARY CARE UNIT	0	47,127,741	47,127,741	47,127,741	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	20,653,351	20,653,351	20,653,351	0	33.00
35.00	02080	NURSERY ICU	0	112,258,480	112,258,480	112,258,480	0	35.00
43.00	04300	NURSERY	0	7,645,632	7,645,632	7,645,632	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	327,818,787	327,818,787	327,818,787	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,768,732	24,768,732	24,768,732	0	52.00
53.00	05300	ANESTHESIOLOGY	0	96,410,777	96,410,777	96,410,777	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81,523,635	81,523,635	81,523,635	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,590,039	34,590,039	34,590,039	0	55.00
57.00	05700	CT SCAN	0	90,332,655	90,332,655	90,332,655	0	57.00
58.00	05800	MRI	0	36,710,900	36,710,900	36,710,900	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	51,323,959	51,323,959	51,323,959	0	59.00
60.00	06000	LABORATORY	0	330,108,896	330,108,896	330,108,896	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	102,346,012	102,346,012	102,346,012	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	126,479,107	126,479,107	126,479,107	0	65.00
66.00	06600	PHYSICAL THERAPY	0	21,787,708	21,787,708	21,787,708	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	65,300,162	65,300,162	65,300,162	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,388,459	22,388,459	22,388,459	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	14,086	14,086	14,086	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	68,420,071	68,420,071	68,420,071	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	139,500,035	139,500,035	139,500,035	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	408,713,530	408,713,530	408,713,530	0	73.00
74.00	07400	RENAL DIALYSIS	0	25,655,600	25,655,600	25,655,600	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,007	2,007	2,007	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	43,296,383	43,296,383	43,296,383	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	2,145,596	2,145,596	2,145,596	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	12,235	12,235	12,235	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	67,101,438	67,101,438	67,101,438	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	OTHER GENERAL SERVICE					NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	OCCUPATIONAL THERAPY (TIME SPENT)	VOLUNTEERS (INPATIENT REVENUE)	PATIENT TRANSPORT (INPATIENT REVENUE)	MEDICAL ELECTRONICS (INPATIENT REVENUE)			
	18.00	18.01	18.02	18.03	19.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)							92.00
95.00 09500 AMBULANCE SERVICES	0	5,120	5,120	5,120	0		95.00
99.10 09910 CORF	0	0	0	0	0		99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0		99.40
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	4,851,971	4,851,971	4,851,971	0		105.00
106.00 10600 HEART ACQUISITION	0	3,624,758	3,624,758	3,624,758	0		106.00
107.00 10700 LIVER ACQUISITION	0	2,707,403	2,707,403	2,707,403	0		107.00
108.00 10800 LUNG ACQUISITION	0	2,339,984	2,339,984	2,339,984	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0		109.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	3,040,232,804	3,040,232,804	3,040,232,804	0		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
190.01 19001 ORLAND PARK PHYSICIAN	0	0	0	0	0		190.01
191.01 19101 OTHER NONREIMBURSABLE	0	0	0	0	0		191.01
191.02 19102 SOUTH LOOP CLINIC	0	0	0	0	0		191.02
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	643,750	9,083,747	3,500,672	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000212	0.002988	0.001151	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	59,682	640,737	512,321	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000020	0.000211	0.000169	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 DCAM CAPITAL					1.01
1.02 00102 ORLAND PARK CAPITAL					1.02
1.03 00103 SOUTH LOOP CAPITAL					1.03
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NON-PATIENT PHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING					5.03
5.04 00570 ADMINISTRATION					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMIN & GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
18.00 01850 OCCUPATIONAL THERAPY					18.00
18.01 01851 VOLUNTEERS					18.01
18.02 01852 PATIENT TRANSPORT					18.02
18.03 01853 MEDICAL ELECTRONICS					18.03
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		15,898			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			15,898		22.00
23.00 02300 PARAMED PRGM-PHARMACY				100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	4,850	4,850	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	937	937	0	31.00
32.00 03200 CORONARY CARE UNIT	0	295	295	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	72	72	0	33.00
35.00 02080 NURSERY ICU	0	481	481	0	35.00
43.00 04300 NURSERY	0	6	6	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	1,688	1,688	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	533	533	0	52.00
53.00 05300 ANESTHESIOLOGY	0	1,128	1,128	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	706	706	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	167	167	0	55.00
57.00 05700 CT SCAN	0	100	100	0	57.00
58.00 05800 MRI	0	21	21	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	106	106	0	59.00
60.00 06000 LABORATORY	0	925	925	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	6	6	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	87	87	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	124	124	0	70.00
70.01 07001 BRACE AND PLASTER ROOM	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	100	73.00
74.00 07400 RENAL DIALYSIS	0	20	20	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	1,568	1,568	0	90.00
90.01 09001 TRANSPLANT CLINIC	0	0	0	0	90.01
90.02 09002 SILVER CROSS CLINIC	0	53	53	0	90.02
90.03 09003 ORLAND PARK CLINIC	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet B-1

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00	22.00		
91.00 09100 EMERGENCY	0	490	490	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
99.10 09910 CORF	0	0	0	0		99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0		100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	14,363	14,363	100		118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01 19001 ORLAND PARK PHYSICIAN	0	0	0	0		190.01
191.01 19101 OTHER NONREIMBURSABLE	0	1,535	1,535	0		191.01
191.02 19102 SOUTH LOOP CLINIC	0	0	0	0		191.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	60,855,257	20,062,640	2,052,910		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	3,827.856145	1,261.959995	20,529.100000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	2,821,277	486,308	105,720		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	177.461127	30.589257	1,057.200000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 9/28/2017 2:05 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		228,067,783	768,539	228,836,322	30.00
31.00	03100 INTENSIVE CARE UNIT		70,219,149	132,235	70,351,384	31.00
32.00	03200 CORONARY CARE UNIT		11,710,511	38,434	11,748,945	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		6,004,734	13,816	6,018,550	33.00
35.00	02080 NURSERY ICU		34,971,322	84,356	35,055,678	35.00
43.00	04300 NURSERY		10,890,775	57,555	10,948,330	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		135,492,304	2,475,699	137,968,003	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,852,450	0	12,852,450	52.00
53.00	05300 ANESTHESIOLOGY		24,470,406	87,202	24,557,608	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		53,344,050	648,420	53,992,470	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		17,504,138	193,912	17,698,050	55.00
57.00	05700 CT SCAN		8,733,171	0	8,733,171	57.00
58.00	05800 MRI		8,966,299	0	8,966,299	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,490,568	0	7,490,568	59.00
60.00	06000 LABORATORY		58,494,635	2,372	58,497,007	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		18,089,483	0	18,089,483	63.00
65.00	06500 RESPIRATORY THERAPY	0	21,648,179	0	21,648,179	65.00
66.00	06600 PHYSICAL THERAPY	0	12,390,269	0	12,390,269	66.00
69.00	06900 ELECTROCARDIOLOGY		27,577,770	887,712	28,465,482	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		6,154,686	0	6,154,686	70.00
70.01	07001 BRACE AND PLASTER ROOM		372,424	0	372,424	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		33,793,658	0	33,793,658	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		51,020,482	0	51,020,482	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		172,286,313	0	172,286,313	73.00
74.00	07400 RENAL DIALYSIS		5,849,563	0	5,849,563	74.00
76.97	07697 CARDIAC REHABILITATION		231,231	0	231,231	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		197,164,256	2,508,713	199,672,969	90.00
90.01	09001 TRANSPLANT CLINIC		3,960,341	0	3,960,341	90.01
90.02	09002 LIVER CROSS CLINIC		3,529,806	0	3,529,806	90.02
90.03	09003 ORLAND PARK CLINIC		11,246,630	0	11,246,630	90.03
91.00	09100 EMERGENCY		35,538,283	0	35,538,283	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		18,175,801	0	18,175,801	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		1,077,237	0	1,077,237	95.00
99.10	09910 CORF		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.		3,184,106	0	3,184,106	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		6,437,952	0	6,437,952	105.00
106.00	10600 HEART ACQUISITION		3,310,873	0	3,310,873	106.00
107.00	10700 LIVER ACQUISITION		3,709,775	0	3,709,775	107.00
108.00	10800 LUNG ACQUISITION		2,842,050	0	2,842,050	108.00
109.00	10900 PANCREAS ACQUISITION		1,197,035	0	1,197,035	109.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	1,330,000,498	7,898,965	1,337,899,463	200.00
201.00	Less Observation Beds		18,175,801	0	18,175,801	201.00
202.00	Total (see instructions)	0	1,311,824,697	7,898,965	1,319,723,662	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 9/28/2017 2:05 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient					
	6.00	7.00	8.00				
	9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	528,536,059		528,536,059		30.00
31.00	03100	INTENSIVE CARE UNIT	242,520,058		242,520,058		31.00
32.00	03200	CORONARY CARE UNIT	46,978,527		46,978,527		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,130,374		22,130,374		33.00
35.00	02080	NURSERY ICU	133,478,508		133,478,508		35.00
43.00	04300	NURSERY	42,462,314		42,462,314		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	355,594,427	212,182,095	567,776,522	0.238637	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,079,221	972,494	27,051,715	0.475107	52.00
53.00	05300	ANESTHESIOLOGY	108,641,751	96,129,576	204,771,327	0.119501	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,570,222	156,121,319	243,691,541	0.218900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,519,811	131,936,374	153,456,185	0.114066	55.00
57.00	05700	CT SCAN	100,824,193	206,395,521	307,219,714	0.028426	57.00
58.00	05800	MRI	35,028,033	98,707,263	133,735,296	0.067045	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,348,984	38,011,548	85,360,532	0.087752	59.00
60.00	06000	LABORATORY	383,588,910	365,947,949	749,536,859	0.078041	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	99,253,800	22,288,797	121,542,597	0.148832	63.00
65.00	06500	RESPIRATORY THERAPY	137,295,501	15,102,510	152,398,011	0.142050	65.00
66.00	06600	PHYSICAL THERAPY	24,187,844	15,909,218	40,097,062	0.309007	66.00
69.00	06900	ELECTROCARDIOLOGY	87,930,677	105,943,952	193,874,629	0.142245	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,482,790	14,539,421	37,022,211	0.166243	70.00
70.01	07001	BRACE AND PLASTER ROOM	8,875	526,219	535,094	0.695997	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	94,988,907	57,825,654	152,814,561	0.221142	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	149,141,117	79,214,123	228,355,240	0.223426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	413,960,673	643,285,819	1,057,246,492	0.162958	73.00
74.00	07400	RENAL DIALYSIS	25,582,426	1,437,999	27,020,425	0.216487	74.00
76.97	07697	CARDIAC REHABILITATION	710	1,244,444	1,245,154	0.185705	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	58,484,472	411,250,549	469,735,021	0.419735	90.00
90.01	09001	TRANSPLANT CLINIC	2,945,201	458,678	3,403,879	1.163479	90.01
90.02	09002	LIVER CROSS CLINIC	15,869	24,745,419	24,761,288	0.142553	90.02
90.03	09003	ORLAND PARK CLINIC	116,808	28,311,853	28,428,661	0.395609	90.03
91.00	09100	EMERGENCY	80,001,978	187,543,760	267,545,738	0.132831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,784,875	65,502,679	76,287,554	0.238254	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	7,868	110	7,978	135.025946	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	6,688,817	1,410,530	8,099,347		105.00
106.00	10600	HEART ACQUISITION	5,553,398	0	5,553,398		106.00
107.00	10700	LIVER ACQUISITION	4,170,978	498	4,171,476		107.00
108.00	10800	LUNG ACQUISITION	2,336,929	0	2,336,929		108.00
109.00	10900	PANCREAS ACQUISITION	576,948	0	576,948		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	3,408,818,853	2,982,946,371	6,391,765,224		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,408,818,853	2,982,946,371	6,391,765,224		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 9/28/2017 2:05 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02080	NURSERY ICU			35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.242997		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475107		52.00
53.00	05300	ANESTHESIOLOGY	0.119927		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221561		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.115330		55.00
57.00	05700	CT SCAN	0.028426		57.00
58.00	05800	MRI	0.067045		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087752		59.00
60.00	06000	LABORATORY	0.078044		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.148832		63.00
65.00	06500	RESPIRATORY THERAPY	0.142050		65.00
66.00	06600	PHYSICAL THERAPY	0.309007		66.00
69.00	06900	ELECTROCARDIOLOGY	0.146824		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166243		70.00
70.01	07001	BRACE AND PLASTER ROOM	0.695997		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.221142		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.223426		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162958		73.00
74.00	07400	RENAL DIALYSIS	0.216487		74.00
76.97	07697	CARDIAC REHABILITATION	0.185705		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.425076		90.00
90.01	09001	TRANSPLANT CLINIC	1.163479		90.01
90.02	09002	SILVER CROSS CLINIC	0.142553		90.02
90.03	09003	ORLAND PARK CLINIC	0.395609		90.03
91.00	09100	EMERGENCY	0.132831		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.238254		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	135.025946		95.00
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
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.			100.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet C  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		228,067,783	768,539	228,836,322	30.00
31.00	03100 INTENSIVE CARE UNIT		70,219,149	132,235	70,351,384	31.00
32.00	03200 CORONARY CARE UNIT		11,710,511	38,434	11,748,945	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		6,004,734	13,816	6,018,550	33.00
35.00	02080 NURSERY ICU		34,971,322	84,356	35,055,678	35.00
43.00	04300 NURSERY		10,890,775	57,555	10,948,330	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		135,492,304	2,475,699	137,968,003	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,852,450	0	12,852,450	52.00
53.00	05300 ANESTHESIOLOGY		24,470,406	87,202	24,557,608	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		53,344,050	648,420	53,992,470	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		17,504,138	193,912	17,698,050	55.00
57.00	05700 CT SCAN		8,733,171	0	8,733,171	57.00
58.00	05800 MRI		8,966,299	0	8,966,299	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,490,568	0	7,490,568	59.00
60.00	06000 LABORATORY		58,494,635	2,372	58,497,007	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		18,089,483	0	18,089,483	63.00
65.00	06500 RESPIRATORY THERAPY	0	21,648,179	0	21,648,179	65.00
66.00	06600 PHYSICAL THERAPY	0	12,390,269	0	12,390,269	66.00
69.00	06900 ELECTROCARDIOLOGY		27,577,770	887,712	28,465,482	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		6,154,686	0	6,154,686	70.00
70.01	07001 BRACE AND PLASTER ROOM		372,424	0	372,424	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		33,793,658	0	33,793,658	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		51,020,482	0	51,020,482	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		172,286,313	0	172,286,313	73.00
74.00	07400 RENAL DIALYSIS		5,849,563	0	5,849,563	74.00
76.97	07697 CARDIAC REHABILITATION		231,231	0	231,231	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		197,164,256	2,508,713	199,672,969	90.00
90.01	09001 TRANSPLANT CLINIC		3,960,341	0	3,960,341	90.01
90.02	09002 LIVER CROSS CLINIC		3,529,806	0	3,529,806	90.02
90.03	09003 ORLAND PARK CLINIC		11,246,630	0	11,246,630	90.03
91.00	09100 EMERGENCY		35,538,283	0	35,538,283	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		18,175,801	0	18,175,801	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		1,077,237	0	1,077,237	95.00
99.10	09910 CORF		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.		3,184,106	0	3,184,106	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		6,437,952	0	6,437,952	105.00
106.00	10600 HEART ACQUISITION		3,310,873	0	3,310,873	106.00
107.00	10700 LIVER ACQUISITION		3,709,775	0	3,709,775	107.00
108.00	10800 LUNG ACQUISITION		2,842,050	0	2,842,050	108.00
109.00	10900 PANCREAS ACQUISITION		1,197,035	0	1,197,035	109.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	1,330,000,498	7,898,965	1,337,899,463	200.00
201.00	Less Observation Beds		18,175,801	0	18,175,801	201.00
202.00	Total (see instructions)	0	1,311,824,697	7,898,965	1,319,723,662	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 9/28/2017 2:05 pm
				Title XIX	Hospital	Cost
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	528,536,059		528,536,059	30.00
31.00	03100	INTENSIVE CARE UNIT	242,520,058		242,520,058	31.00
32.00	03200	CORONARY CARE UNIT	46,978,527		46,978,527	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,130,374		22,130,374	33.00
35.00	02080	NURSERY ICU	133,478,508		133,478,508	35.00
43.00	04300	NURSERY	42,462,314		42,462,314	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	355,594,427	212,182,095	567,776,522	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,079,221	972,494	27,051,715	52.00
53.00	05300	ANESTHESIOLOGY	108,641,751	96,129,576	204,771,327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,570,222	156,121,319	243,691,541	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,519,811	131,936,374	153,456,185	55.00
57.00	05700	CT SCAN	100,824,193	206,395,521	307,219,714	57.00
58.00	05800	MRI	35,028,033	98,707,263	133,735,296	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,348,984	38,011,548	85,360,532	59.00
60.00	06000	LABORATORY	383,588,910	365,947,949	749,536,859	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	99,253,800	22,288,797	121,542,597	63.00
65.00	06500	RESPIRATORY THERAPY	137,295,501	15,102,510	152,398,011	65.00
66.00	06600	PHYSICAL THERAPY	24,187,844	15,909,218	40,097,062	66.00
69.00	06900	ELECTROCARDIOLOGY	87,930,677	105,943,952	193,874,629	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,482,790	14,539,421	37,022,211	70.00
70.01	07001	BRACE AND PLASTER ROOM	8,875	526,219	535,094	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	94,988,907	57,825,654	152,814,561	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	149,141,117	79,214,123	228,355,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	413,960,673	643,285,819	1,057,246,492	73.00
74.00	07400	RENAL DIALYSIS	25,582,426	1,437,999	27,020,425	74.00
76.97	07697	CARDIAC REHABILITATION	710	1,244,444	1,245,154	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	58,484,472	411,250,549	469,735,021	90.00
90.01	09001	TRANSPLANT CLINIC	2,945,201	458,678	3,403,879	90.01
90.02	09002	LIVER CROSS CLINIC	15,869	24,745,419	24,761,288	90.02
90.03	09003	ORLAND PARK CLINIC	116,808	28,311,853	28,428,661	90.03
91.00	09100	EMERGENCY	80,001,978	187,543,760	267,545,738	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,784,875	65,502,679	76,287,554	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	7,868	110	7,978	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	6,688,817	1,410,530	8,099,347	105.00
106.00	10600	HEART ACQUISITION	5,553,398	0	5,553,398	106.00
107.00	10700	LIVER ACQUISITION	4,170,978	498	4,171,476	107.00
108.00	10800	LUNG ACQUISITION	2,336,929	0	2,336,929	108.00
109.00	10900	PANCREAS ACQUISITION	576,948	0	576,948	109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	3,408,818,853	2,982,946,371	6,391,765,224	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	3,408,818,853	2,982,946,371	6,391,765,224	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 9/28/2017 2:05 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02080	NURSERY ICU			35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	BRACE AND PLASTER ROOM	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699	LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	TRANSPLANT CLINIC	0.000000		90.01
90.02	09002	SILVER CROSS CLINIC	0.000000		90.02
90.03	09003	ORLAND PARK CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.			100.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	18,795,451	0	18,795,451	149,672	125.58	30.00
31.00	INTENSIVE CARE UNIT	5,145,719		5,145,719	23,714	216.99	31.00
32.00	CORONARY CARE UNIT	629,256		629,256	6,888	91.36	32.00
33.00	BURN INTENSIVE CARE UNIT	565,182		565,182	2,475	228.36	33.00
35.00	NURSERY ICU	2,079,825		2,079,825	15,117	137.58	35.00
43.00	NURSERY	650,688		650,688	10,310	63.11	43.00
200.00	Total (Lines 30-199)	27,866,121		27,866,121	208,176		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	42,884	5,385,373				
31.00	INTENSIVE CARE UNIT	7,595	1,648,039				
32.00	CORONARY CARE UNIT	910	83,138				
33.00	BURN INTENSIVE CARE UNIT	411	93,856				
35.00	NURSERY ICU	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	51,800	7,210,406				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		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 (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,351,232	567,776,522	0.021754	103,943,240	2,261,181	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,653,506	27,051,715	0.061124	508,524	31,083	52.00
53.00	05300	ANESTHESIOLOGY	2,056,661	204,771,327	0.010044	30,840,650	309,763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,673,996	243,691,541	0.031491	26,751,910	842,444	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,050,436	153,456,185	0.013362	10,106,075	135,037	55.00
57.00	05700	CT SCAN	941,135	307,219,714	0.003063	32,491,657	99,522	57.00
58.00	05800	MRI	1,650,847	133,735,296	0.012344	9,388,160	115,887	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,133,972	85,360,532	0.013285	18,145,509	241,063	59.00
60.00	06000	LABORATORY	5,174,066	749,536,859	0.006903	118,352,123	816,985	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	910,595	121,542,597	0.007492	28,605,990	214,316	63.00
65.00	06500	RESPIRATORY THERAPY	1,589,538	152,398,011	0.010430	30,932,004	322,621	65.00
66.00	06600	PHYSICAL THERAPY	917,838	40,097,062	0.022890	8,544,091	195,574	66.00
69.00	06900	ELECTROCARDIOLOGY	1,947,370	193,874,629	0.010044	29,936,803	300,685	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	537,306	37,022,211	0.014513	4,067,368	59,030	70.00
70.01	07001	BRACE AND PLASTER ROOM	23,429	535,094	0.043785	2,152	94	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	842,757	152,814,561	0.005515	29,411,002	162,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,288,931	228,355,240	0.005644	58,643,105	330,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,444,951	1,057,246,492	0.005150	116,651,030	600,753	73.00
74.00	07400	RENAL DIALYSIS	519,215	27,020,425	0.019216	11,477,610	220,554	74.00
76.97	07697	CARDIAC REHABILITATION	13,166	1,245,154	0.010574	469	5	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	12,510,937	469,735,021	0.026634	12,493,395	332,749	90.00
90.01	09001	TRANSPLANT CLINIC	157,366	3,403,879	0.046231	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	306,795	24,761,288	0.012390	8,218	102	90.02
90.03	09003	ORLAND PARK CLINIC	1,432,255	28,428,661	0.050381	34,636	1,745	90.03
91.00	09100	EMERGENCY	2,215,785	267,545,738	0.008282	22,568,890	186,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,492,869	76,287,554	0.019569	8,539,108	167,102	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	66,836,954	5,354,913,308		712,443,719	7,948,395	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
35.00	02080	NURSERY ICU	0	0	0	0	35.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	149,672	0.00	42,884	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,714	0.00	7,595	0	31.00
32.00	03200	CORONARY CARE UNIT	6,888	0.00	910	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,475	0.00	411	0	33.00
35.00	02080	NURSERY ICU	15,117	0.00	0	0	35.00
43.00	04300	NURSERY	10,310	0.00	0	0	43.00
200.00		Total (lines 30-199)	208,176		51,800	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	2,052,910	0	2,052,910	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02	09002 SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003 ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	2,052,910	0	2,052,910	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	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		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	567,776,522	0.000000	0.000000	103,943,240	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,051,715	0.000000	0.000000	508,524	52.00
53.00	05300	ANESTHESIOLOGY	0	204,771,327	0.000000	0.000000	30,840,650	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	243,691,541	0.000000	0.000000	26,751,910	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	153,456,185	0.000000	0.000000	10,106,075	55.00
57.00	05700	CT SCAN	0	307,219,714	0.000000	0.000000	32,491,657	57.00
58.00	05800	MRI	0	133,735,296	0.000000	0.000000	9,388,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	85,360,532	0.000000	0.000000	18,145,509	59.00
60.00	06000	LABORATORY	0	749,536,859	0.000000	0.000000	118,352,123	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	121,542,597	0.000000	0.000000	28,605,990	63.00
65.00	06500	RESPIRATORY THERAPY	0	152,398,011	0.000000	0.000000	30,932,004	65.00
66.00	06600	PHYSICAL THERAPY	0	40,097,062	0.000000	0.000000	8,544,091	66.00
69.00	06900	ELECTROCARDIOLOGY	0	193,874,629	0.000000	0.000000	29,936,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,022,211	0.000000	0.000000	4,067,368	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	535,094	0.000000	0.000000	2,152	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	152,814,561	0.000000	0.000000	29,411,002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	228,355,240	0.000000	0.000000	58,643,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,052,910	1,057,246,492	0.001942	0.001942	116,651,030	73.00
74.00	07400	RENAL DIALYSIS	0	27,020,425	0.000000	0.000000	11,477,610	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,245,154	0.000000	0.000000	469	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	469,735,021	0.000000	0.000000	12,493,395	90.00
90.01	09001	TRANSPLANT CLINIC	0	3,403,879	0.000000	0.000000	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	24,761,288	0.000000	0.000000	8,218	90.02
90.03	09003	ORLAND PARK CLINIC	0	28,428,661	0.000000	0.000000	34,636	90.03
91.00	09100	EMERGENCY	0	267,545,738	0.000000	0.000000	22,568,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	76,287,554	0.000000	0.000000	8,539,108	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	2,052,910	5,354,913,308			712,443,719	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII						
Hospital						
PPS						
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	48,758,476	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,180	0	52.00
53.00	05300	ANESTHESIOLOGY	0	25,245,607	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,085,575	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	41,669,215	0	55.00
57.00	05700	CT SCAN	0	72,662,081	0	57.00
58.00	05800	MRI	0	21,746,500	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,103,109	0	59.00
60.00	06000	LABORATORY	0	85,818,123	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,719,488	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,867,235	0	65.00
66.00	06600	PHYSICAL THERAPY	0	282,561	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	38,558,307	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,353,584	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	56,531	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,369,239	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,162,816	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	226,536	239,762,886	465,620	73.00
74.00	07400	RENAL DIALYSIS	0	1,140,156	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	564,403	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	106,816,967	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	9,861,344	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	6,844,199	0	90.03
91.00	09100	EMERGENCY	0	24,560,998	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	15,727,860	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	226,536	858,774,440	465,620	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 9/28/2017 2:05 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.238637	48,758,476	0	0	11,635,576	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.475107	37,180	0	0	17,664	52.00
53.00	05300 ANESTHESIOLOGY	0.119501	25,245,607	0	0	3,016,875	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.218900	45,085,575	0	0	9,869,232	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.114066	41,669,215	0	0	4,753,041	55.00
57.00	05700 CT SCAN	0.028426	72,662,081	0	0	2,065,492	57.00
58.00	05800 MRI	0.067045	21,746,500	0	0	1,457,994	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087752	14,103,109	0	0	1,237,576	59.00
60.00	06000 LABORATORY	0.078041	85,818,123	28,102	0	6,697,332	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.148832	5,719,488	0	0	851,243	63.00
65.00	06500 RESPIRATORY THERAPY	0.142050	4,867,235	0	0	691,391	65.00
66.00	06600 PHYSICAL THERAPY	0.309007	282,561	0	0	87,313	66.00
69.00	06900 ELECTROCARDIOLOGY	0.142245	38,558,307	0	0	5,484,726	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166243	3,353,584	0	0	557,510	70.00
70.01	07001 BRACE AND PLASTER ROOM	0.695997	56,531	0	0	39,345	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.221142	18,369,239	796	0	4,062,210	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.223426	27,162,816	0	0	6,068,879	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.162958	239,762,886	12,014	738,920	39,071,280	73.00
74.00	07400 RENAL DIALYSIS	0.216487	1,140,156	0	0	246,829	74.00
76.97	07697 CARDIAC REHABILITATION	0.185705	564,403	0	0	104,812	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.419735	106,816,967	0	21,907	44,834,820	90.00
90.01	09001 TRANSPLANT CLINIC	1.163479	0	0	0	0	90.01
90.02	09002 SILVER CROSS CLINIC	0.142553	9,861,344	0	0	1,405,764	90.02
90.03	09003 ORLAND PARK CLINIC	0.395609	6,844,199	0	0	2,707,627	90.03
91.00	09100 EMERGENCY	0.132831	24,560,998	0	0	3,262,462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.238254	15,727,860	0	0	3,747,226	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	135.025946	0	0	0	0	95.00
200.00	Subtotal (see instructions)		858,774,440	40,912	760,827	153,974,219	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		858,774,440	40,912	760,827	153,974,219	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 9/28/2017 2:05 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	2,193	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 BRACE AND PLASTER ROOM	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	176	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,958	120,413		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	9,195		90.00
90.01 09001 TRANSPLANT CLINIC	0	0		90.01
90.02 09002 SILVER CROSS CLINIC	0	0		90.02
90.03 09003 ORLAND PARK CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	4,327	129,608		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,327	129,608		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Title XIX				Hospital	Cost
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	2,052,910	0	2,052,910	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02	09002 SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003 ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	2,052,910	0	2,052,910	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Title XIX				Hospital		Inpatient Program Charges	Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	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)				
		6.00	7.00	8.00	9.00	10.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	567,776,522	0.000000	0.000000	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,051,715	0.000000	0.000000	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	204,771,327	0.000000	0.000000	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	243,691,541	0.000000	0.000000	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	153,456,185	0.000000	0.000000	0	55.00	
57.00	05700	CT SCAN	0	307,219,714	0.000000	0.000000	0	57.00	
58.00	05800	MRI	0	133,735,296	0.000000	0.000000	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	85,360,532	0.000000	0.000000	0	59.00	
60.00	06000	LABORATORY	0	749,536,859	0.000000	0.000000	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	121,542,597	0.000000	0.000000	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	152,398,011	0.000000	0.000000	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	40,097,062	0.000000	0.000000	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	193,874,629	0.000000	0.000000	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,022,211	0.000000	0.000000	0	70.00	
70.01	07001	BRACE AND PLASTER ROOM	0	535,094	0.000000	0.000000	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	152,814,561	0.000000	0.000000	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	228,355,240	0.000000	0.000000	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,052,910	1,057,246,492	0.001942	0.001942	0	73.00	
74.00	07400	RENAL DIALYSIS	0	27,020,425	0.000000	0.000000	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	1,245,154	0.000000	0.000000	0	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98	
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	469,735,021	0.000000	0.000000	0	90.00	
90.01	09001	TRANSPLANT CLINIC	0	3,403,879	0.000000	0.000000	0	90.01	
90.02	09002	SILVER CROSS CLINIC	0	24,761,288	0.000000	0.000000	0	90.02	
90.03	09003	ORLAND PARK CLINIC	0	28,428,661	0.000000	0.000000	0	90.03	
91.00	09100	EMERGENCY	0	267,545,738	0.000000	0.000000	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	76,287,554	0.000000	0.000000	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50-199)	2,052,910	5,354,913,308			0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	07001 BRACE AND PLASTER ROOM	0	0	0		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 TRANSPLANT CLINIC	0	0	0		90.01
90.02	09002 SILVER CROSS CLINIC	0	0	0		90.02
90.03	09003 ORLAND PARK CLINIC	0	0	0		90.03
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 9/28/2017 2:05 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		149,672	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		149,672	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		137,784	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	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)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	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)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		42,884	9.00
10.00	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)		0	10.00
11.00	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)		0	11.00
12.00	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		0	12.00
13.00	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)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		228,836,322	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		228,836,322	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		228,836,322	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,528.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		65,566,205	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		65,566,205	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	70,351,384	23,714	2,966.66	7,595	22,531,783	43.00	
44.00	CORONARY CARE UNIT	11,748,945	6,888	1,705.71	910	1,552,196	44.00	
45.00	BURN INTENSIVE CARE UNIT	6,018,550	2,475	2,431.74	411	999,445	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NURSERY ICU	35,055,678	15,117	2,318.96	0	0	47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					116,495,828	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					207,145,457	49.00	
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,210,406	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,174,931	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					15,385,337	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					191,760,120	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0	54.00	
55.00	Target amount per discharge					0.00	55.00	
56.00	Target amount (line 54 x line 55)					0	56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00	Bonus payment (see instructions)					0	58.00	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00	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 (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00	Relief payment (see instructions)					0	62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00	Program routine service cost (line 9 x line 71)						72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00	Program capital-related costs (line 9 x line 76)						77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00	Inpatient routine service cost per diem limitation						81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00	Reasonable inpatient routine service costs (see instructions)						83.00	
84.00	Program inpatient ancillary services (see instructions)						84.00	
85.00	Utilization review - physician compensation (see instructions)						85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					11,888	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,528.92	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					18,175,801	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	18,795,451	228,836,322	0.082135	18,175,801	1,492,869	90.00
91.00	Nursing School cost	0	228,836,322	0.000000	18,175,801	0	91.00
92.00	Allied health cost	0	228,836,322	0.000000	18,175,801	0	92.00
93.00	All other Medical Education	0	228,836,322	0.000000	18,175,801	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 9/28/2017 2:05 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		149,672	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		149,672	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		137,784	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	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)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	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)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		17,792	9.00
10.00	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)		0	10.00
11.00	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)		0	11.00
12.00	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		0	12.00
13.00	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)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		10,310	15.00
16.00	Nursery days (title V or XIX only)		3,590	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		228,067,783	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		228,067,783	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		228,067,783	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,523.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,111,094	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		27,111,094	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description			Title XIX		Hospital		Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
42.00	NURSERY (title V & XIX only)	10,890,775	10,310	1,056.33	3,590	3,792,225		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	70,219,149	23,714	2,961.08	4,420	13,087,974		43.00
44.00	CORONARY CARE UNIT	11,710,511	6,888	1,700.13	226	384,229		44.00
45.00	BURN INTENSIVE CARE UNIT	6,004,734	2,475	2,426.16	411	997,152		45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NURSERY ICU	34,971,322	15,117	2,313.38	5,176	11,974,055		47.00
Cost Center Description								
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,346,729		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	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 (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						11,888	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,523.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						18,114,697	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	18,795,451	228,067,783	0.082412	18,114,697	1,492,868	90.00
91.00	Nursing School cost	0	228,067,783	0.000000	18,114,697	0	91.00
92.00	Allied health cost	0	228,067,783	0.000000	18,114,697	0	92.00
93.00	All other Medical Education	0	228,067,783	0.000000	18,114,697	0	93.00

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program	Inpatient Days																																																																																																		
					Title V																																																																																																			
	1.00	2.00	3.00	4.00	5.00																																																																																																			
<b>PART I - NOT IN APPROVED TEACHING PROGRAM</b>																																																																																																								
1.00	Total cost of services rendered	100.00	3,184,106			1.00																																																																																																		
Hospital Inpatient Routine Services:																																																																																																								
2.00	ADULTS & PEDIATRICS	71.49	2,276,317	149,672	15.21	0 2.00																																																																																																		
3.00	INTENSIVE CARE UNIT	14.82	471,885	23,714	19.90	0 3.00																																																																																																		
4.00	CORONARY CARE UNIT	4.48	142,648	6,888	20.71	0 4.00																																																																																																		
5.00	BURN INTENSIVE CARE UNIT	0.00	0	2,475	0.00	0 5.00																																																																																																		
6.00	SURGICAL INTENSIVE CARE UNIT					0 6.00																																																																																																		
7.00	NURSERY ICU	0.00	0	15,117	0.00	0 7.00																																																																																																		
8.00	NURSERY	0.00	0	10,310	0.00	0 8.00																																																																																																		
9.00	Subtotal (sum of lines 2 through 8)	90.79	2,890,850			9.00																																																																																																		
10.00	SUBPROVIDER - IPF					10.00																																																																																																		
11.00	SUBPROVIDER - IRF					11.00																																																																																																		
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16.00	HOME HEALTH AGENCY					16.00																																																																																																		
17.00	CMHC					17.00																																																																																																		
17.10	CORF	0.00	0			17.10																																																																																																		
17.20	OUTPATIENT PHYSICAL THERAPY	0.00	0			17.20																																																																																																		
17.30	OUTPATIENT OCCUPATIONAL THERAPY	0.00	0			17.30																																																																																																		
17.40	OUTPATIENT SPEECH PATHOLOGY	0.00	0			17.40																																																																																																		
18.00	AMBULATORY SURGICAL CENTER (D.P.)					18.00																																																																																																		
19.00	HOSPICE					19.00																																																																																																		
20.00	Subtotal (sum of lines 9 through 19)	90.79	2,890,850			20.00																																																																																																		
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th></th> <th></th> <th>Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)</th> <th>Ratio of Cost to Charges (col. 2 ÷ col. 3)</th> <th>Titles V and XIX Outpatient and Title XVIII Part B Charges</th> <th>Title V</th> </tr> <tr> <th></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="7">Hospital Outpatient Services:</td> </tr> <tr> <td>21.00</td> <td>RURAL HEALTH CLINIC</td> <td></td> <td></td> <td></td> <td></td> <td>21.00</td> </tr> <tr> <td>22.00</td> <td>FEDERALLY QUALIFIED HEALTH CENTER CLINIC</td> <td>9.21</td> <td>293,256</td> <td>469,735,021</td> <td>0.000624</td> <td>0 22.00</td> </tr> <tr> <td>23.00</td> <td>CLINIC</td> <td></td> <td></td> <td></td> <td></td> <td>0 23.00</td> </tr> <tr> <td>23.01</td> <td>TRANSPLANT CLINIC</td> <td>0.00</td> <td>0</td> <td>3,403,879</td> <td>0.000000</td> <td>0 23.01</td> </tr> <tr> <td>23.02</td> <td>SILVER CROSS CLINIC</td> <td>0.00</td> <td>0</td> <td>24,761,288</td> <td>0.000000</td> <td>0 23.02</td> </tr> <tr> <td>23.03</td> <td>ORLAND PARK CLINIC</td> <td>0.00</td> <td>0</td> <td>28,428,661</td> <td>0.000000</td> <td>0 23.03</td> </tr> <tr> <td>24.00</td> <td>EMERGENCY</td> <td>0.00</td> <td>0</td> <td>267,545,738</td> <td>0.000000</td> <td>0 24.00</td> </tr> <tr> <td>25.00</td> <td>OBSERVATION BEDS (NON-DISTINCT PART</td> <td>0.00</td> <td>0</td> <td>76,287,554</td> <td>0.000000</td> <td>0 25.00</td> </tr> <tr> <td>26.00</td> <td>OTHER OUTPATIENT SERVICE COST CENTER</td> <td></td> <td></td> <td></td> <td></td> <td>26.00</td> </tr> <tr> <td>27.00</td> <td>Subtotal (sum of lines 21 through 26)</td> <td>9.21</td> <td>293,256</td> <td></td> <td></td> <td>27.00</td> </tr> <tr> <td>28.00</td> <td>Total (sum of lines 20 and 27)</td> <td>100.00</td> <td>3,184,106</td> <td></td> <td></td> <td>28.00</td> </tr> </tbody> </table>							Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges	Title V		1.00	2.00	3.00	4.00	5.00		Hospital Outpatient Services:							21.00	RURAL HEALTH CLINIC					21.00	22.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	9.21	293,256	469,735,021	0.000624	0 22.00	23.00	CLINIC					0 23.00	23.01	TRANSPLANT CLINIC	0.00	0	3,403,879	0.000000	0 23.01	23.02	SILVER CROSS CLINIC	0.00	0	24,761,288	0.000000	0 23.02	23.03	ORLAND PARK CLINIC	0.00	0	28,428,661	0.000000	0 23.03	24.00	EMERGENCY	0.00	0	267,545,738	0.000000	0 24.00	25.00	OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	76,287,554	0.000000	0 25.00	26.00	OTHER OUTPATIENT SERVICE COST CENTER					26.00	27.00	Subtotal (sum of lines 21 through 26)	9.21	293,256			27.00	28.00	Total (sum of lines 20 and 27)	100.00	3,184,106			28.00
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges	Title V																																																																																																		
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet D-2

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)							
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0	0	0.00	29.00
30.00	Swing Bed - SNF		0	0	0	0.00	30.00
31.00	Swing Bed - NF		0				31.00
32.00	INTENSIVE CARE UNIT	0		0	0	0.00	32.00
33.00	CORONARY CARE UNIT	0		0	0	0.00	33.00
34.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	SURGICAL INTENSIVE CARE UNIT						35.00
36.00	NURSERY ICU	0		0	0	0.00	36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)	0		0			37.00
38.00	SUBPROVIDER - IPF						38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)	0		0			42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, - )		
		1.00		2.00	3.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)							
Hospital							
43.00	Inpatient	col. 9, line 9.00		0	line 37.00		43.00
44.00	Outpatient	col. 9, line 27.00		0			44.00
45.00	Total Hospital (sum of lines 43 and 44)			0			45.00
46.00	SUBPROVIDER - IPF						46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS	Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-2 Date/Time Prepared: 9/28/2017 2:05 pm
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Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)		
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX					
	6.00	7.00					
<b>PART I - NOT IN APPROVED TEACHING PROGRAM</b>							
1.00	Total cost of services rendered					1.00	
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	43,228	17,792	0	657,498	270,616	2.00
3.00	INTENSIVE CARE UNIT	7,559	4,420	0	150,424	87,958	3.00
4.00	CORONARY CARE UNIT	918	226	0	19,012	4,680	4.00
5.00	BURN INTENSIVE CARE UNIT	427	411	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT						6.00
7.00	NURSERY ICU	0	5,176	0	0	0	7.00
8.00	NURSERY		3,590	0		0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	826,934	363,254	9.00
10.00	SUBPROVIDER - IPF						10.00
11.00	SUBPROVIDER - IRF						11.00
12.00	SUBPROVIDER						12.00
13.00	SKILLED NURSING FACILITY						13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
17.10	CORF						17.10
17.20	OUTPATIENT PHYSICAL THERAPY						17.20
17.30	OUTPATIENT OCCUPATIONAL THERAPY						17.30
17.40	OUTPATIENT SPEECH PATHOLOGY						17.40
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC						21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00	CLINIC	121,189,757	0	0	75,622	0	23.00
23.01	TRANSPLANT CLINIC	0	0	0	0	0	23.01
23.02	SILVER CROSS CLINIC	9,883,479	0	0	0	0	23.02
23.03	ORLAND PARK CLINIC	6,879,537	0	0	0	0	23.03
24.00	EMERGENCY	47,266,471	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	24,266,968	0	0	0	0	25.00
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00	Subtotal (sum of lines 21 through 26)			0	75,622	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
		6.00	7.00	11.00			
<b>PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)</b>							
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0			29.00
30.00	Swing Bed - SNF	0	0				30.00
31.00	Swing Bed - NF						31.00
32.00	INTENSIVE CARE UNIT	0	0	0			32.00
33.00	CORONARY CARE UNIT	0	0	0			33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0			34.00
35.00	SURGICAL INTENSIVE CARE UNIT						35.00
36.00	NURSERY ICU	0	0	0			36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)		0	0			37.00
38.00	SUBPROVIDER - IPF						38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet D-2

Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
41.00	SKILLED NURSING FACILITY	6.00	7.00	11.00		41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00
Cost Center Description		In Approved Teaching Program Amount	Total Title XVIII Costs (to Wkst. E, Part B - )		(col. 2 + col. 4)	
		4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)						
Hospital						
43.00	Inpatient	0			0	43.00
44.00	Outpatient					44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22		0	45.00
46.00	SUBPROVIDER - IPF					46.00
47.00	SUBPROVIDER - IRF					47.00
48.00	SUBPROVIDER					48.00
49.00	SKILLED NURSING FACILITY					49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		157,357,070	30.00
31.00	03100	INTENSIVE CARE UNIT		78,778,132	31.00
32.00	03200	CORONARY CARE UNIT		4,764,419	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,877,896	33.00
35.00	02080	NURSERY ICU		0	35.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.242997	103,943,240	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.475107	508,524	52.00
53.00	05300	ANESTHESIOLOGY	0.119927	30,840,650	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.221561	26,751,910	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.115330	10,106,075	55.00
57.00	05700	CT SCAN	0.028426	32,491,657	57.00
58.00	05800	MRI	0.067045	9,388,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087752	18,145,509	59.00
60.00	06000	LABORATORY	0.078044	118,352,123	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.148832	28,605,990	63.00
65.00	06500	RESPIRATORY THERAPY	0.142050	30,932,004	65.00
66.00	06600	PHYSICAL THERAPY	0.309007	8,544,091	66.00
69.00	06900	ELECTROCARDIOLOGY	0.146824	29,936,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166243	4,067,368	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.695997	2,152	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.221142	29,411,002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.223426	58,643,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162958	116,651,030	73.00
74.00	07400	RENAL DIALYSIS	0.216487	11,477,610	74.00
76.97	07697	CARDIAC REHABILITATION	0.185705	469	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.425076	12,493,395	90.00
90.01	09001	TRANSPLANT CLINIC	1.163479	0	90.01
90.02	09002	SILVER CROSS CLINIC	0.142553	8,218	90.02
90.03	09003	ORLAND PARK CLINIC	0.395609	34,636	90.03
91.00	09100	EMERGENCY	0.132831	22,568,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.238254	8,539,108	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		712,443,719	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		712,443,719	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 14-0088 Component CCN:		Period: From 07/01/2016 To 06/30/2017		Worksheet D-4 Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>Part I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	107,466	1,528.92	49	74,917	1.00
2.00	INTENSIVE CARE UNIT	43.00	9,024	2,966.66	12	35,600	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,705.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,431.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,318.96	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		116,490		61	110,517	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.238637	530,177	126,520	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.475107	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.119501	116,386	13,908	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218900	756,738	165,650	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.114066	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.028426	1,040,119	29,566	15.00	
16.00	MRI	58.00	0.067045	30,310	2,032	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.087752	161,796	14,198	17.00	
18.00	LABORATORY	60.00	0.078041	3,585,344	279,804	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148832	83,387	12,411	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.142050	25,244	3,586	23.00	
24.00	PHYSICAL THERAPY	66.00	0.309007	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.142245	1,524,522	216,856	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.166243	5,218	867	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.695997	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.221142	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.223426	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.162958	198,637	32,369	31.00	
32.00	RENAL DIALYSIS	74.00	0.216487	5,411	1,171	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.185705	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.419735	638,485	267,995	37.00	
37.01	TRANSPLANT CLINIC	90.01	1.163479	0	0	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.142553	826	118	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.395609	0	0	37.03	
38.00	EMERGENCY	91.00	0.132831	28,324	3,762	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.238254	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			8,730,924	1,170,813	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be 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		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet D-4		
		Component CCN:		Date/Time Prepared: 9/28/2017 2:05 pm		
		Kidney	Hospital	PPS		
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	15.21	49	745	42.00
43.00	INTENSIVE CARE UNIT	3.00	19.90	12	239	43.00
44.00	CORONARY CARE UNIT	4.00	20.71	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NURSERY ICU	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			61	984	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	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)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	638,485	0.000624	398	51.00
51.01	TRANSPLANT CLINIC	23.01	0	0.000000	0	51.01
51.02	SILVER CROSS CLINIC	23.02	826	0.000000	0	51.02
51.03	ORLAND PARK CLINIC	23.03	0	0.000000	0	51.03
52.00	EMERGENCY	24.00	28,324	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		667,635		398	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>						
56.00	Routine and Ancillary from Part I	1,281,330		8,847,414		56.00
57.00	Interns and Residents (inpatient)	984		0		57.00
58.00	Interns and Residents (outpatient)	398		0		58.00
59.00	Direct Organ Acquisition (see instructions)	6,437,952		9,754,514		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,720,664		18,601,928		61.00
62.00	Total Usable Organs (see instructions)		105			62.00
63.00	Medicare Usable Organs (see instructions)		73			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.695238			64.00
65.00	Medicare Cost/Charges (see instructions)	5,367,699		12,932,767		65.00
66.00	Revenue for Organs Sold	94,645		0		66.00
67.00	Subtotal (line 65 minus line 66)	5,273,054		12,932,767		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,273,054	0	12,932,767	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue	
		1.00		2.00	3.00	
<b>PART IV - STATISTICS</b>						
70.00	Organs Excised in Provider (1)		11	28		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		2	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	64		73.00
74.00	Total (sum of lines 70 thru 73)		13	92		74.00
75.00	Organs Transplanted		11	64	0	75.00
76.00	Organs Sold to Other Hospitals		2	0	27,979	76.00
77.00	Organs Sold to OPOs		0	28	94,645	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		13	92		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be 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		Provider CCN: 14-0088 Component CCN:		Period: From 07/01/2016 To 06/30/2017		Worksheet D-4 Date/Time Prepared: 9/28/2017 2:05 pm	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	20,106	1,528.92	6	9,174 1.00	
2.00	INTENSIVE CARE UNIT	43.00	0	2,966.66	6	17,800 2.00	
3.00	CORONARY CARE UNIT	44.00	0	1,705.71	0	0 3.00	
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,431.74	0	0 4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0 5.00	
6.00	NURSERY ICU	47.00	0	2,318.96	0	0 6.00	
7.00	TOTAL (sum of lines 1-6)		20,106		12	26,974 7.00	
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.238637	0	0	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.475107	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.119501	10,112	1,208	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218900	391,081	85,608	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.114066	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.028426	311,688	8,860	15.00	
16.00	MRI	58.00	0.067045	214,057	14,351	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.087752	46,304	4,063	17.00	
18.00	LABORATORY	60.00	0.078041	568,533	44,369	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148832	21,365	3,180	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.142050	29,115	4,136	23.00	
24.00	PHYSICAL THERAPY	66.00	0.309007	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.142245	174,595	24,835	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.166243	1,593	265	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.695997	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.221142	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.223426	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.162958	136,147	22,186	31.00	
32.00	RENAL DIALYSIS	74.00	0.216487	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.185705	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.419735	208,191	87,385	37.00	
37.01	TRANSPLANT CLINIC	90.01	1.163479	0	0	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.142553	0	0	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.395609	7,662	3,031	37.03	
38.00	EMERGENCY	91.00	0.132831	3,944	524	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.238254	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)				2,124,387	304,001 41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be 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

Provider CCN: 14-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 9/28/2017 2:05 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	15.21	6	91	42.00	
43.00	INTENSIVE CARE UNIT	3.00	19.90	6	119	43.00	
44.00	CORONARY CARE UNIT	4.00	20.71	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NURSERY ICU	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			12	210	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	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)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	208,191	0.000624	130	51.00	
51.01	TRANSPLANT CLINIC	23.01	0	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	7,662	0.000000	0	51.03	
52.00	EMERGENCY	24.00	3,944	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		219,797		130	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	330,975		2,144,493		56.00	
57.00	Interns and Residents (inpatient)	210		0		57.00	
58.00	Interns and Residents (outpatient)	130		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,709,775		3,154,198		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	4,041,090		5,298,691		61.00	
62.00	Total Usable Organs (see instructions)		43			62.00	
63.00	Medicare Usable Organs (see instructions)		17			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.395349			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,597,641		2,094,832		65.00	
66.00	Revenue for Organs Sold	33,333		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,564,308		2,094,832		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,564,308	0	2,094,832	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	14		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	29		73.00	
74.00	Total (sum of lines 70 thru 73)		0	43		74.00	
75.00	Organs Transplanted		0	29	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	14	33,333	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	43		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be 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

Provider CCN: 14-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 9/28/2017 2:05 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,704	1,528.92	4	6,116	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,966.66	4	11,867	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,705.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,431.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,318.96	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		1,704		8	17,983	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.238637	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.475107	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.119501	5,056	604	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.218900	49,955	10,935	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.114066	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.028426	20,250	576	15.00
16.00	MRI		58.00	0.067045	17,305	1,160	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.087752	1,100,256	96,550	17.00
18.00	LABORATORY		60.00	0.078041	512,449	39,992	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.148832	3,331	496	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.142050	11,123	1,580	23.00
24.00	PHYSICAL THERAPY		66.00	0.309007	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.142245	190,284	27,067	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.166243	0	0	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.695997	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.221142	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.223426	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.162958	289,886	47,239	31.00
32.00	RENAL DIALYSIS		74.00	0.216487	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.185705	3,283	610	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LI THOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.419735	209,832	88,074	37.00
37.01	TRANSPLANT CLINIC		90.01	1.163479	0	0	37.01
37.02	SILVER CROSS CLINIC		90.02	0.142553	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.395609	489	193	37.03
38.00	EMERGENCY		91.00	0.132831	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.238254	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				2,413,499	315,076	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be 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

Provider CCN: 14-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 9/28/2017 2:05 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	15.21	4	61	42.00	
43.00	INTENSIVE CARE UNIT	3.00	19.90	4	80	43.00	
44.00	CORONARY CARE UNIT	4.00	20.71	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NURSERY ICU	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			8	141	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	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)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	209,832	0.000624	131	51.00	
51.01	TRANSPLANT CLINIC	23.01	0	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	489	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		210,321		131	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	333,059		2,415,203		56.00	
57.00	Interns and Residents (inpatient)	141		0		57.00	
58.00	Interns and Residents (outpatient)	131		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,310,873		2,618,585		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,644,204		5,033,788		61.00	
62.00	Total Usable Organs (see instructions)		47			62.00	
63.00	Medicare Usable Organs (see instructions)		19			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.404255			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,473,188		2,034,934		65.00	
66.00	Revenue for Organs Sold	19,048		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,454,140		2,034,934		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,454,140	0	2,034,934	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	8		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	39		73.00	
74.00	Total (sum of lines 70 thru 73)		0	47		74.00	
75.00	Organs Transplanted		0	39	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	8	19,048	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	47	0	84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be 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

Provider CCN: 14-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 9/28/2017 2:05 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Lung Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	4,917	1,528.92	4	6,116	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,966.66	3	8,900	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,705.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,431.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,318.96	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		4,917		7	15,016	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.238637	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.475107	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.119501	17,210	2,057	11.00	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218900	167,509	36,668	12.00	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.114066	0	0	13.00	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	14.00
15.00	CT SCAN	57.00	0.028426	150,808	4,287	15.00	15.00
16.00	MRI	58.00	0.067045	4,381	294	16.00	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.087752	460,173	40,381	17.00	17.00
18.00	LABORATORY	60.00	0.078041	394,890	30,818	18.00	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148832	5,468	814	21.00	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	22.00
23.00	RESPIRATORY THERAPY	65.00	0.142050	116,893	16,605	23.00	23.00
24.00	PHYSICAL THERAPY	66.00	0.309007	3,894	1,203	24.00	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.142245	247,264	35,172	27.00	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.166243	0	0	28.00	28.00
28.01	BRACE AND PLASTER ROOM	70.01	0.695997	0	0	28.01	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.221142	0	0	29.00	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.223426	0	0	30.00	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.162958	17,859	2,910	31.00	31.00
32.00	RENAL DIALYSIS	74.00	0.216487	0	0	32.00	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	34.00
34.97	CARDIAC REHABILITATION	76.97	0.185705	1,205	224	34.97	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	36.00
37.00	CLINIC	90.00	0.419735	273,167	114,658	37.00	37.00
37.01	TRANSPLANT CLINIC	90.01	1.163479	0	0	37.01	37.01
37.02	SILVER CROSS CLINIC	90.02	0.142553	0	0	37.02	37.02
37.03	ORLAND PARK CLINIC	90.03	0.395609	0	0	37.03	37.03
38.00	EMERGENCY	91.00	0.132831	0	0	38.00	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.238254	0	0	39.00	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	40.00
41.00	TOTAL (sum of lines 8-40)				1,860,721	286,091	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be 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

Provider CCN: 14-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Date/Time Prepared: 9/28/2017 2:05 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	15.21	4		61	42.00
43.00	INTENSIVE CARE UNIT	3.00	19.90	3		60	43.00
44.00	CORONARY CARE UNIT	4.00	20.71	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	NURSERY ICU	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7		121	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	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)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	273,167	0.000624		170	51.00
51.01	TRANSPLANT CLINIC	23.01	0	0.000000		0	51.01
51.02	SILVER CROSS CLINIC	23.02	0	0.000000		0	51.02
51.03	ORLAND PARK CLINIC	23.03	0	0.000000		0	51.03
52.00	EMERGENCY	24.00	0	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		273,167			170	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	301,107		1,865,638			56.00
57.00	Interns and Residents (inpatient)	121		0			57.00
58.00	Interns and Residents (outpatient)	170		0			58.00
59.00	Direct Organ Acquisition (see instructions)	2,842,050		2,963,619			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	3,143,448		4,829,257			61.00
62.00	Total Usable Organs (see instructions)		45				62.00
63.00	Medicare Usable Organs (see instructions)		25				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.555556				64.00
65.00	Medicare Cost/Charges (see instructions)	1,746,361		2,682,923			65.00
66.00	Revenue for Organs Sold	23,810		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,722,551		2,682,923			67.00
68.00	Organs Furnished Part B	0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,722,551	0	2,682,923		0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	10			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	35			73.00
74.00	Total (sum of lines 70 thru 73)		0	45			74.00
75.00	Organs Transplanted		0	35		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	10		23,810	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	45			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be 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

Provider CCN: 14-0088

Period: From 07/01/2016 To 06/30/2017

Worksheet D-4

Component CCN:

Date/Time Prepared: 9/28/2017 2:05 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,528.92	1	1,529	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,966.66	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,705.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,431.74	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,318.96	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		1	1,529	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.238637	0	0	0	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.475107	0	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.119501	0	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.218900	3,663	802	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.114066	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.028426	17,044	484	15.00	
16.00	MRI	58.00	0.067045	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.087752	0	0	17.00	
18.00	LABORATORY	60.00	0.078041	152,322	11,887	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.148832	1,541	229	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.142050	0	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0.309007	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.142245	45,692	6,499	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.166243	0	0	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.695997	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.221142	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.223426	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.162958	239	39	31.00	
32.00	RENAL DIALYSIS	74.00	0.216487	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.185705	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.419735	28,882	12,123	37.00	
37.01	TRANSPLANT CLINIC	90.01	1.163479	0	0	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.142553	0	0	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.395609	0	0	37.03	
38.00	EMERGENCY	91.00	0.132831	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.238254	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			249,383	32,063	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be 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		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet D-4	
		Component CCN:				Date/Time Prepared: 9/28/2017 2:05 pm	
		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	15.21	1	15	42.00	
43.00	INTENSIVE CARE UNIT	3.00	19.90	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	20.71	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NURSERY ICU	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	15	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	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)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	28,882	0.000624	18	51.00	
51.01	TRANSPLANT CLINIC	23.01	0	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		28,882		18	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	33,592		249,383		56.00	
57.00	Interns and Residents (inpatient)	15		0		57.00	
58.00	Interns and Residents (outpatient)	18		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,197,035		61,229		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,230,660		310,612		61.00	
62.00	Total Usable Organs (see instructions)		12			62.00	
63.00	Medicare Usable Organs (see instructions)		7			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.583333			64.00	
65.00	Medicare Cost/Charges (see instructions)	717,885		181,190		65.00	
66.00	Revenue for Organs Sold	7,143		0		66.00	
67.00	Subtotal (line 65 minus line 66)	710,742		181,190		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	710,742	0	181,190	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	3		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	9		73.00	
74.00	Total (sum of lines 70 thru 73)		0	12		74.00	
75.00	Organs Transplanted		0	9	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	3	7,143	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	12	0	84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be 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		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 9/28/2017 2:05 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		94,520,373	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		24,447,245	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		27,409,430	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		585.03	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		491.27	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		1.66	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
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.		0.00	7.01
8.00	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).		0.00	8.00
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.		0.00	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)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		492.93	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		606.65	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		492.93	12.00
13.00	Total allowable FTE count for the prior year.		492.93	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		492.93	14.00
15.00	Sum of lines 12 through 14 divided by 3.		492.93	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		492.93	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.842572	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.847767	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.842572	21.00
22.00	IME payment adjustment (see instructions)		35,836,643	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		10,392,066	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		113.72	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		35,836,643	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		10,392,066	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		12.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)		39.12	31.00
32.00	Sum of lines 30 and 31		51.67	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.84	33.00
34.00	Disproportionate share adjustment (see instructions)		7,523,822	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 9/28/2017 2:05 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00	
35.01	Factor 3 (see instructions)	0.001803824	0.001684017	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	11,555,559	10,066,183	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,904,675	7,528,951	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	10,433,626		36.00	
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	172,761,709		47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		183,153,775	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		12,457,032	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		8,923,049	52.00	
53.00	Nursing and Allied Health Managed Care payment		125,689	53.00	
54.00	Special add-on payments for new technologies		49,813	54.00	
54.01	Islet isolation add-on payment		0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		10,724,795	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		226,536	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		215,660,689	59.00	
60.00	Primary payer payments		7,523	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		215,653,166	61.00	
62.00	Deductibles billed to program beneficiaries		5,779,620	62.00	
63.00	Coinurance billed to program beneficiaries		1,299,319	63.00	
64.00	Allowable bad debts (see instructions)		1,784,762	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		1,160,095	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		976,467	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		209,734,322	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	
70.50	RURAL DEMONSTRATION PROJECT		0	70.50	
70.88	SCH or MDH volume decrease adjustment		0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	
70.93	HVBP payment adjustment amount (see instructions)		29,729	70.93	
70.94	HRR adjustment amount (see instructions)		-359,366	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 9/28/2017 2:05 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			209,404,685	71.00
71.01	Sequestration adjustment (see instructions)			4,188,094	71.01
72.00	Interim payments			205,813,122	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			-596,531	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,535,000	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	94,520,373	0	0	94,520,373	94,520,373	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	24,447,245	0	0	24,447,245	24,447,245	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	27,409,430	0	0	27,409,430	27,409,430	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.842572	0.842572	0.842572	0.842572	0.842572	5.00
6.00	IME payment adjustment (see instructions)	22.00	35,836,643	0	0	35,836,643	35,836,643	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	10,392,066	0	0	10,392,066	10,392,066	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	35,836,643	0	0	35,836,643	35,836,643	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	10,392,066	0	0	10,392,066	10,392,066	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3184	0.3184	0.3184	0.3184	0.3184	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	7,523,822	0	0	7,523,822	7,523,822	11.00
11.01	Uncompensated care payments	36.00	10,433,626	0	2,904,675	7,528,951	10,433,626	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	172,761,709	0	2,904,675	169,857,034	172,761,709	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	183,153,775	0	2,904,675	180,249,100	183,153,775	15.00
16.00	Payment for inpatient program capital	50.00	12,457,032	0	0	12,457,032	12,457,032	16.00
17.00	Special add-on payments for new technologies	54.00	49,813	0	0	49,813	49,813	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	2,904,675	192,755,945	195,660,620	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	7,633,979	0	0	7,633,979	7,633,979	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,665,639	0	0	1,665,639	1,665,639	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3033	0.3033	0.3033	0.3033		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,315,386	0	0	2,315,386	2,315,386	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1103	0.1103	0.1103	0.1103		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	842,028	0	0	842,028	842,028	25.00
26.00	Total prospective capital payments (see instructions)	12.00	12,457,032	0	0	12,457,032	12,457,032	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 9/28/2017 2:05 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	94,520,373		94,520,373	94,520,373	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	24,447,245	0	24,447,245	24,447,245	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	27,409,430	0	27,409,430	27,409,430	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.842572	0.842572	0.842572		5.00
6.00	IME payment adjustment (see instructions)	22.00	35,836,643	0	35,836,643	35,836,643	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	10,392,066	0	10,392,066	10,392,066	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	35,836,643	0	35,836,643	35,836,643	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	10,392,066	0	10,392,066	10,392,066	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3184	0.3184	0.3184		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	7,523,822	0	7,523,822	7,523,822	11.00
11.01	Uncompensated care payments	36.00	10,433,626	2,904,675	7,528,951	10,433,626	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	172,761,709	2,904,675	169,857,034	172,761,709	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	183,153,775	2,904,675	180,249,100	183,153,775	15.00
16.00	Payment for inpatient program capital	50.00	12,457,032	0	12,457,032	12,457,032	16.00
17.00	Special add-on payments for new technologies	54.00	49,813	0	49,813	49,813	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			2,904,675	192,755,945	195,660,620	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0088		Period: From 07/01/2016 To 06/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 9/28/2017 2:05 pm	
			Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	7,633,979	0	7,633,979	7,633,979	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	1,665,639	0	1,665,639	1,665,639	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.3033	0.3033	0.3033		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	2,315,386	0	2,315,386	2,315,386	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1103	0.1103	0.1103		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	842,028	0	842,028	842,028	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	12,457,032	0	12,457,032	12,457,032	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	29,729	0	29,729	29,729	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-359,366	0	-359,366	-359,366	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 9/28/2017 2:05 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			133,935 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			153,508,599 2.00
3.00	PPS payments			96,494,991 3.00
4.00	Outlier payment (see instructions)			3,825,532 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			465,620 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			133,935 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			801,739 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			801,739 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	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)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			801,739 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			667,804 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			133,935 21.00
22.00	Interns and residents (see instructions)			902,556 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			100,786,143 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			200 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			18,487,130 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			83,335,304 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			6,348,744 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			89,684,048 30.00
31.00	Primary payer payments			1,716 31.00
32.00	Subtotal (line 30 minus line 31)			89,682,332 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			2,585,080 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			1,680,302 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			966,208 36.00
37.00	Subtotal (see instructions)			91,362,634 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-31 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			1,500 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			91,362,665 40.00
40.01	Sequestration adjustment (see instructions)			1,827,253 40.01
41.00	Interim payments			89,319,034 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			216,378 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,738,750 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		203,773,237		88,939,937	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	06/29/2017	2,039,885	06/29/2017	379,097	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,039,885		379,097	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		205,813,122		89,319,034	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		216,378	6.01	
6.02	SETTLEMENT TO PROGRAM		596,531		0	6.02	
7.00	Total Medicare program liability (see instructions)		205,216,591		89,535,412	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet E-1  
Part II  
Date/Time Prepared:  
9/28/2017 2:05 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			29,544 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			51,800 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			16,922 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			185,978 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			6,391,765,224 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			26,223,731 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 9/28/2017 2:05 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		57,346,729		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		57,346,729	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		57,346,729	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		57,346,729	0	18.00
19.00	Interns and Residents (see instructions)		363,254	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		57,346,729	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		363,254	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		363,254	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		363,254	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		363,254	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		363,254	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 9/28/2017 2:05 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			492.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.66	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
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)			0.00	3.01
4.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.64	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			494.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			658.16	6.00
7.00	Enter the lesser of line 5 or line 6			494.90	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	208.31	354.28	562.59	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	156.64	266.40	423.04	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	156.64	266.40		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	159.92	263.41		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	151.94	271.38		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	156.17	267.06		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	156.17	267.06		17.00
18.00	Per resident amount	106,433.25	100,782.92		18.00
19.00	Approved amount for resident costs	16,621,681	26,915,087	43,536,768	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			163.26	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			43,536,768	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	51,800	16,922		26.00
27.00	Total Inpatient Days (see instructions)	189,096	189,096		27.00
28.00	Ratio of inpatient days to total inpatient days	0.273935	0.089489		28.00
29.00	Program direct GME amount	11,926,245	3,896,062		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		550,514		30.00
31.00	Net Program direct GME amount			15,271,793	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 9/28/2017 2:05 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		27,020,425	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		207,145,457	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		10,724,795	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		7,523	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		217,862,729	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		155,010,710	42.00
43.00	Primary payer payments (see instructions)		1,716	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		155,008,994	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		372,871,723	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.584283	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.415717	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		15,271,793	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,923,049	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,348,744	50.00

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

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G  
Date/Time Prepared:  
9/28/2017 2:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	13,742,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	391,031,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	115,377,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	520,150,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	2,323,711,000	0	0	0	19.00
20.00	Accumulated depreciation	-887,325,000	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,436,386,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	903,713,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	455,993,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,359,706,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,316,242,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	165,757,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	13,868,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	28,725,000	0	0	0	43.00
44.00	Other current liabilities	183,024,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	391,374,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	886,470,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	276,136,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,162,606,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,553,980,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,762,262,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,762,262,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,316,242,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-1

Date/Time Prepared:  
9/28/2017 2:05 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,316,818,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		142,114,000			2.00
3.00	Total (sum of line 1 and line 2)		1,458,932,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TEMPORARILY RESTRICTED CONT	2,687,000		0		5.00
6.00	PERM RESTRICTED CONT	49,000		0		6.00
7.00	PENSION	2,917,000		0		7.00
8.00	CHHD NET ASSET CONTRIBUTION	322,862,000		0		8.00
9.00	CHG IN VAL OF DERIV/OTHER	52,510,000		0		9.00
10.00	Total additions (sum of line 4-9)		381,025,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,839,957,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	CHANGE IN VALUATION OF DERIV	0		0		13.00
14.00	NET TRANSFER	71,750,000		0		14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB	0		0		15.00
16.00	EXPENDED FOR OPERATING PURPOSES	5,880,000		0		16.00
17.00	OTHER	65,000		0		17.00
18.00	Total deductions (sum of lines 12-17)		77,695,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,762,262,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	TEMPORARILY RESTRICTED CONT		0			5.00
6.00	PERM RESTRICTED CONT		0			6.00
7.00	PENSION		0			7.00
8.00	CHHD NET ASSET CONTRIBUTION		0			8.00
9.00	CHG IN VAL OF DERIV/OTHER		0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	CHANGE IN VALUATION OF DERIV		0			13.00
14.00	NET TRANSFER		0			14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB		0			15.00
16.00	EXPENDED FOR OPERATING PURPOSES		0			16.00
17.00	OTHER		0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
9/28/2017 2:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	589,236,561		589,236,561	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	589,236,561		589,236,561	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	284,055,295		284,055,295	11.00
12.00	CORONARY CARE UNIT	8,457,206		8,457,206	12.00
13.00	BURN INTENSIVE CARE UNIT	23,286,561		23,286,561	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NURSERY ICU	134,506,738		134,506,738	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	450,305,800		450,305,800	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,039,542,361		1,039,542,361	17.00
18.00	Ancillary services	2,425,387,934	2,405,285,959	4,830,673,893	18.00
19.00	Outpatient services	0	902,221,338	902,221,338	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,464,930,295	3,307,507,297	6,772,437,592	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,643,717,525		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,643,717,525		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2016  
To 06/30/2017

Worksheet G-3

Date/Time Prepared:  
9/28/2017 2:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,772,437,592	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,154,880,592	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,617,557,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,643,717,525	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-26,160,525	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	9,681,728	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,078,644	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	64,002,085	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ROUNDING	524	24.00
24.01	CAPITATION REVENUE	22,822,333	24.01
24.02	OTHER MISC REVENUE	21,066,211	24.02
24.03	INVESTMENT INC AND UNRES GIFTS	72,556,000	24.03
24.04	DERIVATIVE INEFFECTIVENESS	2,095,000	24.04
25.00	Total other income (sum of lines 6-24)	195,302,525	25.00
26.00	Total (line 5 plus line 25)	169,142,000	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	27,028,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	27,028,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	142,114,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0088	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 9/28/2017 2:05 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		7,633,979	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,665,639	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		525.13	3.00
4.00	Number of interns & residents (see instructions)		492.93	4.00
5.00	Indirect medical education percentage (see instructions)		30.33	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		2,315,386	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		12.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		39.12	8.00
9.00	Sum of lines 7 and 8		51.67	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.03	10.00
11.00	Disproportionate share adjustment (see instructions)		842,028	11.00
12.00	Total prospective capital payments (see instructions)		12,457,032	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	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)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00