



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 8:59 am					
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		
Hospital and Hospital-Based Component Identification:											
3.00	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)						07/01/2017	06/30/2018		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.		41,367	17,705	0	2,645	16,794		0	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088			Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 8:59 am		
		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		25.00	
						Urban/Rural	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.					2		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.					2		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 OPPS 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)(i) or (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)(i) or (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	N	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(b) 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
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 8:59 am	
		Y/N	IME	Direct GME	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)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		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. Enter in column 4, the 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. Enter in column 4, the 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 through 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	
64.00	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. 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 8:59 am	
		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)			8.33	663.00	0.012408	
		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	6.96	63.25	0.099131	
67.01		GERIATRIC MEDICINE	1408	0.88	2.66	0.248588	
67.02		HOSPICE & PALLIATIVE MEDICINE	1422	0.57	1.73	0.247826	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 8:59 am	
			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 is 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 is 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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? 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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 8:59 am		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					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.				Y			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		118.01
					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 healthcare related taxes as defined in §1903(w)(3) of the Act? 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 8:59 am	
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
				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
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	Title XIX
		1.00	2.00	3.00	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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N
				1.00	
165.00	Multi campus 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	Zip Code
		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)				0168.00
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)			10/01/2017	09/30/2018
				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	1,223

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 8:59 am	
		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			
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	11/13/2018	Y	11/13/2018		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 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 8:59 am		
		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 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 8:59 am
		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 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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	483	170,493	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)		483	170,493	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	82	30,037	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	28	10,220	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)		648	230,825	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)		648				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	3,285			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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)	42,863	10,591	134,954			1.00
2.00 HMO and other (see instructions)	18,283	50,347				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)	42,863	10,591	134,954			7.00
8.00 INTENSIVE CARE UNIT	7,591	3,461	23,780			8.00
9.00 CORONARY CARE UNIT	910	332	8,990			9.00
10.00 BURN INTENSIVE CARE UNIT	411	401	2,487			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU	0	7,576	15,819			12.00
13.00 NURSERY		5,608	9,243			13.00
14.00 Total (see instructions)	51,775	27,969	195,273	617.14	7,748.81	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	617.14	7,748.81	27.00
28.00 Observation Bed Days		480	15,206			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			2,353			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	195	3,116			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
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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	7,638	4,238	30,898	1.00
2.00 HMO and other (see instructions)			2,746	8,619		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	7,638	4,238	30,898	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			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-3 Part II Date/Time Prepared: 11/30/2018 8:59 am		
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	582,715,208	189,207,287	771,922,495	16,621,665.00	46.44	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		4,830,277	0	4,830,277	58,396.00	82.72	3.00	
4.00	Physician-Part A - Administrative		38,256,396	0	38,256,396	233,779.00	163.64	4.00	
4.01	Physicians - Part A - Teaching		13,646,022	0	13,646,022	110,526.00	123.46	4.01	
5.00	Physician and Non-Physician-Part B		136,685,951	0	136,685,951	944,695.00	144.69	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	37,475,498	-1,092,563	36,382,935	1,678,975.00	21.67	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)		9,302,199	4,813,866	14,116,065	277,736.28	50.83	10.00	
<b>OTHER WAGES &amp; RELATED COSTS</b>									
11.00	Contract Labor: Direct Patient Care		7,561,873	0	7,561,873	242,570.38	31.17	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)		164,295,271	0	164,295,271			17.00	
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00	
19.00	Excluded areas		1,642,426	0	1,642,426			19.00	
20.00	Non-physician anesthetist Part A		0	0	0			20.00	
21.00	Non-physician anesthetist Part B		986,911	0	986,911			21.00	
22.00	Physician Part A - Administrative		10,329,227	0	10,329,227			22.00	
22.01	Physician Part A - Teaching		3,684,426	0	3,684,426			22.01	
23.00	Physician Part B		36,905,207	0	36,905,207			23.00	
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00	
25.00	Interns & residents (in an approved program)		6,109,158	0	6,109,158			25.00	
25.50	Home office wage-related (core)		0	0	0			25.50	
25.51	Related organization wage-related (core)		0	0	0			25.51	
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52	
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53	
<b>OVERHEAD COSTS - DIRECT SALARIES</b>									
26.00	Employee Benefits Department	4.00	8,307,696	-10,046	8,297,650	101,940.24	81.40	26.00	
27.00	Administrative & General	5.00	103,998,087	2,629,821	106,627,908	2,207,689.78	48.30	27.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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.)		12,907,816	0	12,907,816	199,755.00	64.62	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	15,075,840	-12,087	15,063,753	572,528.32	26.31	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	17,428,247	-72,440	17,355,807	954,743.59	18.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,141,541	-17,154	6,124,387	288,302.47	21.24	34.00
35.00	Dietary under contract (see instructions)		1,777,914	0	1,777,914	73,344.00	24.24	35.00
36.00	Cafeteria	11.00	599,808	-5,165	594,643	37,425.10	15.89	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	9,890,119	-8,967	9,881,152	213,668.93	46.25	38.00
39.00	Central Services and Supply	14.00	2,709,012	-2,233	2,706,779	111,034.50	24.38	39.00
40.00	Pharmacy	15.00	21,210,982	51,590	21,262,572	421,447.35	50.45	40.00
41.00	Medical Records & Medical Records Library	16.00	4,595,936	-4,640	4,591,296	123,800.46	37.09	41.00
42.00	Social Service	17.00	668,128	0	668,128	22,233.73	30.05	42.00
43.00	Other General Service	18.00	5,515,274	-10,344	5,504,930	247,519.37	22.24	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/30/2018 8:59 am

	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)	404,763,190	190,299,850	595,063,040	14,102,172.00	42.20	1.00
2.00	Excluded area salaries (see instructions)	9,302,199	4,813,866	14,116,065	277,736.28	50.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	395,460,991	185,485,984	580,946,975	13,824,435.72	42.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,561,873	0	7,561,873	242,570.38	31.17	4.00
5.00	Subtotal wage-related costs (see inst.)	174,624,498	0	174,624,498	0.00	30.06	5.00
6.00	Total (sum of lines 3 thru 5)	577,647,362	185,485,984	763,133,346	14,067,006.10	54.25	6.00
7.00	Total overhead cost (see instructions)	210,826,400	2,538,335	213,364,735	5,575,432.84	38.27	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2018 8:59 am
				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			31,850,995 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)			10,833,333 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			972,362 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)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			28,003,001 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			42,484,502 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)			436,161 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)			1,390,209 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,051,323 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			43,121,088 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			4,001,250 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))			1,504,817 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			6,064,724 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			172,713,765 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 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/30/2018 8:59 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,876,951	177,575,487	1.00
2.00	Hospital	7,876,951	177,575,487	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/30/2018 8:59 am
---	-----------------------	---	---

			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)		0.190272	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		297,195,561	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 and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		1,809,755,796	6.00	
7.00	Medicaid cost (line 1 times line 6)		344,345,855	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)		47,150,294	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>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (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)		47,150,294	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	37,368,413	24,912,275	62,280,688	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,110,163	24,912,275	32,022,438	21.00
22.00	Payments received from patients for amounts previously written off as charity care	186,842	124,561	311,403	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,923,321	24,787,714	31,711,035	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		78,704,978	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		4,104,091	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		6,313,987	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		72,390,991	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		15,983,875	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		47,694,910	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		94,845,204	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet A Date/Time Prepared: 11/30/2018 8:59 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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	CAP REL COSTS-BLDG & FIXT		48,828,071	48,828,071	-5,002,730	43,825,341	1.00
1.01	00101	DCAM CAPITAL		0	0	5,210,000	5,210,000	1.01
1.02	00102	ORLAND PARK CAPITAL		0	0	1,737,484	1,737,484	1.02
1.03	00103	SOUTH LOOP CAPITAL		0	0	429,418	429,418	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP		58,775,566	58,775,566	99,439	58,875,005	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,307,696	154,321,809	162,629,505	0	162,629,505	4.00
5.01	00540	NON-PATIENT PHONES	1,722,765	-89,218	1,633,547	0	1,633,547	5.01
5.02	00550	DATA PROCESSING	26,847,684	31,593,839	58,441,523	-356,452	58,085,071	5.02
5.03	00560	PURCHASING	6,794,226	3,410,743	10,204,969	0	10,204,969	5.03
5.04	00570	ADMINISTRATION	4,354,371	446,878	4,801,249	-51,210	4,750,039	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,217,027	12,101,516	18,318,543	0	18,318,543	5.05
5.06	00590	OTHER ADMIN & GENERAL	58,062,014	95,764,940	153,826,954	-2,546,790	151,280,164	5.06
7.00	00700	OPERATION OF PLANT	15,075,840	26,633,021	41,708,861	845,529	42,554,390	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,572,661	3,572,661	0	3,572,661	8.00
9.00	00900	HOUSEKEEPING	17,428,247	7,912,862	25,341,109	-3,500	25,337,609	9.00
10.00	01000	DIETARY	6,141,541	3,985,255	10,126,796	-1,677	10,125,119	10.00
11.00	01100	CAFETERIA	599,808	2,782,061	3,381,869	0	3,381,869	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,890,119	1,031,491	10,921,610	0	10,921,610	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,709,012	3,265,753	5,974,765	0	5,974,765	14.00
15.00	01500	PHARMACY	21,210,982	175,777,340	196,988,322	-159,651,161	37,337,161	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,595,936	3,832,913	8,428,849	0	8,428,849	16.00
17.00	01700	SOCIAL SERVICE	668,128	234,816	902,944	0	902,944	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	169,345	124,564	293,909	0	293,909	18.01
18.02	01852	PATIENT TRANSPORT	4,048,798	1,260,393	5,309,191	0	5,309,191	18.02
18.03	01853	MEDICAL ELECTRONICS	1,297,131	599,104	1,896,235	0	1,896,235	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	37,475,498	1,541,653	39,017,151	-1,091,855	37,925,296	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	1,067,587	131,826	1,199,413	-209,980	989,433	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	90,596,263	13,237,182	103,833,445	-2,289,653	101,543,792	30.00
31.00	03100	INTENSIVE CARE UNIT	24,385,121	6,361,372	30,746,493	-101,376	30,645,117	31.00
32.00	03200	CORONARY CARE UNIT	9,760,131	1,686,687	11,446,818	-3,400	11,443,418	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,473,831	420,077	2,893,908	-4,351	2,889,557	33.00
35.00	02080	NURSERY ICU	15,090,171	1,337,456	16,427,627	-15,023	16,412,604	35.00
43.00	04300	NURSERY	3,074,823	313,055	3,387,878	2,039,722	5,427,600	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,490,075	77,744,354	112,234,429	-58,486,879	53,747,550	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,478,028	1,990,935	6,468,963	-113,497	6,355,466	52.00
53.00	05300	ANESTHESIOLOGY	6,306,324	3,528,137	9,834,461	-858,969	8,975,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,796,474	15,970,713	28,767,187	-5,817,132	22,950,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,784,553	2,992,975	7,777,528	-183,969	7,593,559	55.00
57.00	05700	CT SCAN	2,784,177	815,786	3,599,963	-68,216	3,531,747	57.00
58.00	05800	MRI	2,678,904	1,052,812	3,731,716	-5,952	3,725,764	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,578,521	7,740,693	9,319,214	-6,081,313	3,237,901	59.00
60.00	06000	LABORATORY	18,239,695	22,070,930	40,310,625	-7,312	40,303,313	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,794,943	10,492,190	13,287,133	0	13,287,133	63.00
65.00	06500	RESPIRATORY THERAPY	6,758,094	4,894,047	11,652,141	-18,158	11,633,983	65.00
66.00	06600	PHYSICAL THERAPY	5,897,139	870,048	6,767,187	-158,725	6,608,462	66.00
69.00	06900	ELECTROCARDIOLOGY	6,494,536	10,293,280	16,787,816	-7,553,804	9,234,012	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,936,975	329,091	3,266,066	0	3,266,066	70.00
70.01	07001	BRACE AND PLASTER ROOM	149,376	181,084	330,460	-145,956	184,504	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,403,829	36,403,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,118,239	47,118,239	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63	1,149	1,212	159,722,923	159,724,135	73.00
74.00	07400	RENAL DIALYSIS	2,536,545	874,738	3,411,283	-1,135	3,410,148	74.00
76.97	07697	CARDIAC REHABILITATION	121,928	19,310	141,238	0	141,238	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	3,195,066	3,195,066	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	53,667,573	283,382,403	337,049,976	-9,432,805	327,617,171	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	3,008,770	3,008,770	90.01
90.02	09002	LIVER CROSS CLINIC	2,347,793	3,113,283	5,461,076	-63,049	5,398,027	90.02
90.03	09003	ORLAND PARK CLINIC	4,464,029	19,446,390	23,910,419	-9,008,775	14,901,644	90.03
91.00	09100	EMERGENCY	18,110,756	6,624,574	24,735,330	0	24,735,330	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet A Date/Time Prepared: 11/30/2018 8:59 am	
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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500	AMBULANCE SERVICES	1,396,147	128,312	1,524,459	-23,973	1,500,486	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	1,091,855	1,091,855	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,035,695	3,379,242	6,414,937	-2,721,639	3,693,298	105.00
106.00	10600	HEART ACQUISITION	99,426	1,771,530	1,870,956	67,374	1,938,330	106.00
107.00	10700	LIVER ACQUISITION	799,276	1,616,008	2,415,284	-239,555	2,175,729	107.00
108.00	10800	LUNG ACQUISITION	453,505	2,253,728	2,707,233	-328,006	2,379,227	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	467,207	467,207	109.00
113.00	11300	INTEREST EXPENSE		37,607,047	37,607,047	0	37,607,047	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	580,264,645	1,182,380,475	1,762,645,120	-11,211,122	1,751,433,998	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,516	4,516	0	4,516	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	8,780,677	8,780,677	190.01
191.01	19101	OTHER NONREIMBURSABLE	1,286,959	1,698,658	2,985,617	2,430,445	5,416,062	191.01
191.02	19102	SOUTH LOOP CLINIC	1,163,604	2,609,627	3,773,231	0	3,773,231	191.02
200.00		TOTAL (SUM OF LINES 118 through 199)	582,715,208	1,186,693,276	1,769,408,484	0	1,769,408,484	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/30/2018 8:59 am

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	-5,163,336	38,662,005	1.00
1.01	00101	DCAM CAPITAL	0	5,210,000	1.01
1.02	00102	ORLAND PARK CAPITAL	0	1,737,484	1.02
1.03	00103	SOUTH LOOP CAPITAL	0	429,418	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	58,875,005	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-21,983	162,607,522	4.00
5.01	00540	NON-PATIENT PHONES	0	1,633,547	5.01
5.02	00550	DATA PROCESSING	-5,629,289	52,455,782	5.02
5.03	00560	PURCHASING	0	10,204,969	5.03
5.04	00570	ADMINISTRATIVE	580,292	5,330,331	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	18,318,543	5.05
5.06	00590	OTHER ADMIN & GENERAL	-17,288,369	133,991,795	5.06
7.00	00700	OPERATION OF PLANT	-78,068	42,476,322	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,572,661	8.00
9.00	00900	HOUSEKEEPING	-631,691	24,705,918	9.00
10.00	01000	DIETARY	-416	10,124,703	10.00
11.00	01100	CAFETERIA	-3,087,778	294,091	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,170	10,917,440	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,974,765	14.00
15.00	01500	PHARMACY	-30,564,142	6,773,019	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,947	8,426,902	16.00
17.00	01700	SOCIAL SERVICE	0	902,944	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	18.00
18.01	01851	VOLUNTEERS	0	293,909	18.01
18.02	01852	PATIENT TRANSPORT	0	5,309,191	18.02
18.03	01853	MEDICAL ELECTRONICS	0	1,896,235	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	-765,946	37,159,350	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	21,997,387	21,997,387	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	989,433	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	9,433,956	110,977,748	30.00
31.00	03100	INTENSIVE CARE UNIT	1,664,467	32,309,584	31.00
32.00	03200	CORONARY CARE UNIT	629,260	12,072,678	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	174,034	3,063,591	33.00
35.00	02080	NURSERY ICU	1,107,213	17,519,817	35.00
43.00	04300	NURSERY	646,951	6,074,551	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	17,803,963	71,551,513	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,355,466	52.00
53.00	05300	ANESTHESIOLOGY	-2,241,859	6,733,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,262,260	30,212,315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,588,355	10,181,914	55.00
57.00	05700	CT SCAN	1,461	3,533,208	57.00
58.00	05800	MRI	-5,289	3,720,475	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,237,901	59.00
60.00	06000	LABORATORY	-1,694,912	38,608,401	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-713,838	12,573,295	63.00
65.00	06500	RESPIRATORY THERAPY	-9,656	11,624,327	65.00
66.00	06600	PHYSICAL THERAPY	-56,630	6,551,832	66.00
69.00	06900	ELECTROCARDIOLOGY	14,195,254	23,429,266	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,095,180	4,361,246	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	184,504	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	36,403,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,118,239	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	159,724,135	73.00
74.00	07400	RENAL DIALYSIS	0	3,410,148	74.00
76.97	07697	CARDIAC REHABILITATION	0	141,238	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	3,195,066	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-223,600,213	104,016,958	90.00
90.01	09001	TRANSPLANT CLINIC	0	3,008,770	90.01
90.02	09002	SILVER CROSS CLINIC	-3,085,930	2,312,097	90.02
90.03	09003	ORLAND PARK CLINIC	-4,550,226	10,351,418	90.03
91.00	09100	EMERGENCY	-95,780	24,639,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-1,329,608	170,878	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	1,091,855	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	1,293,562	4,986,860	105.00
106.00	10600	HEART ACQUISITION	166,914	2,105,244	106.00
107.00	10700	LIVER ACQUISITION	443,306	2,619,035	107.00
108.00	10800	LUNG ACQUISITION	188,422	2,567,649	108.00
109.00	10900	PANCREAS ACQUISITION	1,423	468,630	109.00
113.00	11300	INTEREST EXPENSE	-37,607,047	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-256,954,463	1,494,479,535	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-151,547	-147,031	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	8,780,677	190.01
191.01	19101	OTHER NONREIMBURSABLE	-854,218	4,561,844	191.01
191.02	19102	SOUTH LOOP CLINIC	-1,210,460	2,562,771	191.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-259,170,688	1,510,237,796	200.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/30/2018 8:59 am

		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	1,017	660	1.00	
	TOTALS		1,017	660		
<b>B - ST DISABILITY</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,046	1.00	
2.00	NON-PATIENT PHONES	5.01	0	3,264	2.00	
3.00	DATA PROCESSING	5.02	0	9,044	3.00	
4.00	PURCHASING	5.03	0	1,891	4.00	
5.00	ADMINISTRATIVE	5.04	0	4,438	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,462	6.00	
7.00	OTHER ADMIN & GENERAL	5.06	0	14,405	7.00	
8.00	OPERATION OF PLANT	7.00	0	12,087	8.00	
9.00	HOUSEKEEPING	9.00	0	72,440	9.00	
10.00	DIETARY	10.00	0	16,137	10.00	
11.00	CAFETERIA	11.00	0	5,165	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	8,967	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,233	13.00	
14.00	PHARMACY	15.00	0	20,422	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,640	15.00	
16.00	PATIENT TRANSPORT	18.02	0	10,344	16.00	
17.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	708	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	163,585	18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	48,267	19.00	
20.00	CORONARY CARE UNIT	32.00	0	23,391	20.00	
21.00	BURN INTENSIVE CARE UNIT	33.00	0	3,957	21.00	
22.00	NURSERY ICU	35.00	0	36,151	22.00	
23.00	NURSERY	43.00	0	1,115	23.00	
24.00	OPERATING ROOM	50.00	0	31,783	24.00	
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,670	25.00	
26.00	ANESTHESIOLOGY	53.00	0	1,711	26.00	
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,512	27.00	
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	662	28.00	
29.00	CT SCAN	57.00	0	370	29.00	
30.00	MRI	58.00	0	2,195	30.00	
31.00	LABORATORY	60.00	0	13,175	31.00	
32.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	7,705	32.00	
33.00	RESPIRATORY THERAPY	65.00	0	4,432	33.00	
34.00	PHYSICAL THERAPY	66.00	0	10,410	34.00	
35.00	ELECTROCARDIOLOGY	69.00	0	2,754	35.00	
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,620	36.00	
37.00	RENAL DIALYSIS	74.00	0	5,181	37.00	
38.00	CLINIC	90.00	0	80,459	38.00	
39.00	ORLAND PARK CLINIC	90.03	0	2,050	39.00	
40.00	SOUTH LOOP CLINIC	191.02	0	2,411	40.00	
41.00	EMERGENCY	91.00	0	35,580	41.00	
42.00	KIDNEY ACQUISITION	105.00	0	2,469	42.00	
43.00	OTHER NONREIMBURSABLE	191.01	0	5,083	43.00	
	TOTALS		0	718,391		
<b>C - DRUGS CHARGED</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		159,722,923	1.00	
	TOTALS		0	159,722,923		
<b>D - ELECTRICITY RECLASS</b>						
1.00	OPERATION OF PLANT	7.00	0	852,129	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	
5.00		0.00	0	0	5.00	
	TOTALS		0	852,129		
<b>E - NURSERY RECLASS</b>						
1.00	NURSERY	43.00	1,827,781	215,351	1.00	
	TOTALS		1,827,781	215,351		
<b>F - MED SUP &amp; IMP</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	36,403,829	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	47,118,239	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	

						Increases					
Cost Center		Line #	Salary	Other							
2.00		3.00	4.00	5.00							
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	
13.00		0.00	0	0						13.00	
14.00		0.00	0	0						14.00	
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	
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	
32.00		0.00	0	0						32.00	
33.00		0.00	0	0						33.00	
34.00		0.00	0	0						34.00	
TOTALS			0	83,522,068							
G - TRANSPLANT											
1.00	KIDNEY ACQUISITION	105.00	202,899	0						1.00	
2.00	HEART ACQUISITION	106.00	260,459	39,400						2.00	
3.00	LIVER ACQUISITION	107.00	292,767	36,103						3.00	
4.00	LUNG ACQUISITION	108.00	210,914	38,874						4.00	
5.00	PANCREAS ACQUISITION	109.00	252,404	214,802						5.00	
6.00	TRANSPLANT CLINIC	90.01	2,039,540	969,230						6.00	
7.00	KIDNEY ACQUISITION	105.00	1,344,741	0						7.00	
8.00	HEART ACQUISITION	106.00	166,914	0						8.00	
9.00	LIVER ACQUISITION	107.00	450,306	0						9.00	
10.00	LUNG ACQUISITION	108.00	185,847	0						10.00	
11.00	PANCREAS ACQUISITION	109.00	1,423	0						11.00	
12.00		0.00	0	0						12.00	
13.00		0.00	0	0						13.00	
TOTALS			5,408,214	1,298,409							
H - PARAMED PHAR											
1.00	PARAMED ED PRGM-PHARMACY	23.00	413,537	0						1.00	
2.00	PHARMACY	15.00	623,517	0						2.00	
TOTALS			1,037,054	0							
I - WAGE INDEX											
1.00	CLINIC	90.00	0	402,213						1.00	
2.00	OTHER ADMIN & GENERAL	5.06	2,717,535	0						2.00	
TOTALS			2,717,535	402,213							
J - RADIOLOGY											
1.00	RADIOLOGY-THERAPEUTIC	55.00		33,882						1.00	
2.00	CT SCAN	57.00		77,714						2.00	
3.00	MRI	58.00		31,560						3.00	
TOTALS			0	143,156							
K - DCAM DEPR											
1.00	DCAM CAPITAL	1.01	0	5,210,000						1.00	
2.00	ORLAND PARK CAPITAL	1.02	0	1,737,484						2.00	
3.00	SOUTH LOOP CAPITAL	1.03	0	429,418						3.00	
TOTALS			0	7,376,902							
L - INSURANCE											
1.00	OTHER ADMIN & GENERAL	5.06		40,082						1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00		2,374,172						2.00	
3.00	CAP REL COSTS-MVBLE EQUIP	2.00		99,439						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	
TOTALS			0	2,513,693							
M - PHYSICIAN COMP											
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	11,311,187	0						1.00	
2.00	ADULTS & PEDIATRICS	30.00	21,801,812	0						2.00	
3.00	INTENSIVE CARE UNIT	31.00	3,841,658	0						3.00	
4.00	CORONARY CARE UNIT	32.00	1,452,334	0						4.00	
5.00	BURN INTENSIVE CARE UNIT	33.00	401,775	0						5.00	
6.00	NURSERY ICU	35.00	2,555,559	0						6.00	

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6

Date/Time Prepared:  
11/30/2018 8:59 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	NURSERY	43.00	1,493,206	0		7.00
8.00	OPERATING ROOM	50.00	43,426,071	0		8.00
9.00	ANESTHESIOLOGY	53.00	4,872,399	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	13,682,665	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	4,041,859	0		11.00
12.00	LABORATORY	60.00	3,262,417	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	24,073,066	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	1,570,665	0		14.00
15.00	CLINIC	90.00	47,674,453	0		15.00
	TOTALS		185,461,126	0		
N - ORLAND PARK						
1.00	ORLAND PARK PHYSICIAN	190.01	2,221,377	6,559,300		1.00
	TOTALS		2,221,377	6,559,300		
O - MEDICAL EDUCATION RECLASS						
1.00	I&R SERVICES-NOT APPRVD PRGM	100.00	1,091,855	0		1.00
	TOTALS		1,091,855	0		
P - STEM CELL						
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	3,195,066		1.00
	TOTALS		0	3,195,066		
Q - OTHER CLINIC						
1.00	OTHER NONREIMBURSABLE	191.01	1,355,719	1,073,049		1.00
2.00		0.00	0	0		2.00
	TOTALS		1,355,719	1,073,049		
500.00	Grand Total: Increases		201,121,678	267,593,310		500.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/30/2018 8:59 am

		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	1,017	660	0		1.00
	TOTALS		1,017	660			
<b>B - ST DISABILITY</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,046	0	0		1.00
2.00	NON-PATIENT PHONES	5.01	3,264	0	0		2.00
3.00	DATA PROCESSING	5.02	9,044	0	0		3.00
4.00	PURCHASING	5.03	1,891	0	0		4.00
5.00	ADMINISTRATIVE	5.04	4,438	0	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	3,462	0	0		6.00
7.00	OTHER ADMIN & GENERAL	5.06	14,405	0	0		7.00
8.00	OPERATION OF PLANT	7.00	12,087	0	0		8.00
9.00	HOUSEKEEPING	9.00	72,440	0	0		9.00
10.00	DIETARY	10.00	16,137	0	0		10.00
11.00	CAFETERIA	11.00	5,165	0	0		11.00
12.00	NURSING ADMINISTRATION	13.00	8,967	0	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	2,233	0	0		13.00
14.00	PHARMACY	15.00	20,422	0	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	4,640	0	0		15.00
16.00	PATIENT TRANSPORT	18.02	10,344	0	0		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	708	0	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	163,585	0	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	48,267	0	0		19.00
20.00	CORONARY CARE UNIT	32.00	23,391	0	0		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	3,957	0	0		21.00
22.00	NURSERY ICU	35.00	36,151	0	0		22.00
23.00	NURSERY	43.00	1,115	0	0		23.00
24.00	OPERATING ROOM	50.00	31,783	0	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	8,670	0	0		25.00
26.00	ANESTHESIOLOGY	53.00	1,711	0	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	22,512	0	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	662	0	0		28.00
29.00	CT SCAN	57.00	370	0	0		29.00
30.00	MRI	58.00	2,195	0	0		30.00
31.00	LABORATORY	60.00	13,175	0	0		31.00
32.00	BLOOD STORAGE, PROCESSING & TRANS.	63.00	7,705	0	0		32.00
33.00	RESPIRATORY THERAPY	65.00	4,432	0	0		33.00
34.00	PHYSICAL THERAPY	66.00	10,410	0	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	2,754	0	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	2,620	0	0		36.00
37.00	RENAL DIALYSIS	74.00	5,181	0	0		37.00
38.00	CLINIC	90.00	80,459	0	0		38.00
39.00	ORLAND PARK CLINIC	90.03	2,050	0	0		39.00
40.00	SOUTH LOOP CLINIC	191.02	2,411	0	0		40.00
41.00	EMERGENCY	91.00	35,580	0	0		41.00
42.00	KIDNEY ACQUISITION	105.00	2,469	0	0		42.00
43.00	OTHER NONREIMBURSABLE	191.01	5,083	0	0		43.00
	TOTALS		718,391	0			
<b>C - DRUGS CHARGED</b>							
1.00	PHARMACY	15.00	0	159,722,923	0		1.00
	TOTALS		0	159,722,923			
<b>D - ELECTRICITY RECLASS</b>							
1.00	DATA PROCESSING	5.02		356,452	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06		147,584	0		2.00
3.00	CLINIC	90.00		56,959	0		3.00
4.00	SILVER CROSS CLINIC	90.02		63,049	0		4.00
5.00	ORLAND PARK CLINIC	90.03		228,085	0		5.00
	TOTALS		0	852,129			
<b>E - NURSERY RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,827,781	215,351	0		1.00
	TOTALS		1,827,781	215,351			
<b>F - MED SUP &amp; IMP</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	242,460	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	101,124	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	2,736	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	0	4,351	0		4.00
5.00	NURSERY ICU	35.00	0	15,023	0		5.00
6.00	NURSERY	43.00	0	3,410	0		6.00
7.00	OPERATING ROOM	50.00	0	20,878,918	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	112,616	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	858,969	0		9.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/30/2018 8:59 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,251,372	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	26,176	0		11.00
12.00	CT SCAN	57.00	0	145,668	0		12.00
13.00	MRI	58.00	0	37,512	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	3,444,870	0		14.00
16.00	RESPIRATORY THERAPY	65.00	0	18,158	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	158,725	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	2,972,620	0		18.00
19.00	BRACE AND PLASTER ROOM	70.01	0	145,956	0		19.00
20.00	CLINIC	90.00	0	2,983,152	0		20.00
21.00	ORLAND PARK CLINIC	90.03	0	13	0		21.00
22.00	ADULTS & PEDIATRICS	30.00	0	4,061	0		22.00
23.00	INTENSIVE CARE UNIT	31.00	0	252	0		23.00
24.00	CORONARY CARE UNIT	32.00	0	664	0		24.00
26.00	OPERATING ROOM	50.00	0	37,607,961	0		26.00
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	881	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,422,604	0		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	191,675	0		29.00
30.00	CT SCAN	57.00	0	262	0		30.00
32.00	CARDIAC CATHETERIZATION	59.00	0	2,636,443	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	4,523,523	0		33.00
34.00	CLINIC	90.00	0	729,913	0		34.00
TOTALS			0	83,522,068			
<b>G - TRANSPLANT</b>							
1.00	ADMITTING	5.04	51,210	0	0		1.00
2.00	PHARMACY	15.00	137,968	0	0		2.00
3.00	LABORATORY	60.00	7,312	0	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	57,661	0	0		4.00
5.00	KIDNEY ACQUISITION	105.00	2,192,567	731,971	0		5.00
6.00	HEART ACQUISITION	106.00	65,750	166,735	0		6.00
7.00	LIVER ACQUISITION	107.00	427,065	141,360	0		7.00
8.00	LUNG ACQUISITION	108.00	319,451	258,343	0		8.00
9.00	KIDNEY ACQUISITION	105.00	0	1,344,741	0		9.00
10.00	HEART ACQUISITION	106.00	0	166,914	0		10.00
11.00	LIVER ACQUISITION	107.00	0	450,306	0		11.00
12.00	LUNG ACQUISITION	108.00	0	185,847	0		12.00
13.00	PANCREAS ACQUISITION	109.00	0	1,422	0		13.00
TOTALS			3,258,984	3,447,639			
<b>H - PARAMED PHAR</b>							
1.00	PHARMACY	15.00	413,537	0	0		1.00
2.00	PARAMED ED PRGM-PHARMACY	23.00	623,517	0	0		2.00
TOTALS			1,037,054	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	2,717,535	0		2.00
TOTALS			402,213	2,717,535			
<b>J - RADIOLOGY</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143,156	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			0	143,156			
<b>K - DCAM DEPR</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,376,902	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
TOTALS			0	7,376,902			
<b>L - INSURANCE</b>							
1.00	OTHER ADMIN & GENERAL	5.06	0	2,439,288	9		1.00
2.00	OPERATION OF PLANT	7.00	0	6,600	9		2.00
3.00	HOUSEKEEPING	9.00	0	3,500	9		3.00
4.00	PHARMACY	15.00	0	250	0		4.00
5.00	CLINIC	90.00	0	40,082	0		5.00
6.00	AMBULANCE SERVICES	95.00	0	23,973	0		6.00
TOTALS			0	2,513,693			
<b>M - PHYSICIAN COMP</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	11,311,187	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	21,801,812	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,841,658	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	1,452,334	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	401,775	0		5.00
6.00	NURSERY ICU	35.00	0	2,555,559	0		6.00
7.00	NURSERY	43.00	0	1,493,206	0		7.00
8.00	OPERATING ROOM	50.00	0	43,426,071	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-6  
Date/Time Prepared:  
11/30/2018 8:59 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	ANESTHESIOLOGY	53.00		4,872,399	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		13,682,665	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00		4,041,859	0		11.00
12.00	LABORATORY	60.00		3,262,417	0		12.00
13.00	ELECTROCARDIOLOGY	69.00		24,073,066	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00		1,570,665	0		14.00
15.00	CLINIC	90.00		47,674,453	0		15.00
	TOTALS		0	185,461,126			
N - ORLAND PARK							
1.00	ORLAND PARK CLINIC	90.03	2,221,377	6,559,300	0		1.00
	TOTALS		2,221,377	6,559,300			
O - MEDICAL EDUCATION RECLASS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,091,855	0	0		1.00
	TOTALS		1,091,855	0			
P - STEM CELL							
1.00	CLINIC	90.00		3,195,066	0		1.00
	TOTALS		0	3,195,066			
Q - OTHER CLINIC							
1.00	RENAL DIALYSIS	74.00	0	1,135	0		1.00
2.00	CLINIC	90.00	1,355,719	1,071,914	0		2.00
	TOTALS		1,355,719	1,073,049			
500.00	Grand Total: Decreases		11,914,391	456,800,597			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	45,131,924	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,655,628,589	172,911,482	0	172,911,482	134,936,130	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	621,008,374	44,158,850	0	44,158,850	31,766,997	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,321,768,887	217,070,332	0	217,070,332	166,703,127	8.00
9.00	Reconciling Items	55,107,970	115,597,438	0	115,597,438	104,164,455	9.00
10.00	Total (line 8 minus line 9)	2,266,660,917	101,472,894	0	101,472,894	62,538,672	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	1,693,603,941	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	633,400,227	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	2,372,136,092	0				8.00
9.00	Reconciling Items	66,540,953	0				9.00
10.00	Total (line 8 minus line 9)	2,305,595,139	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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	48,828,071	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	58,775,566	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	107,603,637	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	48,828,071				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	58,775,566				2.00
3.00	Total (sum of lines 1-2)	0	107,603,637				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/30/2018 8:59 am

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	1,738,815,865	0	1,738,815,865	0.732992	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	633,400,227	0	633,400,227	0.267008	0	2.00
3.00	Total (sum of lines 1-2)	2,372,216,092	0	2,372,216,092	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	38,662,005	0	1.00
1.01	DCAM CAPITAL	0	0	0	5,210,000	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	1,737,484	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	429,418	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	58,875,005	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	104,913,912	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	38,662,005	1.00
1.01	DCAM CAPITAL	0	0	0	0	5,210,000	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	1,737,484	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	429,418	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	58,875,005	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	104,913,912	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	-4,953,870		OTHER ADMIN & GENERAL	5.06	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-142,716,120				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	33,705,217				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-3,087,778		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	-30,563,323		PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (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 07/01/2017  
To 06/30/2018

Worksheet A-8

Date/Time Prepared:  
11/30/2018 8:59 am

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	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	MI SCCELLANEOUS REVENUE	B	-1,272,179	OTHER ADMIN & GENERAL	5.06	0 33.00
33.01	MI SCCELLANEOUS REVENUE	B	-22,920	OPERATION OF PLANT	7.00	0 33.01
33.02	MI SCCELLANEOUS REVENUE	B	-416	DIETARY	10.00	0 33.02
33.03	MI SCCELLANEOUS REVENUE	B	-775,664	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.03
33.05	MI SCCELLANEOUS REVENUE	B	-11,743	ADULTS & PEDIATRICS	30.00	0 33.05
33.06	MI SCCELLANEOUS REVENUE	B	-785,571	OPERATING ROOM	50.00	0 33.06
33.07	MI SCCELLANEOUS REVENUE	B	1,253	RADIOLOGY-DIAGNOSTIC	54.00	0 33.07
33.08	MI SCCELLANEOUS REVENUE	B	-200	RADIOLOGY-THERAPEUTIC	55.00	0 33.08
33.09	MI SCCELLANEOUS REVENUE	B	40	CT SCAN	57.00	0 33.09
33.11	MI SCCELLANEOUS REVENUE	B	-5,289	MRI	58.00	0 33.11
33.12	MI SCCELLANEOUS REVENUE	B	0	CARDIAC CATHETERIZATION	59.00	0 33.12
33.13	MI SCCELLANEOUS REVENUE	B	-4,343,005	LABORATORY	60.00	0 33.13
33.14	MI SCCELLANEOUS REVENUE	B	-713,570	BLOOD STORING, PROCESSING & TRANS.	63.00	0 33.14
33.15	MI SCCELLANEOUS REVENUE	B	-417	RESPIRATORY THERAPY	65.00	0 33.15
34.00	MI SCCELLANEOUS REVENUE	B	-56,630	PHYSICAL THERAPY	66.00	0 34.00
34.01	MI SCCELLANEOUS REVENUE	B	0	ELECTROCARDIOLOGY	69.00	0 34.01
34.02	MI SCCELLANEOUS REVENUE	B	0	ELECTROENCEPHALOGRAPHY	70.00	0 34.02
34.03	MI SCCELLANEOUS REVENUE	B	0	BRACE AND PLASTER ROOM	70.01	0 34.03
34.04	MI SCCELLANEOUS REVENUE	B	31,562	CLINIC	90.00	0 34.04
34.05	MI SCCELLANEOUS REVENUE	B	-783,942	SILVER CROSS CLINIC	90.02	0 34.05
34.06	MI SCCELLANEOUS REVENUE	B	-275,373	ORLAND PARK CLINIC	90.03	0 34.06
34.07	MI SCCELLANEOUS REVENUE	B	-1,299,418	AMBULANCE SERVICES	95.00	0 34.07
34.08	MI SCCELLANEOUS REVENUE	B	-151,547	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	9 34.08
35.01	MI SCCELLANEOUS REVENUE	B	-469	OTHER NONREIMBURSABLE	191.01	0 35.01
35.02	GL OFFSET - ADMINISTRATIVE	A	-3,129,473	OTHER ADMIN & GENERAL	5.06	0 35.02
35.04	PSYCH OFFSET	A	-402,213	CLINIC	90.00	0 35.04
35.06	INTEREST EXPENSE OFFSET	A	-37,607,047	INTEREST EXPENSE	113.00	0 35.06
35.07	NON-ALLOWABLE EXPENSE OFFSET	A	-10,615	OTHER ADMIN & GENERAL	5.06	0 35.07
36.00	APN OFFSET	A	-3,348,713	CLINIC	90.00	0 36.00
36.01	NON-ALLOWABLE PHYSICIAN OFFSET	A	-37	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 36.01
36.02	NON-ALLOWABLE PHYSICIAN OFFSET	A	-118,885	OTHER ADMIN & GENERAL	5.06	0 36.02
37.00	NON-ALLOWABLE PHYSICIAN OFFSET	A	-2,301,988	SILVER CROSS CLINIC	90.02	0 37.00
37.01	ADVERTISING AND OTHER OFFSET	A	-21,946	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.01
37.02	ADVERTISING AND OTHER OFFSET	A	-5,629,289	DATA PROCESSING	5.02	0 37.02
37.03	ADVERTISING AND OTHER OFFSET	A	-460,057	OTHER ADMIN & GENERAL	5.06	0 37.03
37.04	ADVERTISING AND OTHER OFFSET	A	6,094	OPERATION OF PLANT	7.00	0 37.04
37.05	ADVERTISING AND OTHER OFFSET	A	-6,228	HOUSEKEEPING	9.00	0 37.05
37.06	ADVERTISING AND OTHER OFFSET	A	-4,170	NURSING ADMINISTRATION	13.00	0 37.06
37.07	ADVERTISING AND OTHER OFFSET	A	-819	PHARMACY	15.00	0 37.07
37.08	ADVERTISING AND OTHER OFFSET	A	-1,947	MEDICAL RECORDS & LIBRARY	16.00	0 37.08
37.09	ADVERTISING AND OTHER OFFSET	A	9,718	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 37.09
37.10	ADVERTISING AND OTHER OFFSET	A	-3,657	OPERATING ROOM	50.00	0 37.10
37.11	ADVERTISING AND OTHER OFFSET	A	-85,365	RADIOLOGY-THERAPEUTIC	55.00	0 37.11
37.12	ADVERTISING AND OTHER OFFSET	A	1,421	CT SCAN	57.00	0 37.12
37.13	ADVERTISING AND OTHER OFFSET	A	-866	LABORATORY	60.00	0 37.13
37.14	ADVERTISING AND OTHER OFFSET	A	-268	BLOOD STORING, PROCESSING & TRANS.	63.00	0 37.14
37.15	ADVERTISING AND OTHER OFFSET	A	-9,239	RESPIRATORY THERAPY	65.00	0 37.15
37.16	ADVERTISING AND OTHER OFFSET	A	-142	ELECTROCARDIOLOGY	69.00	0 37.16
37.17	ADVERTISING AND OTHER OFFSET	A	-237,495	CLINIC	90.00	0 37.17
37.18	ADVERTISING AND OTHER OFFSET	A	-55	CLINIC	90.00	0 37.18
37.19	ADVERTISING AND OTHER OFFSET	A	-256	EMERGENCY	91.00	0 37.19
37.20	ADVERTISING AND OTHER OFFSET	A	-30,190	AMBULANCE SERVICES	95.00	0 37.20
37.21	ADVERTISING AND OTHER OFFSET	A	-51,179	KIDNEY ACQUISITION	105.00	0 37.21
37.22	ADVERTISING AND OTHER OFFSET	A	-7,000	LIVER ACQUISITION	107.00	0 37.22

Provider CCN: 14-0088  
 Period: From 07/01/2017 To 06/30/2018  
 Worksheet A-8  
 Date/Time Prepared: 11/30/2018 8:59 am

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	
37.23 ADVERTISING AND OTHER OFFSET	A	2,575	LUNG ACQUISITION	108.00	0 37.23
37.24 ADVERTISING AND OTHER OFFSET	A	11,501	OTHER NONREIMBURSABLE	191.01	0 37.24
37.25 ADVERTISING AND OTHER OFFSET	A	-50	OTHER NONREIMBURSABLE	191.01	0 37.25
39.10 PROVIDER TAX OFFSET	A	-43,205,400	OTHER ADMIN & GENERAL	5.06	0 39.10
39.11 MEDICAL STUDENT OFFSET	A	-3,287,768	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 39.11
39.12 NON-EMERGENCY PATIENT TRANS OFFSET	A	-95,524	EMERGENCY	91.00	0 39.12
39.13 NON-PATIENT CARE RELATED COSTS	A	-135,240	OTHER ADMIN & GENERAL	5.06	0 39.13
39.14 SMG SALARY & BENEFITS	A	1,173,250	OTHER ADMIN & GENERAL	5.06	0 39.14
40.00 ORGAN ACQUISITION	A	1,344,741	KIDNEY ACQUISITION	105.00	0 40.00
40.01 ORGAN ACQUISITION	A	166,914	HEART ACQUISITION	106.00	0 40.01
40.02 ORGAN ACQUISITION	A	450,306	LIVER ACQUISITION	107.00	0 40.02
40.03 ORGAN ACQUISITION	A	185,847	LUNG ACQUISITION	108.00	0 40.03
40.04 ORGAN ACQUISITION	A	1,423	PANCREAS ACQUISITION	109.00	0 40.04
40.05 ORGAN ACQUISITION	A	580,292	ADMINISTRATION	5.04	0 40.05
40.06 CRNA	A	-4,830,277	ANESTHESIOLOGY	53.00	0 40.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-259,170,688			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 07/01/2017  
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:  
11/30/2018 8:59 am

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 CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	BSD DEPRECIATION	0	5,163,336 1.00
2.00	5.06	OTHER ADMIN & GENERAL	HOSPITAL MALPRACTICE & OVERH	38,278,989	9,391,442 2.00
3.00	7.00	OPERATION OF PLANT	ELECTRICITY & STEAM	13,179,287	13,240,529 3.00
3.01	9.00	HOUSEKEEPING	HOUSEKEEPING	0	625,463 3.01
3.02	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	0	3,461,899 3.02
3.03	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	0	145 3.03
3.04	90.00	CLINIC	PHYSICIAN SERVICES	0	244,968,653 3.04
3.05	90.03	ORLAND PARK CLINIC	PHYSICIAN SERVICES	0	4,274,853 3.05
3.06	191.01	OTHER NONREIMBURSABLE	PHYSICIAN SERVICES	0	865,200 3.06
3.07	191.02	SOUTH LOOP CLINIC	PHYSICIAN SERVICES	0	1,210,460 3.07
3.08	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	9,398,452	0 3.08
3.09	22.00	I&R SERVICES-OTHER PRGM COST	PHYSICIAN SERVICES	25,285,155	0 3.09
3.10	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	28,457,536	0 3.10
3.11	31.00	INTENSIVE CARE UNIT	PHYSICIAN SERVICES	5,014,451	0 3.11
3.12	32.00	CORONARY CARE UNIT	PHYSICIAN SERVICES	1,895,707	0 3.12
3.13	33.00	BURN INTENSIVE CARE UNIT	PHYSICIAN SERVICES	524,430	0 3.13
3.14	35.00	NURSERY ICU	PHYSICIAN SERVICES	3,335,727	0 3.14
3.15	43.00	NURSERY	PHYSICIAN SERVICES	1,949,057	0 3.15
3.16	50.00	OPERATING ROOM	PHYSICIAN SERVICES	56,144,323	0 3.16
3.17	53.00	ANESTHESIOLOGY	PHYSICIAN SERVICES	6,172,676	0 3.17
3.18	54.00	RADIOLOGY-DIAGNOSTIC	PHYSICIAN SERVICES	18,907,132	0 3.18
3.19	55.00	RADIOLOGY-THERAPEUTIC	PHYSICIAN SERVICES	5,821,469	0 3.19
3.20	60.00	LABORATORY	PHYSICIAN SERVICES	4,092,303	0 3.20
3.21	69.00	ELECTROCARDIOLOGY	PHYSICIAN SERVICES	31,866,749	0 3.21
3.22	70.00	ELECTROENCEPHALOGRAPHY	PHYSICIAN SERVICES	2,236,480	0 3.22
4.00	90.00	CLINIC	PHYSICIAN SERVICES	64,347,274	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			316,907,197	283,201,980 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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet A-8-1 Date/Time Prepared: 11/30/2018 8:59 am
---	-----------------------	---	--

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-5,163,336	9		1.00
2.00	28,887,547	0		2.00
3.00	-61,242	0		3.00
3.01	-625,463	0		3.01
3.02	-3,461,899	0		3.02
3.03	-145	0		3.03
3.04	-244,968,653	0		3.04
3.05	-4,274,853	0		3.05
3.06	-865,200	0		3.06
3.07	-1,210,460	0		3.07
3.08	9,398,452	0		3.08
3.09	25,285,155	0		3.09
3.10	28,457,536	0		3.10
3.11	5,014,451	0		3.11
3.12	1,895,707	0		3.12
3.13	524,430	0		3.13
3.14	3,335,727	0		3.14
3.15	1,949,057	0		3.15
3.16	56,144,323	0		3.16
3.17	6,172,676	0		3.17
3.18	18,907,132	0		3.18
3.19	5,821,469	0		3.19
3.20	4,092,303	0		3.20
3.21	31,866,749	0		3.21
3.22	2,236,480	0		3.22
4.00	64,347,274	0		4.00
5.00	33,705,217	0		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.

Related Organization(s) and/or Home Office	
Type of Business	
6.00	
<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	UNIVERSITY/MEDICAL SCHOOL		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			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 07/01/2017  
To 06/30/2018

Worksheet A-8-2  
Date/Time Prepared:  
11/30/2018 8:59 am

	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	0.00		0	0	0	0	0	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	13,646,022	0	13,646,022	211,500	110,526	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	21,222,816	18,641,797	2,581,019	211,500	19,827	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	3,739,634	3,284,837	454,797	211,500	3,494	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	1,413,764	1,241,829	171,935	211,500	1,321	5.00
6.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	391,105	343,540	47,564	211,500	365	6.00
7.00	35.00	AGGREGATE-NURSERY ICU	2,487,690	2,185,149	302,541	211,500	2,324	7.00
8.00	43.00	AGGREGATE-NURSERY	1,453,551	1,276,777	176,774	211,500	1,358	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	41,506,421	35,620,372	5,886,049	246,400	28,646	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,343,473	3,217,331	1,126,142	239,400	4,704	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	13,682,665	11,057,749	2,624,916	271,900	13,624	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	4,041,859	2,861,090	1,180,769	271,900	5,502	12.00
13.00	60.00	AGGREGATE-LABORATORY	2,662,631	1,443,344	1,219,287	260,300	7,712	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	22,572,532	17,083,675	5,488,857	211,500	39,717	14.00
15.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	1,565,426	1,139,323	426,103	211,500	3,585	15.00
16.00	90.00	AGGREGATE-CLINIC	46,458,425	37,289,138	9,169,287	211,500	62,903	16.00
200.00			181,188,014	136,685,951	44,502,062		305,608	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	0.00		0	0	0	0	0	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	11,238,581	561,929	0	0	6,926,254	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,016,063	100,803	0	0	1,603,916	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	355,279	17,764	0	0	282,623	4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	134,323	6,716	0	0	106,845	5.00
6.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	37,114	1,856	0	0	29,558	6.00
7.00	35.00	AGGREGATE-NURSERY ICU	236,311	11,816	0	0	188,007	7.00
8.00	43.00	AGGREGATE-NURSERY	138,085	6,904	0	0	109,852	8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	3,393,449	169,672	0	0	3,961,906	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	541,412	27,071	0	0	840,056	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,780,945	89,047	0	0	1,332,317	11.00
12.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	719,228	35,961	0	0	599,318	12.00
13.00	60.00	AGGREGATE-LABORATORY	965,112	48,256	0	0	923,299	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	4,038,532	201,927	0	0	3,547,576	14.00
15.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	364,533	18,227	0	0	218,934	15.00
16.00	90.00	AGGREGATE-CLINIC	6,396,146	319,807	0	0	5,271,231	16.00
200.00			32,355,113	1,617,756	0	0	25,941,692	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	0.00		0	0	0	0		1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	6,926,254	18,164,835	0	0		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	195,061	2,211,124	369,895	19,011,692		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	34,371	389,650	65,147	3,349,984		4.00
5.00	32.00	AGGREGATE-CORONARY CARE UNIT	12,994	147,317	24,618	1,266,447		5.00
6.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	3,595	40,709	6,855	350,396		6.00
7.00	35.00	AGGREGATE-NURSERY ICU	22,865	259,176	43,365	2,228,514		7.00
8.00	43.00	AGGREGATE-NURSERY	13,360	151,445	25,329	1,302,106		8.00
9.00	50.00	AGGREGATE-OPERATING ROOM	561,840	3,955,289	1,930,760	37,551,132		9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	217,803	759,215	366,927	3,584,258		10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	255,595	2,036,540	588,376	11,646,125		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:  
11/30/2018 8:59 am

	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	175,082	894,310	286,459	3,147,549		12.00
13.00	60.00	AGGREGATE-LABORATORY	422,802	1,387,914	0	1,443,344		13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	862,647	4,901,179	587,678	17,671,353		14.00
15.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	59,593	424,126	1,977	1,141,300		15.00
16.00	90.00	AGGREGATE-CLINIC	1,040,359	7,436,505	1,732,782	39,021,920		16.00
200.00			10,804,221	43,159,334	6,030,168	142,716,120		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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	38,662,005	38,662,005				1.00
1.01	00101	DCAM CAPITAL	5,210,000	0	5,210,000			1.01
1.02	00102	ORLAND PARK CAPITAL	1,737,484	0	0	1,737,484		1.02
1.03	00103	SOUTH LOOP CAPITAL	429,418	0	0	0	429,418	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	58,875,005					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	162,607,522	149,359	0	0	0	4.00
5.01	00540	NON-PATIENT PHONES	1,633,547	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	52,455,782	1,172,016	54,802	0	0	5.02
5.03	00560	PURCHASING	10,204,969	1,170,836	0	0	0	5.03
5.04	00570	ADMINISTRATIVE	5,330,331	80,966	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	18,318,543	30,910	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	133,991,795	1,490,823	89,970	0	0	5.06
7.00	00700	OPERATION OF PLANT	42,476,322	601,750	7,541	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,572,661	36,977	0	0	0	8.00
9.00	00900	HOUSEKEEPING	24,705,918	1,282,240	94,279	0	0	9.00
10.00	01000	DIETARY	10,124,703	495,604	0	0	0	10.00
11.00	01100	CAFETERIA	294,091	727,311	182,790	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,917,440	143,628	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,974,765	872,287	94,488	0	0	14.00
15.00	01500	PHARMACY	6,773,019	583,952	28,374	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,426,902	340,043	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	902,944	89,898	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	293,909	36,809	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	5,309,191	261,437	0	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	1,896,235	315,740	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	37,159,350	625,749	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	21,997,387	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	989,433	31,719	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	110,977,748	12,209,194	14,005	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	32,309,584	2,541,863	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,072,678	831,670	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,063,591	263,763	0	0	0	33.00
35.00	02080	NURSERY ICU	17,519,817	659,019	0	0	0	35.00
43.00	04300	NURSERY	6,074,551	287,358	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	71,551,513	2,918,849	340,177	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,355,466	557,626	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,733,633	153,876	17,219	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,212,315	1,763,350	497,477	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,181,914	0	404,171	0	0	55.00
57.00	05700	CT SCAN	3,533,208	67,955	0	0	0	57.00
58.00	05800	MRI	3,720,475	1,753	75,618	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,237,901	172,449	0	0	0	59.00
60.00	06000	LABORATORY	38,608,401	1,861,945	54,298	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.	12,573,295	175,111	19,391	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	11,624,327	108,977	49,034	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,551,832	384,369	15,933	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	23,429,266	182,460	49,642	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,361,246	135,707	62,239	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	184,504	0	11,051	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,403,829	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,118,239	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	159,724,135	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,410,148	120,033	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	141,238	5,663	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,195,066	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	104,016,958	1,274,892	2,989,467	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	3,008,770	39,573	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	2,312,097	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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	
90.03 09003 ORLAND PARK CLINIC	10,351,418	0	0	532,361	0	90.03
91.00 09100 EMERGENCY	24,639,550	438,739	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	170,878	24,876	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	1,091,855	18,741	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	4,986,860	91,247	30,720	0	0	105.00
106.00 10600 HEART ACQUISITION	2,105,244	38,932	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	2,619,035	9,404	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	2,567,649	44,157	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	468,630	9,775	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,494,479,535	37,933,380	5,182,686	532,361	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-147,031	54,741	27,314	0	0	190.00
190.01 19001 ORLAND PARK PHYSICIAN	8,780,677	0	0	1,187,171	0	190.01
191.01 19101 OTHER NONREIMBURSABLE	4,561,844	673,884	0	17,952	5,191	191.01
191.02 19102 SOUTH LOOP CLINIC	2,562,771	0	0	0	424,227	191.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	1,510,237,796	38,662,005	5,210,000	1,737,484	429,418 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		CAPI TAL	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	Subtotal	DATA PROCESSING	
		RELATED COSTS					
		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	58,875,005				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	181,364	162,938,245			4.00
5.01	00540	NON-PATIENT PHONES	2,018	366,899	2,002,464		5.01
5.02	00550	DATA PROCESSING	22,540,126	5,726,695	13,261	81,962,682	5.02
5.03	00560	PURCHASING	264,754	1,449,314	13,261	13,103,134	5.03
5.04	00570	ADMINI TTING	3,270	917,240	13,261	6,345,068	5.04
5.05	00580	CASHI ERING/ACCOUNTS RECEI VABLE	1,511	1,325,819	13,261	19,690,044	5.05
5.06	00590	OTHER ADMIN & GENERAL	6,921,687	12,965,763	1,326,152	156,786,190	5.06
7.00	00700	OPERATION OF PLANT	498,816	3,214,228	13,261	46,811,918	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,537	0	13,261	3,645,436	8.00
9.00	00900	HOUSEKEEPING	309,521	3,703,295	13,261	30,108,514	9.00
10.00	01000	DI ETARY	20,646	1,306,791	13,261	11,961,005	10.00
11.00	01100	CAFETERIA	354,846	126,882	13,261	1,699,181	11.00
12.00	01200	MAI NTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSI NG ADMINI STRATION	371,343	2,108,391	13,261	13,554,063	13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	208,927	577,559	13,261	7,741,287	14.00
15.00	01500	PHARMACY	606,360	4,536,901	13,261	12,541,867	15.00
16.00	01600	MEDI CAL RECORDS & LIBRARY	6,510	979,668	13,261	9,766,384	16.00
17.00	01700	SOCI AL SERVI CE	749	142,562	13,261	1,149,414	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	2,695	36,134	13,261	382,808	18.01
18.02	01852	PATI ENT TRANSPORT	119,251	861,705	13,261	6,564,845	18.02
18.03	01853	MEDI CAL ELECTRONI CS	85,806	276,775	13,261	2,587,817	18.03
19.00	01900	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	19.00
20.00	02000	NURSI NG SCHOOL	0	0	0	0	20.00
21.00	02100	I & R SERVI CES-SALARY & FRI NGES APPRV	108,090	7,763,209	0	45,656,398	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRV	0	2,413,525	13,261	24,424,173	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	182,992	13,261	1,217,405	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDI ATRI CS	1,098,549	23,557,824	13,261	147,870,581	30.00
31.00	03100	INTENSIVE CARE UNI T	321,418	6,012,590	13,261	41,198,716	31.00
32.00	03200	CORONARY CARE UNI T	63,145	2,387,469	13,261	15,368,223	32.00
33.00	03300	BURN INTENSIVE CARE UNI T	20,181	612,738	13,261	3,973,534	33.00
35.00	02080	NURSERY ICU	452,539	3,757,444	13,261	22,402,080	35.00
43.00	04300	NURSERY	80,151	1,364,468	13,261	7,819,789	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATI NG ROOM	5,168,416	16,618,576	26,523	96,624,054	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,274	953,649	13,261	7,960,276	52.00
53.00	05300	ANESTHESI OLOGY	975,392	2,384,895	13,261	10,278,276	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	3,919,476	5,645,183	13,261	42,051,062	54.00
55.00	05500	RADI OLOGY-THERAPEUTI C	1,100,410	1,883,194	13,261	13,582,950	55.00
57.00	05700	CT SCAN	1,001,755	593,995	13,261	5,210,174	57.00
58.00	05800	MRI	1,640,137	571,143	13,261	6,022,387	58.00
59.00	05900	CARDI AC CATHETERI ZATION	709,010	336,817	13,261	4,469,438	59.00
60.00	06000	LABORATORY	1,174,960	4,583,642	13,261	46,296,507	60.00
62.30	06250	BLOOD CLOTTI NG FOR HEMOPHI LI ACS	0	0	0	0	62.30
63.00	06300	BLOOD STORI NG, PROCESSI NG & TRANS.	140,536	594,727	13,261	13,516,321	63.00
65.00	06500	RESPI RATORY THERAPY	513,425	1,441,063	13,261	13,750,087	65.00
66.00	06600	PHYSI CAL THERAPY	48,073	1,256,081	13,261	8,269,549	66.00
69.00	06900	ELECTROCARDI OLOGY	781,903	6,509,471	13,261	30,966,003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	205,297	961,259	13,261	5,739,009	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	31,873	13,261	240,689	70.01
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0	0	36,403,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	47,118,239	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	13	0	159,724,148	73.00
74.00	07400	RENAL DI ALYSI S	366,483	540,130	13,261	4,450,055	74.00
76.97	07697	CARDI AC REHABI LI TATION	807	26,016	0	173,724	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUI SI TION	0	0	0	3,195,066	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLI NI C	2,894,412	21,231,588	13,261	132,420,578	90.00
90.01	09001	TRANSPLANT CLI NI C	10,448	435,187	13,261	3,507,239	90.01
90.02	09002	SI LVER CROSS CLI NI C	191,689	500,960	0	3,004,746	90.02
90.03	09003	ORLAND PARK CLI NI C	1,172,319	478,088	0	12,534,186	90.03
91.00	09100	EMERGENCY	696,015	3,856,791	13,261	29,644,356	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	Subtotal	DATA PROCESSING	
	MVBLE	EQUIP					
	2.00	4.00					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			4.00	5.01	5A.01	5.02	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	31,104		297,903	13,261	538,022	30,873	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	3,239		232,975	0	1,346,810	77,284	100.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	35,958		509,603	13,261	5,667,649	325,227	105.00
106.00 10600 HEART ACQUISITION	4,803		98,376	13,261	2,260,616	129,721	106.00
107.00 10700 LIVER ACQUISITION	11,686		237,974	13,261	2,891,360	165,915	107.00
108.00 10800 LUNG ACQUISITION	3,102		113,263	13,261	2,741,432	157,312	108.00
109.00 10900 PANCREAS ACQUISITION	1,690		54,160	13,261	547,516	31,418	109.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	57,549,629		161,653,475	2,002,464	1,489,478,909	80,767,746	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	-64,976	0	190.00
190.01 19001 ORLAND PARK PHYSICIAN	955,302		473,986	0	11,397,136	654,002	190.01
191.01 19101 OTHER NONREIMBURSABLE	11,887		563,014	0	5,833,772	334,759	191.01
191.02 19102 SOUTH LOOP CLINIC	358,187		247,770	0	3,592,955	206,175	191.02
200.00 Cross Foot Adjustments					0		200.00
201.00 Negative Cost Centers			0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	58,875,005		162,938,245	2,002,464	1,510,237,796	81,962,682	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/30/2018 8:59 am	
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	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	13,855,031					5.03
5.04	00570	ADMINISTRATIVE	154	6,709,321				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,694	0	20,821,612			5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	0	165,783,052	165,783,052	5.06
7.00	00700	OPERATION OF PLANT	62,664	0	0	49,560,790	6,110,994	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,871	0	0	3,857,493	475,640	8.00
9.00	00900	HOUSEKEEPING	86,551	0	0	31,922,782	3,936,175	9.00
10.00	01000	DIETARY	47,694	0	0	12,695,057	1,565,339	10.00
11.00	01100	CAFETERIA	32,373	0	0	1,829,058	225,528	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,735	0	0	14,333,571	1,767,372	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	84,213	0	0	8,269,718	1,019,681	14.00
15.00	01500	PHARMACY	0	0	0	13,261,557	1,635,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	746	0	0	10,327,554	1,273,418	16.00
17.00	01700	SOCIAL SERVICE	53	0	0	1,215,424	149,865	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	130	0	0	404,905	49,926	18.01
18.02	01852	PATIENT TRANSPORT	620	0	0	6,942,176	855,991	18.02
18.03	01853	MEDICAL ELECTRONICS	330	0	0	2,736,644	337,436	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	138	0	0	48,276,437	5,952,630	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	25,825,705	3,184,387	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	100	0	0	1,287,363	158,736	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	286,243	1,022,045	1,837,690	159,501,817	19,667,053	30.00
31.00	03100	INTENSIVE CARE UNIT	191,385	461,179	631,618	44,847,004	5,529,770	31.00
32.00	03200	CORONARY CARE UNIT	58,166	104,011	270,229	16,682,504	2,057,003	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,978	45,582	63,187	4,324,294	533,198	33.00
35.00	02080	NURSERY ICU	42,400	247,754	378,250	24,355,983	3,003,166	35.00
43.00	04300	NURSERY	6,110	16,874	112,430	8,403,926	1,036,229	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,740,065	723,496	1,749,520	107,381,713	13,240,487	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,155	54,665	89,648	8,613,529	1,062,074	52.00
53.00	05300	ANESTHESIOLOGY	103,934	212,779	666,052	11,850,839	1,461,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	401,136	179,923	850,670	45,895,807	5,659,091	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,293	76,340	447,398	14,921,411	1,839,855	55.00
57.00	05700	CT SCAN	27,312	199,364	1,026,380	6,762,205	833,800	57.00
58.00	05800	MRI	31,346	81,021	407,594	6,887,931	849,303	58.00
59.00	05900	CARDIAC CATHETERIZATION	252,687	113,272	298,057	5,389,924	664,594	59.00
60.00	06000	LABORATORY	527,239	728,550	2,455,857	52,664,785	6,493,726	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	378,179	225,878	359,299	15,255,284	1,881,022	63.00
65.00	06500	RESPIRATORY THERAPY	149,204	279,139	434,620	15,402,071	1,899,122	65.00
66.00	06600	PHYSICAL THERAPY	18,072	48,085	122,151	8,932,389	1,101,390	66.00
69.00	06900	ELECTROCARDIOLOGY	307,816	144,117	620,298	33,815,156	4,169,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,561	49,411	118,011	6,241,314	769,573	70.00
70.01	07001	BRACE AND PLASTER ROOM	6,677	31	1,763	262,971	32,425	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	151,003	498,161	39,141,954	4,826,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	307,877	742,364	50,872,266	6,272,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,521,705	902,031	3,681,094	179,994,671	22,193,622	73.00
74.00	07400	RENAL DIALYSIS	27,718	56,622	88,711	4,878,464	601,529	74.00
76.97	07697	CARDIAC REHABILITATION	324	4	4,242	188,263	23,213	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	19,950	3,398,358	419,028	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	710,425	95,555	1,474,261	142,299,509	17,545,956	90.00
90.01	09001	TRANSPLANT CLINIC	1,706	4,735	12,470	3,727,406	459,600	90.01
90.02	09002	SILVER CROSS CLINIC	6,423	27	64,757	3,248,374	400,534	90.02
90.03	09003	ORLAND PARK CLINIC	250,155	0	311,834	13,815,424	1,703,483	90.03
91.00	09100	EMERGENCY	142,474	148,093	924,504	32,560,509	4,014,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL		
		5.03	5.04	5.05	5A.05	5.06		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,995	11	2	570,903	70,394	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	4	0	0	1,424,098	175,596	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	6,080	10,708	22,954	6,032,618	743,840	105.00
106.00	10600	HEART ACQUISITION	1,038	8,000	13,292	2,412,667	297,489	106.00
107.00	10700	LIVER ACQUISITION	1,534	5,975	11,093	3,075,877	379,265	107.00
108.00	10800	LUNG ACQUISITION	1,934	5,164	9,444	2,915,286	359,464	108.00
109.00	10900	PANCREAS ACQUISITION	386	0	1,757	581,077	71,649	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,630,925	6,709,321	20,821,612	1,488,059,867	163,040,436	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	-64,975	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	203,847	0	0	12,254,985	1,511,076	190.01
191.01	19101	OTHER NONREIMBURSABLE	5,002	0	0	6,173,533	761,215	191.01
191.02	19102	SOUTH LOOP CLINIC	15,256	0	0	3,814,386	470,325	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 through 201)	13,855,031	6,709,321	20,821,612	1,510,237,796	165,783,052	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/30/2018 8:59 am				
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	55,671,784				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	60,609	4,393,742			8.00	
9.00	00900	HOUSEKEEPING	2,101,689	0	37,960,646		9.00	
10.00	01000	DIETARY	812,333	0	424,377	15,497,106	10.00	
11.00	01100	CAFETERIA	1,192,118	0	926,425	4,173,129	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	235,418	0	122,986	81,759	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	1,429,745	0	903,883	41,065	14.00	
15.00	01500	PHARMACY	957,142	0	547,161	159,742	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	557,357	0	291,173	42,698	16.00	
17.00	01700	SOCIAL SERVICE	147,350	0	76,978	8,964	17.00	
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00	
18.01	01851	VOLUNTEERS	60,332	0	31,519	2,188	18.01	
18.02	01852	PATIENT TRANSPORT	428,515	0	223,864	72,229	18.02	
18.03	01853	MEDICAL ELECTRONICS	517,522	0	270,362	11,104	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	1,025,651	0	535,818	691,115	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	51,990	0	27,160	16,331	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,011,794	3,201,005	10,477,778	11,290,216	751,972	30.00
31.00	03100	INTENSIVE CARE UNIT	4,166,306	599,089	2,176,551	2,113,037	179,093	31.00
32.00	03200	CORONARY CARE UNIT	1,363,170	94,425	712,144	333,046	63,997	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	432,327	60,467	225,855	213,274	17,502	33.00
35.00	02080	NURSERY ICU	1,080,182	363,613	564,306	1,282,496	100,283	35.00
43.00	04300	NURSERY	471,002	75,143	246,060	265,037	20,495	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,784,216	0	3,064,444	0	247,903	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	913,992	0	477,485	0	34,531	52.00
53.00	05300	ANESTHESIOLOGY	252,214	0	160,364	0	37,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,890,265	0	2,336,310	0	116,645	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	671,389	0	36,906	55.00
57.00	05700	CT SCAN	111,383	0	58,188	0	22,267	57.00
58.00	05800	MRI	2,873	0	127,114	0	22,237	58.00
59.00	05900	CARDIAC CATHETERIZATION	282,656	0	147,665	0	12,088	59.00
60.00	06000	LABORATORY	3,051,870	0	1,684,548	0	210,092	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	287,021	0	182,156	0	25,986	63.00
65.00	06500	RESPIRATORY THERAPY	178,621	0	174,738	0	70,350	65.00
66.00	06600	PHYSICAL THERAPY	630,010	0	355,596	0	55,306	66.00
69.00	06900	ELECTROCARDIOLOGY	299,065	0	238,699	0	59,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	222,434	0	219,592	0	35,878	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	18,357	0	2,250	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	1	73.00
74.00	07400	RENAL DIALYSIS	196,743	0	102,782	0	18,830	74.00
76.97	07697	CARDIAC REHABILITATION	9,282	0	4,849	0	1,461	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,089,645	0	6,057,624	0	542,246	90.00
90.01	09001	TRANSPLANT CLINIC	64,863	0	33,885	0	6,674	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	401,431	0	0	90.03
91.00	09100	EMERGENCY	719,127	0	375,685	0	144,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	40,774	0	21,301	0	10,054	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
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	30,719	0	16,048	0	20,714	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	149,560	0	129,163	0	19,129	105.00
106.00	10600	HEART ACQUISITION	63,813	0	33,337	0	684	106.00
107.00	10700	LIVER ACQUISITION	15,415	0	8,053	0	5,004	107.00
108.00	10800	LUNG ACQUISITION	72,377	0	37,811	0	2,645	108.00
109.00	10900	PANCREAS ACQUISITION	16,022	0	8,370	0	1,809	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	54,477,512	4,393,742	35,931,384	15,497,106	4,023,923	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89,725	0	92,247	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	895,195	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	1,104,547	0	596,027	0	135,334	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	445,793	0	13,872	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 through 201)	55,671,784	4,393,742	37,960,646	15,497,106	4,173,129	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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	16,541,106				13.00
14.00	01400	0	0	11,664,092			14.00
15.00	01500	0	8,665	0	16,569,457		15.00
16.00	01600	0	0	642	0	12,492,842	16.00
17.00	01700	0	0	45	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	0	112	0	0	18.01
18.02	01852	0	0	534	0	0	18.02
18.03	01853	0	0	284	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	718	119	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	86	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	5,644,428	246,671	80,831	1,904,248	30.00
31.00	03100	0	1,777,766	164,927	7,201	858,624	31.00
32.00	03200	0	707,759	50,125	824	193,648	32.00
33.00	03300	0	171,293	12,046	1,243	84,865	33.00
35.00	02080	0	1,097,363	36,538	1,728	461,270	35.00
43.00	04300	0	202,416	5,265	68	31,416	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	1,964,597	2,361,257	189,674	1,347,007	50.00
52.00	05200	0	329,200	44,945	10,563	101,775	52.00
53.00	05300	0	225,920	89,565	421,963	396,152	53.00
54.00	05400	0	96,284	345,680	225,670	334,981	54.00
55.00	05500	0	52,741	30,414	410,921	142,130	55.00
57.00	05700	0	0	23,537	176,073	371,177	57.00
58.00	05800	0	0	27,013	290,814	150,845	58.00
59.00	05900	0	81,176	217,753	72,475	210,890	59.00
60.00	06000	0	0	454,349	2,943	1,356,417	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	30,204	325,896	28,826	420,540	63.00
65.00	06500	0	285	128,576	1,426,825	519,703	65.00
66.00	06600	0	17,407	15,573	199,333	89,526	66.00
69.00	06900	0	155,086	265,261	6,967	268,318	69.00
70.00	07000	0	17,330	4,792	0	91,994	70.00
70.01	07001	0	0	5,754	91	58	70.01
71.00	07100	0	0	0	0	281,138	71.00
72.00	07200	0	0	0	0	573,206	72.00
73.00	07300	0	0	5,620,302	0	1,679,404	73.00
74.00	07400	0	140,243	23,886	66	105,419	74.00
76.97	07697	0	0	279	0	8	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	2,283,114	612,210	5,226,217	177,905	90.00
90.01	09001	0	31,491	1,470	19,407	8,816	90.01
90.02	09002	0	0	5,535	916	50	90.02
90.03	09003	0	58,979	215,572	3,947,851	0	90.03
91.00	09100	0	1,135,373	122,777	38,784	275,720	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	63,075	1,719	3,165	21	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	20	4	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	70,581	5,239	94,454	19,937	105.00
106.00	10600	HEART ACQUISITION	0	0	895	708	14,894	106.00
107.00	10700	LIVER ACQUISITION	0	31,796	1,322	0	11,125	107.00
108.00	10800	LUNG ACQUISITION	0	23,701	1,666	3,085	9,615	108.00
109.00	10900	PANCREAS ACQUISITION	0	7,446	333	6,143	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,426,457	11,470,968	12,895,829	12,492,842	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	175,665	3,217,033	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	76,859	4,311	294,790	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	37,790	13,147	161,805	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 through 201)	0	16,541,106	11,664,092	16,569,457	12,492,842	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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	1,598,626				17.00	
18.00	01850	OCCUPATIONAL THERAPY	0	0			18.00	
18.01	01851	VOLUNTEERS	0	0	548,982		18.01	
18.02	01852	PATIENT TRANSPORT	0	0	0	8,523,309	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	1,164,658	0	82,557	1,297,608	590,347	30.00
31.00	03100	INTENSIVE CARE UNIT	217,973	0	37,822	585,929	266,217	31.00
32.00	03200	CORONARY CARE UNIT	34,356	0	8,530	132,146	60,041	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,001	0	3,738	57,912	26,312	33.00
35.00	02080	NURSERY ICU	132,298	0	20,319	314,773	143,017	35.00
43.00	04300	NURSERY	27,340	0	1,384	21,438	9,741	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	59,335	919,204	417,641	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,483	69,452	31,555	52.00
53.00	05300	ANESTHESIOLOGY	0	0	17,450	270,336	122,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	14,756	228,592	103,861	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	6,261	96,990	44,068	55.00
57.00	05700	CT SCAN	0	0	16,350	253,293	115,084	57.00
58.00	05800	MRI	0	0	6,645	102,937	46,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	9,290	143,912	65,387	59.00
60.00	06000	LABORATORY	0	0	59,750	925,625	420,559	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	18,525	286,978	130,389	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	22,893	354,647	161,134	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,944	61,093	27,758	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	11,819	183,102	83,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,052	62,777	28,523	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	3	39	18	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	12,384	191,850	87,167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	25,250	391,158	177,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73,977	1,146,033	520,701	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,644	71,938	32,685	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6	3	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	7,837	121,403	55,160	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	388	6,016	2,733	90.01
90.02	09002	LIVER CROSS CLINIC	0	0	2	34	16	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	12,145	188,152	85,487	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL 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	14	7	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	878	13,605	6,181	105.00
106.00 10600	HEART ACQUISITION	0	0	656	10,164	4,618	106.00
107.00 10700	LIVER ACQUISITION	0	0	490	7,592	3,449	107.00
108.00 10800	LUNG ACQUISITION	0	0	424	6,561	2,981	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 through 117)	1,598,626	0	548,982	8,523,309	3,873,352	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						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,598,626	0	548,982	8,523,309	3,873,352	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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			56,482,488			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV				29,010,092		22.00
23.00 02300 PARAMED PRGM-PHARMACY					1,541,666	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	17,231,103	8,850,105	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	3,328,978	1,709,804	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	1,048,077	538,305	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	255,802	131,383	0	33.00
35.00 02080 NURSERY ICU	0	0	1,708,899	877,711	0	35.00
43.00 04300 NURSERY	0	0	21,317	10,949	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	5,997,134	3,080,201	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,893,645	972,599	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	4,007,564	2,058,333	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	2,508,280	1,288,283	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	593,318	304,736	0	55.00
57.00 05700 CT SCAN	0	0	355,280	182,476	0	57.00
58.00 05800 MRI	0	0	74,609	38,320	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	376,597	193,425	0	59.00
60.00 06000 LABORATORY	0	0	3,286,344	1,687,906	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	21,317	10,949	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	309,094	158,754	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	440,548	226,271	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	1,541,666	73.00
74.00 07400 RENAL DIALYSIS	0	0	71,056	36,495	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
77.00 07700 ALLOGENEI C STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	5,570,798	2,861,229	0	90.00
90.01 09001 TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02 09002 SILVER CROSS CLINIC	0	0	188,299	96,712	0	90.02
90.03 09003 ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	1,740,874	894,134	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
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
SPECIAL PURPOSE COST CENTERS						
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						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	51,028,933	26,209,080	1,541,666	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	5,453,555	2,801,012	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 through 201)	0	0	56,482,488	29,010,092	1,541,666	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

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	261,994,191	-26,081,208	235,912,983	30.00
31.00	03100	68,566,091	-5,038,782	63,527,309	31.00
32.00	03200	24,080,100	-1,586,382	22,493,718	32.00
33.00	03300	6,573,512	-387,185	6,186,327	33.00
35.00	02080	35,543,945	-2,586,610	32,957,335	35.00
43.00	04300	10,849,226	-32,266	10,816,960	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	145,054,813	-9,077,335	135,977,478	50.00
52.00	05200	14,559,828	-2,866,244	11,693,584	52.00
53.00	05300	21,372,341	-6,065,897	15,306,444	53.00
54.00	05400	62,044,505	-3,796,563	58,247,942	54.00
55.00	05500	19,151,140	-898,054	18,253,086	55.00
57.00	05700	9,281,113	-537,756	8,743,357	57.00
58.00	05800	8,627,411	-112,929	8,514,482	58.00
59.00	05900	7,867,832	-570,022	7,297,810	59.00
60.00	06000	72,298,914	-4,974,250	67,324,664	60.00
62.30	06250	0	0	0	62.30
63.00	06300	18,905,093	-32,266	18,872,827	63.00
65.00	06500	20,338,965	0	20,338,965	65.00
66.00	06600	11,489,325	0	11,489,325	66.00
69.00	06900	40,023,594	-467,848	39,555,746	69.00
70.00	07000	8,365,078	-666,819	7,698,259	70.00
70.01	07001	321,966	0	321,966	70.01
71.00	07100	44,540,813	0	44,540,813	71.00
72.00	07200	58,312,306	0	58,312,306	72.00
73.00	07300	212,770,377	0	212,770,377	73.00
74.00	07400	6,284,780	-107,551	6,177,229	74.00
76.97	07697	227,364	0	227,364	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
77.00	07700	3,817,386	0	3,817,386	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	185,450,853	-8,432,027	177,018,826	90.00
90.01	09001	4,362,749	0	4,362,749	90.01
90.02	09002	3,940,472	-285,011	3,655,461	90.02
90.03	09003	20,142,740	0	20,142,740	90.03
91.00	09100	42,308,130	-2,635,008	39,673,122	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	781,428	0	781,428	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	1,667,199	0	1,667,199	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	7,285,185	0	7,285,185	105.00
106.00	10600 HEART ACQUISITION	2,839,925	0	2,839,925	106.00
107.00	10700 LIVER ACQUISITION	3,539,388	0	3,539,388	107.00
108.00	10800 LUNG ACQUISITION	3,435,616	0	3,435,616	108.00
109.00	10900 PANCREAS ACQUISITION	692,849	0	692,849	109.00
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,469,708,543	-77,238,013	1,392,470,530	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,998	0	116,998	190.00
190.01	19001 ORLAND PARK PHYSICIAN	18,053,954	0	18,053,954	190.01
191.01	19101 OTHER NONREIMBURSABLE	17,401,183	-8,254,567	9,146,616	191.01
191.02	19102 SOUTH LOOP CLINIC	4,957,118	0	4,957,118	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 through 201)	1,510,237,796	-85,492,580	1,424,745,216	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 8:59 am
-------------------------------------	--	-----------------------	---	---

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
			0	1.00	1.01	1.02	
<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	149,359	0	0	4.00
5.01	00540	NON-PATIENT PHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	1,172,016	54,802	0	5.02
5.03	00560	PURCHASING	0	1,170,836	0	0	5.03
5.04	00570	ADMITTING	0	80,966	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	30,910	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	1,490,823	89,970	0	5.06
7.00	00700	OPERATION OF PLANT	0	601,750	7,541	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	36,977	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,282,240	94,279	0	9.00
10.00	01000	DIETARY	0	495,604	0	0	10.00
11.00	01100	CAFETERIA	0	727,311	182,790	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	143,628	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	872,287	94,488	0	14.00
15.00	01500	PHARMACY	0	583,952	28,374	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	340,043	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	89,898	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	36,809	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	261,437	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	315,740	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	625,749	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	31,719	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	12,209,194	14,005	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,541,863	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	831,670	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	263,763	0	0	33.00
35.00	02080	NURSERY ICU	0	659,019	0	0	35.00
43.00	04300	NURSERY	0	287,358	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	2,918,849	340,177	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	557,626	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	153,876	17,219	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,763,350	497,477	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	404,171	0	55.00
57.00	05700	CT SCAN	0	67,955	0	0	57.00
58.00	05800	MRI	0	1,753	75,618	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	172,449	0	0	59.00
60.00	06000	LABORATORY	0	1,861,945	54,298	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	175,111	19,391	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	108,977	49,034	0	65.00
66.00	06600	PHYSICAL THERAPY	0	384,369	15,933	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	182,460	49,642	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	135,707	62,239	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	11,051	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	120,033	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	5,663	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	1,274,892	2,989,467	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	39,573	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	532,361	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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	
91.00	09100	EMERGENCY	0	438,739	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	24,876	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	18,741	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	91,247	30,720	0	0	105.00
106.00	10600	HEART ACQUISITION	0	38,932	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	9,404	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	44,157	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	9,775	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	37,933,380	5,182,686	532,361	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,741	27,314	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	1,187,171	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	673,884	0	17,952	5,191	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	424,227	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 through 201)	0	38,662,005	5,210,000	1,737,484	429,418	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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	181,364	330,723	330,723			4.00
5.01 00540	NON-PATIENT PHONES	2,018	2,018		745	2,763	5.01
5.02 00550	DATA PROCESSING	22,540,126	23,766,944	11,621	18	23,778,583	5.02
5.03 00560	PURCHASING	264,754	1,435,590	2,941	18	218,141	5.03
5.04 00570	ADMINISTRATIVE	3,270	84,236	1,861	18	105,633	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,511	32,421	2,690	18	327,800	5.05
5.06 00590	OTHER ADMIN & GENERAL	6,921,687	8,502,480	26,311	1,844	2,610,176	5.06
7.00 00700	OPERATION OF PLANT	498,816	1,108,107	6,523	18	779,325	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	22,537	59,514	0	18	60,689	8.00
9.00 00900	HOUSEKEEPING	309,521	1,686,040	7,515	18	501,247	9.00
10.00 01000	DIETARY	20,646	516,250	2,652	18	199,127	10.00
11.00 01100	CAFETERIA	354,846	1,264,947	257	18	28,288	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	371,343	514,971	4,279	18	225,648	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	208,927	1,175,702	1,172	18	128,877	14.00
15.00 01500	PHARMACY	606,360	1,218,686	9,207	18	208,797	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,510	346,553	1,988	18	162,591	16.00
17.00 01700	SOCIAL SERVICE	749	90,647	289	18	19,135	17.00
18.00 01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01 01851	VOLUNTEERS	2,695	39,504	73	18	6,373	18.01
18.02 01852	PATIENT TRANSPORT	119,251	380,688	1,749	18	109,292	18.02
18.03 01853	MEDICAL ELECTRONICS	85,806	401,546	562	18	43,082	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	108,090	733,839	15,754	0	760,088	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,898	18	406,614	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	31,719	371	18	20,267	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	1,098,549	13,321,748	47,876	18	2,461,749	30.00
31.00 03100	INTENSIVE CARE UNIT	321,418	2,863,281	12,201	18	685,876	31.00
32.00 03200	CORONARY CARE UNIT	63,145	894,815	4,845	18	255,850	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	20,181	283,944	1,243	18	66,151	33.00
35.00 02080	NURSERY ICU	452,539	1,111,558	7,625	18	372,950	35.00
43.00 04300	NURSERY	80,151	367,509	2,769	18	130,184	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	5,168,416	8,427,442	33,724	37	1,608,597	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	80,274	637,900	1,935	18	132,523	52.00
53.00 05300	ANESTHESIOLOGY	975,392	1,146,487	4,840	18	171,113	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,919,476	6,180,303	11,456	18	700,066	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,100,410	1,504,581	3,822	18	226,129	55.00
57.00 05700	CT SCAN	1,001,755	1,069,710	1,205	18	86,739	57.00
58.00 05800	MRI	1,640,137	1,717,508	1,159	18	100,261	58.00
59.00 05900	CARDIAC CATHETERIZATION	709,010	881,459	683	18	74,407	59.00
60.00 06000	LABORATORY	1,174,960	3,091,203	9,302	18	770,744	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	140,536	335,038	1,207	18	225,020	63.00
65.00 06500	RESPIRATORY THERAPY	513,425	671,436	2,924	18	228,911	65.00
66.00 06600	PHYSICAL THERAPY	48,073	448,375	2,549	18	137,671	66.00
69.00 06900	ELECTROCARDIOLOGY	781,903	1,014,005	13,210	18	515,522	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	205,297	403,243	1,951	18	95,543	70.00
70.01 07001	BRACE AND PLASTER ROOM	0	11,051	65	18	4,007	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	606,051	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	784,424	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,658,664	73.00
74.00 07400	RENAL DIALYSIS	366,483	486,516	1,096	18	74,085	74.00
76.97 07697	CARDIAC REHABILITATION	807	6,470	53	0	2,892	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
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	53,191	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	2,894,412	7,158,771	43,085	18	2,204,538	90.00
90.01 09001	TRANSPLANT CLINIC	10,448	50,021	883	18	58,389	90.01
90.02 09002	SILVER CROSS CLINIC	191,689	191,689	1,017	0	50,023	90.02
90.03 09003	ORLAND PARK CLINIC	1,172,319	1,704,680	970	0	208,669	90.03
91.00 09100	EMERGENCY	696,015	1,134,754	7,827	18	493,519	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	DATA PROCESSING	
	MVBLE	EQUIP					
	2.00	2A					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			0	4.00	5.01	5.02	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	31,104		55,980	605	18	8,957	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	3,239		21,980	473	0	22,422	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	35,958		157,925	1,034	18	94,355	105.00
106.00 10600 HEART ACQUISITION	4,803		43,735	200	18	37,635	106.00
107.00 10700 LIVER ACQUISITION	11,686		21,090	483	18	48,135	107.00
108.00 10800 LUNG ACQUISITION	3,102		47,259	230	18	45,639	108.00
109.00 10900 PANCREAS ACQUISITION	1,690		11,465	110	18	9,115	109.00
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	57,549,629		101,198,056	328,115	2,763	23,431,906	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		82,055	0	0	0	190.00
190.01 19001 ORLAND PARK PHYSICIAN	955,302		2,142,473	962	0	189,740	190.01
191.01 19101 OTHER NONREIMBURSABLE	11,887		708,914	1,143	0	97,121	191.01
191.02 19102 SOUTH LOOP CLINIC	358,187		782,414	503	0	59,816	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 through 201)	58,875,005		104,913,912	330,723	2,763	23,778,583	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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						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	1,656,690					5.03
5.04	00570		191,766				5.04
5.05	00580			363,132			5.05
5.06	00590				11,140,811		5.06
7.00	00700	7,493				2,312,127	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	34,229	29,420	32,297	1,321,632	831,124	30.00
31.00	03100	22,886	13,165	11,100	371,602	173,033	31.00
32.00	03200	6,956	2,969	4,749	138,231	56,614	32.00
33.00	03300	1,672	1,301	1,110	35,831	17,955	33.00
35.00	02080	5,070	7,072	6,648	201,814	44,861	35.00
43.00	04300	731	482	1,976	69,635	19,561	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	327,656	20,653	30,747	889,765	198,695	50.00
52.00	05200	6,237	1,560	1,576	71,372	37,959	52.00
53.00	05300	12,428	6,074	11,706	98,196	10,475	53.00
54.00	05400	47,968	5,136	14,950	380,293	120,037	54.00
55.00	05500	4,220	2,179	7,863	123,639	0	55.00
57.00	05700	3,266	5,691	18,038	56,032	4,626	57.00
58.00	05800	3,748	2,313	7,163	57,073	119	58.00
59.00	05900	30,216	3,233	5,238	44,661	11,739	59.00
60.00	06000	63,047	20,797	43,161	436,380	126,748	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	45,223	6,448	6,315	126,405	11,920	63.00
65.00	06500	17,842	7,968	7,638	127,622	7,418	65.00
66.00	06600	2,161	1,373	2,147	74,014	26,165	66.00
69.00	06900	36,809	4,114	10,902	280,192	12,421	69.00
70.00	07000	665	1,410	2,074	51,716	9,238	70.00
70.01	07001	798	1	31	2,179	0	70.01
71.00	07100	0	4,310	8,755	324,330	0	71.00
72.00	07200	0	8,789	13,047	421,528	0	72.00
73.00	07300	779,774	25,749	61,892	1,491,554	0	73.00
74.00	07400	3,315	1,616	1,559	40,423	8,171	74.00
76.97	07697	39	0	75	1,560	385	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
77.00	07700	0	0	351	28,159	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	84,952	2,728	25,910	1,179,094	86,786	90.00
90.01	09001	204	135	219	30,885	2,694	90.01
90.02	09002	768	1	1,138	26,916	0	90.02
90.03	09003	29,913	0	5,480	114,475	0	90.03
91.00	09100	17,037	4,227	16,248	269,796	29,866	91.00
92.00	09200						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	239	0	0	4,731	1,693	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	11,800	1,276	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	727	306	403	49,986	6,211	105.00
106.00	10600	HEART ACQUISITION	124	228	234	19,991	2,650	106.00
107.00	10700	LIVER ACQUISITION	183	171	195	25,487	640	107.00
108.00	10800	LUNG ACQUISITION	231	147	166	24,156	3,006	108.00
109.00	10900	PANCREAS ACQUISITION	46	0	31	4,815	665	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,629,892	191,766	363,132	10,956,506	2,262,528	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,726	190.00
190.01	19001	ORLAND PARK PHYSICIAN	24,376	0	0	101,545	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	598	0	0	51,154	45,873	191.01
191.02	19102	SOUTH LOOP CLINIC	1,824	0	0	31,606	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 through 201)	1,656,690	191,766	363,132	11,140,811	2,312,127	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/30/2018 8:59 am	
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	155,044					8.00
9.00	00900	HOUSEKEEPING	0	2,556,968				9.00
10.00	01000	DIETARY	0	28,585	891,263			10.00
11.00	01100	CAFETERIA	0	62,402	0	1,424,449		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,284	0	27,908	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	60,884	0	14,017	0	14.00
15.00	01500	PHARMACY	0	36,856	0	54,526	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,613	0	14,575	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,185	0	3,060	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	2,123	0	747	0	18.01
18.02	01852	PATIENT TRANSPORT	0	15,079	0	24,655	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	18,211	0	3,790	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	36,092	0	235,905	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	1,829	0	5,575	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	112,955	705,769	649,318	256,671	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21,140	146,609	121,524	61,131	0	31.00
32.00	03200	CORONARY CARE UNIT	3,332	47,969	19,154	21,845	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,134	15,213	12,266	5,974	0	33.00
35.00	02080	NURSERY ICU	12,831	38,011	73,758	34,231	0	35.00
43.00	04300	NURSERY	2,652	16,574	15,243	6,996	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	206,416	0	84,619	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,163	0	11,787	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,802	0	12,824	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	157,370	0	39,815	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	45,224	0	12,597	0	55.00
57.00	05700	CT SCAN	0	3,919	0	7,601	0	57.00
58.00	05800	MRI	0	8,562	0	7,590	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,946	0	4,126	0	59.00
60.00	06000	LABORATORY	0	113,468	0	71,713	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	12,270	0	8,870	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,770	0	24,013	0	65.00
66.00	06600	PHYSICAL THERAPY	0	23,952	0	18,878	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	16,078	0	20,334	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,791	0	12,247	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	1,237	0	768	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	6,923	0	6,427	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	327	0	499	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	408,032	0	185,090	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	2,282	0	2,278	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	27,040	0	0	0	90.03
91.00	09100	EMERGENCY	0	25,305	0	49,342	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	1,435	0	3,432	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
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	1,081	0	7,071	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	8,700	0	6,530	0	105.00
106.00	10600	HEART ACQUISITION	0	2,246	0	233	0	106.00
107.00	10700	LIVER ACQUISITION	0	542	0	1,708	0	107.00
108.00	10800	LUNG ACQUISITION	0	2,547	0	903	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	564	0	618	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,044	2,420,280	891,263	1,373,519	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,214	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	60,299	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	40,147	0	46,195	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	30,028	0	4,735	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 through 201)	155,044	2,556,968	891,263	1,424,449	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 8:59 am
-------------------------------------	--	-----------------------	---	---

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						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	909,861					13.00
14.00	01400	0	1,518,642				14.00
15.00	01500	477	0	1,678,203			15.00
16.00	01600	0	84	0	654,233		16.00
17.00	01700	0	6	0	0	134,537	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	15	0	0	0	18.01
18.02	01852	0	70	0	0	0	18.02
18.03	01853	0	37	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	39	15	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	11	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	310,478	32,114	8,187	100,194	98,015	30.00
31.00	03100	97,788	21,471	729	44,927	18,344	31.00
32.00	03200	38,931	6,526	83	10,132	2,891	32.00
33.00	03300	9,422	1,568	126	4,440	1,852	33.00
35.00	02080	60,362	4,757	175	24,136	11,134	35.00
43.00	04300	11,134	685	7	1,644	2,301	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	108,065	307,407	19,211	70,481	0	50.00
52.00	05200	18,108	5,851	1,070	5,325	0	52.00
53.00	05300	12,427	11,660	42,738	20,728	0	53.00
54.00	05400	5,296	45,003	22,856	17,528	0	54.00
55.00	05500	2,901	3,959	41,619	7,437	0	55.00
57.00	05700	0	3,064	17,833	19,422	0	57.00
58.00	05800	0	3,517	29,454	7,893	0	58.00
59.00	05900	4,465	28,349	7,340	11,035	0	59.00
60.00	06000	0	59,151	298	70,973	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	1,661	42,428	2,920	22,004	0	63.00
65.00	06500	16	16,739	144,513	27,193	0	65.00
66.00	06600	957	2,027	20,189	4,684	0	66.00
69.00	06900	8,531	34,534	706	14,040	0	69.00
70.00	07000	953	624	0	4,814	0	70.00
70.01	07001	0	749	9	3	0	70.01
71.00	07100	0	0	0	14,710	0	71.00
72.00	07200	0	0	0	29,993	0	72.00
73.00	07300	0	731,814	0	87,873	0	73.00
74.00	07400	7,714	3,110	7	5,516	0	74.00
76.97	07697	0	36	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	125,585	79,702	529,328	9,309	0	90.00
90.01	09001	1,732	191	1,966	461	0	90.01
90.02	09002	0	721	93	3	0	90.02
90.03	09003	3,244	28,065	399,849	0	0	90.03
91.00	09100	62,452	15,984	3,928	14,427	0	91.00
92.00	09200						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	3,470	224	321	1	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	1	0	0	0	0	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	3,882	682	9,567	1,043	0	105.00
106.00	10600	HEART ACQUISITION	0	117	72	779	0	106.00
107.00	10700	LIVER ACQUISITION	1,749	172	0	582	0	107.00
108.00	10800	LUNG ACQUISITION	1,304	217	312	503	0	108.00
109.00	10900	PANCREAS ACQUISITION	410	43	622	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	903,554	1,493,499	1,306,128	654,233	134,537	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	22,870	325,830	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	4,228	561	29,857	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	2,079	1,712	16,388	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 through 201)	909,861	1,518,642	1,678,203	654,233	134,537	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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	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					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	54,730			18.01
18.02	01852	PATIENT TRANSPORT	0	0	606,945		18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	511,454	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	8,345	91,559	78,534	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,761	41,792	35,106	31.00
32.00	03200	CORONARY CARE UNIT	0	848	9,426	7,917	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	372	4,131	3,470	33.00
35.00	02080	NURSERY ICU	0	2,021	22,452	18,859	35.00
43.00	04300	NURSERY	0	138	1,529	1,284	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	5,901	65,564	55,074	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	446	4,954	4,161	52.00
53.00	05300	ANESTHESIOLOGY	0	1,735	19,282	16,197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,467	16,305	13,696	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	623	6,918	5,811	55.00
57.00	05700	CT SCAN	0	1,626	18,067	15,176	57.00
58.00	05800	MRI	0	661	7,342	6,167	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	924	10,265	8,622	59.00
60.00	06000	LABORATORY	0	5,942	66,022	55,458	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,842	20,469	17,194	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,277	25,296	21,248	65.00
66.00	06600	PHYSICAL THERAPY	0	392	4,358	3,660	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,175	13,060	10,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	403	4,478	3,761	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	3	2	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,232	13,684	11,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,511	27,900	23,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,357	81,743	68,664	73.00
74.00	07400	RENAL DIALYSIS	0	462	5,131	4,310	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	779	8,659	7,274	90.00
90.01	09001	TRANSPLANT CLINIC	0	39	429	360	90.01
90.02	09002	LIVER CROSS CLINIC	0	0	2	2	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	1,208	13,420	11,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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	87	970	815	105.00
106.00	10600	HEART ACQUISITION	0	65	725	609	106.00
107.00	10700	LIVER ACQUISITION	0	49	541	455	107.00
108.00	10800	LUNG ACQUISITION	0	42	468	393	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 through 117)	0	54,730	606,945	511,454	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 through 201)	0	54,730	606,945	511,454	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 8:59 am	
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	2,224,365			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		625,522		22.00
23.00	02300	PARAMED PRGM-PHARMACY			72,628	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS			20,532,232	30.00
31.00	03100	INTENSIVE CARE UNIT			4,767,484	31.00
32.00	03200	CORONARY CARE UNIT			1,534,101	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			470,193	33.00
35.00	02080	NURSERY ICU			2,060,343	35.00
43.00	04300	NURSERY			653,052	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM			12,460,054	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			974,945	52.00
53.00	05300	ANESTHESIOLOGY			1,609,730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			7,779,563	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,999,540	55.00
57.00	05700	CT SCAN			1,332,033	57.00
58.00	05800	MRI			1,960,548	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,136,726	59.00
60.00	06000	LABORATORY			5,004,425	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			887,252	63.00
65.00	06500	RESPIRATORY THERAPY			1,344,842	65.00
66.00	06600	PHYSICAL THERAPY			773,570	66.00
69.00	06900	ELECTROCARDIOLOGY			2,006,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			607,929	70.00
70.01	07001	BRACE AND PLASTER ROOM			20,921	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			984,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			1,311,628	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			5,995,084	73.00
74.00	07400	RENAL DIALYSIS			656,399	74.00
76.97	07697	CARDIAC REHABILITATION			12,336	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY			0	76.98
76.99	07699	LI THOTRI PSY			0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION			81,701	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC			12,139,640	90.00
90.01	09001	TRANSPLANT CLINIC			153,186	90.01
90.02	09002	SILVER CROSS CLINIC			272,373	90.02
90.03	09003	ORLAND PARK CLINIC			2,522,385	90.03
91.00	09100	EMERGENCY			2,170,631	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

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	24.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART									92.00
OTHER REIMBURSABLE COST CENTERS											
95.00	09500	AMBULANCE SERVICES								81,108	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								66,104	100.00
SPECIAL PURPOSE COST CENTERS											
105.00	10500	KIDNEY ACQUISITION								343,241	105.00
106.00	10600	HEART ACQUISITION								109,661	106.00
107.00	10700	LIVER ACQUISITION								102,200	107.00
108.00	10800	LUNG ACQUISITION								127,541	108.00
109.00	10900	PANCREAS ACQUISITION								28,522	109.00
113.00	11300	INTEREST EXPENSE									113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	0	0	97,074,411	118.00
NONREIMBURSABLE COST CENTERS											
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN								91,995	190.00
190.01	19001	ORLAND PARK PHYSICIAN								2,868,095	190.01
191.01	19101	OTHER NONREIMBURSABLE								1,025,791	191.01
191.02	19102	SOUTH LOOP CLINIC								931,105	191.02
200.00		Cross Foot Adjustments	0	2,224,365	625,522			72,628		2,922,515	200.00
201.00		Negative Cost Centers	0	0	0			0		0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,224,365	625,522			72,628		104,913,912	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 8:59 am
-------------------------------------	--	-----------------------	---	---

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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
35.00	02080	NURSERY ICU	0	35.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	90.03
91.00	09100	EMERGENCY	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	81,108	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	66,104	100.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	343,241	105.00
106.00	10600 HEART ACQUISITION	0	109,661	106.00
107.00	10700 LIVER ACQUISITION	0	102,200	107.00
108.00	10800 LUNG ACQUISITION	0	127,541	108.00
109.00	10900 PANCREAS ACQUISITION	0	28,522	109.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	97,074,411	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	91,995	190.00
190.01	19001 ORLAND PARK PHYSICIAN	0	2,868,095	190.01
191.01	19101 OTHER NONREIMBURSABLE	0	1,025,791	191.01
191.02	19102 SOUTH LOOP CLINIC	0	931,105	191.02
200.00	Cross Foot Adjustments	0	2,922,515	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	104,913,912	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/30/2018 8:59 am

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	1,146,979					1.00
1.01	00101	DCAM CAPITAL	0	299,848				1.01
1.02	00102	ORLAND PARK CAPITAL	0	0	45,392			1.02
1.03	00103	SOUTH LOOP CAPITAL	0	0	0	15,634		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					58,977,528	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,431	0	0	0	181,680	4.00
5.01	00540	NON-PATIENT PHONES	0	0	0	0	2,022	5.01
5.02	00550	DATA PROCESSING	34,770	3,154	0	0	22,579,386	5.02
5.03	00560	PURCHASING	34,735	0	0	0	265,215	5.03
5.04	00570	ADMINISTRATIVE	2,402	0	0	0	3,276	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	917	0	0	0	1,514	5.05
5.06	00590	OTHER ADMIN & GENERAL	44,228	5,178	0	0	6,933,738	5.06
7.00	00700	OPERATION OF PLANT	17,852	434	0	0	499,684	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,097	0	0	0	22,576	8.00
9.00	00900	HOUSEKEEPING	38,040	5,426	0	0	310,060	9.00
10.00	01000	DIETARY	14,703	0	0	0	20,682	10.00
11.00	01100	CAFETERIA	21,577	10,520	0	0	355,464	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,261	0	0	0	371,990	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,878	5,438	0	0	209,291	14.00
15.00	01500	PHARMACY	17,324	1,633	0	0	607,416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,088	0	0	0	6,521	16.00
17.00	01700	SOCIAL SERVICE	2,667	0	0	0	750	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	1,092	0	0	0	2,700	18.01
18.02	01852	PATIENT TRANSPORT	7,756	0	0	0	119,459	18.02
18.03	01853	MEDICAL ELECTRONICS	9,367	0	0	0	85,955	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	18,564	0	0	0	108,278	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	941	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	362,208	806	0	0	1,100,462	30.00
31.00	03100	INTENSIVE CARE UNIT	75,409	0	0	0	321,978	31.00
32.00	03200	CORONARY CARE UNIT	24,673	0	0	0	63,255	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,825	0	0	0	20,216	33.00
35.00	02080	NURSERY ICU	19,551	0	0	0	453,327	35.00
43.00	04300	NURSERY	8,525	0	0	0	80,291	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	86,593	19,578	0	0	5,177,414	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,543	0	0	0	80,414	52.00
53.00	05300	ANESTHESIOLOGY	4,565	991	0	0	977,090	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,313	28,631	0	0	3,926,300	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,261	0	0	1,102,326	55.00
57.00	05700	CT SCAN	2,016	0	0	0	1,003,499	57.00
58.00	05800	MRI	52	4,352	0	0	1,642,993	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,116	0	0	0	710,244	59.00
60.00	06000	LABORATORY	55,238	3,125	0	0	1,177,006	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	1,116	0	0	140,781	63.00
65.00	06500	RESPIRATORY THERAPY	3,233	2,822	0	0	514,319	65.00
66.00	06600	PHYSICAL THERAPY	11,403	917	0	0	48,157	66.00
69.00	06900	ELECTROCARDIOLOGY	5,413	2,857	0	0	783,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,026	3,582	0	0	205,654	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	3,561	0	0	0	367,121	74.00
76.97	07697	CARDIAC REHABILITATION	168	0	0	0	808	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	37,822	172,051	0	0	2,899,451	90.00
90.01	09001	TRANSPLANT CLINIC	1,174	0	0	0	10,466	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	192,023	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	13,908	0	1,174,360	90.03
91.00	09100	EMERGENCY	13,016	0	0	0	697,227	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	738	0	0	0	31,158	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	556	0	0	0	3,245	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,707	1,768	0	0	36,021	105.00
106.00	10600	HEART ACQUISITION	1,155	0	0	0	4,811	106.00
107.00	10700	LIVER ACQUISITION	279	0	0	0	11,706	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 through 117)	1,125,363	298,276	13,908	0	57,649,844	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,624	1,572	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	31,015	0	956,965	190.01
191.01	19101	OTHER NONREIMBURSABLE	19,992	0	469	189	11,908	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	15,445	358,811	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)	38,662,005	5,210,000	1,737,484	429,418	58,875,005	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.707683	17.375470	38.277318	27.466931	0.998262	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
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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	763,624,845					4.00
5.01	00540	NON-PATIENT PHONES	1,719,501	151				5.01
5.02	00550	DATA PROCESSING	26,838,640	1	-81,962,682	1,428,340,090		5.02
5.03	00560	PURCHASING	6,792,335	1	0	13,103,134	356,760,729	5.03
5.04	00570	ADMINISTRATION	4,298,723	1	0	6,345,068	3,953	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,213,565	1	0	19,690,044	43,616	5.05
5.06	00590	OTHER ADMIN & GENERAL	60,765,144	100	0	156,786,190	0	5.06
7.00	00700	OPERATION OF PLANT	15,063,753	1	0	46,811,918	1,613,562	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1	0	3,645,436	73,915	8.00
9.00	00900	HOUSEKEEPING	17,355,807	1	0	30,108,514	2,228,637	9.00
10.00	01000	DIETARY	6,124,387	1	0	11,961,005	1,228,099	10.00
11.00	01100	CAFETERIA	594,643	1	0	1,699,181	833,573	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,881,152	1	0	13,554,063	44,682	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,706,779	1	0	7,741,287	2,168,414	14.00
15.00	01500	PHARMACY	21,262,572	1	0	12,541,867	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,591,296	1	0	9,766,384	19,197	16.00
17.00	01700	SOCIAL SERVICE	668,128	1	0	1,149,414	1,354	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	169,345	1	0	382,808	3,342	18.01
18.02	01852	PATIENT TRANSPORT	4,038,454	1	0	6,564,845	15,963	18.02
18.03	01853	MEDICAL ELECTRONICS	1,297,131	1	0	2,587,817	8,497	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	36,382,935	0	0	45,656,398	3,555	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11,311,187	1	0	24,424,173	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	857,607	1	0	1,217,405	2,577	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	110,406,709	1	0	147,870,581	7,370,564	30.00
31.00	03100	INTENSIVE CARE UNIT	28,178,512	1	0	41,198,716	4,928,040	31.00
32.00	03200	CORONARY CARE UNIT	11,189,074	1	0	15,368,223	1,497,743	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,871,649	1	0	3,973,534	359,936	33.00
35.00	02080	NURSERY ICU	17,609,579	1	0	22,402,080	1,091,771	35.00
43.00	04300	NURSERY	6,394,695	1	0	7,819,789	157,333	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	77,884,363	2	0	96,624,054	70,554,772	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,469,358	1	0	7,960,276	1,342,959	52.00
53.00	05300	ANESTHESIOLOGY	11,177,012	1	0	10,278,076	2,676,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,456,627	1	0	42,051,062	10,328,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,825,750	1	0	13,582,950	908,761	55.00
57.00	05700	CT SCAN	2,783,807	1	0	5,210,174	703,275	57.00
58.00	05800	MRI	2,676,709	1	0	6,022,387	807,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,578,521	1	0	4,469,438	6,506,512	59.00
60.00	06000	LABORATORY	21,481,625	1	0	46,296,507	13,576,029	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,787,238	1	0	13,516,321	9,737,834	63.00
65.00	06500	RESPIRATORY THERAPY	6,753,662	1	0	13,750,087	3,841,889	65.00
66.00	06600	PHYSICAL THERAPY	5,886,729	1	0	8,269,549	465,333	66.00
69.00	06900	ELECTROCARDIOLOGY	30,507,187	1	0	30,966,003	7,926,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,505,020	1	0	5,739,009	143,187	70.00
70.01	07001	BRACE AND PLASTER ROOM	149,376	1	0	240,689	171,922	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,403,829	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,118,239	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63	0	0	159,724,148	167,932,710	73.00
74.00	07400	RENAL DIALYSIS	2,531,364	1	0	4,450,055	713,721	74.00
76.97	07697	CARDIAC REHABILITATION	121,928	0	0	173,724	8,340	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	3,195,066	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	99,503,635	1	0	132,420,578	18,292,955	90.00
90.01	09001	TRANSPLANT CLINIC	2,039,540	1	0	3,507,239	43,919	90.01
90.02	09002	LIVER CROSS CLINIC	2,347,793	0	0	3,004,746	165,382	90.02
90.03	09003	ORLAND PARK CLINIC	2,240,602	0	0	12,534,186	6,441,318	90.03
91.00	09100	EMERGENCY	18,075,176	1	0	29,644,356	3,668,604	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
95.00	09500 AMBULANCE SERVICES	1,396,147	1	0	538,022	51,363	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	1,091,855	0	0	1,346,810	107	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	2,388,299	1	0	5,667,649	156,556	105.00
106.00	10600 HEART ACQUISITION	461,049	1	0	2,260,616	26,740	106.00
107.00	10700 LIVER ACQUISITION	1,115,284	1	0	2,891,360	39,511	107.00
108.00	10800 LUNG ACQUISITION	530,815	1	0	2,741,432	49,795	108.00
109.00	10900 PANCREAS ACQUISITION	253,827	1	0	547,516	9,945	109.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	757,603,663	151	-81,962,682	1,407,516,227	350,990,167	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	64,976	0	17	190.00
190.01	19001 ORLAND PARK PHYSICIAN	2,221,377	0	0	11,397,136	5,248,914	190.01
191.01	19101 OTHER NONREIMBURSABLE	2,638,612	0	0	5,833,772	128,805	191.01
191.02	19102 SOUTH LOOP CLINIC	1,161,193	0	0	3,592,955	392,826	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)	162,938,245	2,002,464		81,962,682	13,855,031	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.213375	13,261.350993		0.057383	0.038836	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	330,723	2,763		23,778,583	1,656,690	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000433	18.298013		0.016648	0.004644	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description			ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVE NUE)	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	7,318,301,795				5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	-165,783,052	1,344,519,719		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	49,560,790	1,007,644	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,857,493	1,097	8.00
9.00	00900	HOUSEKEEPING	0	0	0	31,922,782	38,040	9.00
10.00	01000	DIETARY	0	0	0	12,695,057	14,703	10.00
11.00	01100	CAFETERIA	0	0	0	1,829,058	21,577	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	14,333,571	4,261	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	8,269,718	25,878	14.00
15.00	01500	PHARMACY	0	0	0	13,261,557	17,324	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	10,327,554	10,088	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,215,424	2,667	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	0	404,905	1,092	18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	6,942,176	7,756	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	2,736,644	9,367	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	48,276,437	18,564	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	25,825,705	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	1,287,363	941	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	463,305,685	645,936,758	0	159,501,817	362,208	30.00
31.00	03100	INTENSIVE CARE UNIT	208,961,870	222,009,709	0	44,847,004	75,409	31.00
32.00	03200	CORONARY CARE UNIT	47,127,741	94,983,807	0	16,682,504	24,673	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,653,351	22,209,936	0	4,324,294	7,825	33.00
35.00	02080	NURSERY ICU	112,258,480	132,952,531	0	24,355,983	19,551	35.00
43.00	04300	NURSERY	7,645,632	39,518,302	0	8,403,926	8,525	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	327,818,787	614,945,414	0	107,381,713	86,593	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,768,732	31,510,654	0	8,613,529	16,543	52.00
53.00	05300	ANESTHESIOLOGY	96,410,777	234,113,302	0	11,850,839	4,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	81,523,635	299,005,228	0	45,895,807	52,313	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,590,039	157,257,692	0	14,921,411	0	55.00
57.00	05700	CT SCAN	90,332,655	360,766,330	0	6,762,205	2,016	57.00
58.00	05800	MRI	36,710,900	143,266,889	0	6,887,931	52	58.00
59.00	05900	CARDIAC CATHETERIZATION	51,323,959	104,765,209	0	5,389,924	5,116	59.00
60.00	06000	LABORATORY	330,108,896	863,218,641	0	52,664,785	55,238	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	126,291,516	0	15,255,284	5,195	63.00
65.00	06500	RESPIRATORY THERAPY	126,479,107	152,766,123	0	15,402,071	3,233	65.00
66.00	06600	PHYSICAL THERAPY	21,787,708	42,935,199	0	8,932,389	11,403	66.00
69.00	06900	ELECTROCARDIOLOGY	65,300,162	218,030,815	0	33,815,156	5,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,388,459	41,480,177	0	6,241,314	4,026	70.00
70.01	07001	BRACE AND PLASTER ROOM	14,086	619,547	0	262,971	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,420,071	175,100,392	0	39,141,954	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	139,500,035	260,936,537	0	50,872,266	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	408,713,530	1,293,515,379	0	179,994,671	0	73.00
74.00	07400	RENAL DIALYSIS	25,655,600	31,181,494	0	4,878,464	3,561	74.00
76.97	07697	CARDIAC REHABILITATION	2,007	1,491,057	0	188,263	168	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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	7,012,277	0	3,398,358	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	43,296,383	518,193,738	0	142,299,509	37,822	90.00
90.01	09001	TRANSPLANT CLINIC	2,145,596	4,383,122	0	3,727,406	1,174	90.01
90.02	09002	LIVER CROSS CLINIC	12,235	22,761,736	0	3,248,374	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	109,607,666	0	13,815,424	0	90.03
91.00	09100	EMERGENCY	67,101,438	324,957,545	0	32,560,509	13,016	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		ADMINISTRATIVE (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES	5,120	628	0	570,903	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	1,424,098	556	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	4,851,971	8,068,221	0	6,032,618	2,707	105.00
106.00	10600 HEART ACQUISITION	3,624,758	4,672,208	0	2,412,667	1,155	106.00
107.00	10700 LIVER ACQUISITION	2,707,403	3,898,984	0	3,075,877	279	107.00
108.00	10800 LUNG ACQUISITION	2,339,984	3,319,624	0	2,915,286	1,310	108.00
109.00	10900 PANCREAS ACQUISITION	0	617,408	0	581,077	290	109.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,040,232,804	7,318,301,795	-165,783,052	1,322,276,815	986,028	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	64,975	0	1,624	190.00
190.01	19001 ORLAND PARK PHYSICIAN	0	0	0	12,254,985	0	190.01
191.01	19101 OTHER NONREIMBURSABLE	0	0	0	6,173,533	19,992	191.01
191.02	19102 SOUTH LOOP CLINIC	0	0	0	3,814,386	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)	6,709,321	20,821,612		165,783,052	55,671,784	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002207	0.002845		0.123303	55.249457	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	191,766	363,132		11,140,811	2,312,127	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000063	0.000050		0.008286	2.294587	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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	1,315,188			9.00
10.00	01000	DIETARY	0	14,703	179,332		10.00
11.00	01100	CAFETERIA	0	32,097	0	12,375,665	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,261	0	242,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,316	0	121,780	14.00
15.00	01500	PHARMACY	0	18,957	0	473,725	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,088	0	126,624	16.00
17.00	01700	SOCIAL SERVICE	0	2,667	0	26,584	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	1,092	0	6,488	18.01
18.02	01852	PATIENT TRANSPORT	0	7,756	0	214,200	18.02
18.03	01853	MEDICAL ELECTRONICS	0	9,367	0	32,929	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	18,564	0	2,049,546	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	941	0	48,432	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	130,650	363,014	130,650	2,230,004	30.00
31.00	03100	INTENSIVE CARE UNIT	24,452	75,409	24,452	531,111	31.00
32.00	03200	CORONARY CARE UNIT	3,854	24,673	3,854	189,788	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,468	7,825	2,468	51,903	33.00
35.00	02080	NURSERY ICU	14,841	19,551	14,841	297,396	35.00
43.00	04300	NURSERY	3,067	8,525	3,067	60,780	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	106,171	0	735,172	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,543	0	102,405	52.00
53.00	05300	ANESTHESIOLOGY	0	5,556	0	111,417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	80,944	0	345,917	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,261	0	109,446	55.00
57.00	05700	CT SCAN	0	2,016	0	66,035	57.00
58.00	05800	MRI	0	4,404	0	65,944	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,116	0	35,849	59.00
60.00	06000	LABORATORY	0	58,363	0	623,040	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,311	0	77,064	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,054	0	208,626	65.00
66.00	06600	PHYSICAL THERAPY	0	12,320	0	164,013	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,270	0	176,663	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,608	0	106,398	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	636	0	6,672	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	2	73.00
74.00	07400	RENAL DIALYSIS	0	3,561	0	55,842	74.00
76.97	07697	CARDIAC REHABILITATION	0	168	0	4,334	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	209,873	0	1,608,064	90.00
90.01	09001	TRANSPLANT CLINIC	0	1,174	0	19,791	90.01
90.02	09002	LIVER CROSS CLINIC	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	13,908	0	0	90.03
91.00	09100	EMERGENCY	0	13,016	0	428,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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	738	0	29,817	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	556	0	61,429	0 100.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	4,475	0	56,729	0 105.00
106.00	10600	HEART ACQUISITION	0	1,155	0	2,027	0 106.00
107.00	10700	LIVER ACQUISITION	0	279	0	14,841	0 107.00
108.00	10800	LUNG ACQUISITION	0	1,310	0	7,845	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	290	0	5,365	0 109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,332	1,244,882	179,332	11,933,186	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,196	0	0	0 190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	31,015	0	0	0 190.01
191.01	19101	OTHER NONREIMBURSABLE	0	20,650	0	401,342	0 191.01
191.02	19102	SOUTH LOOP CLINIC	0	15,445	0	41,137	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)	4,393,742	37,960,646	15,497,106	4,173,129	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.500602	28.863285	86.415732	0.337204	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	155,044	2,556,968	891,263	1,424,449	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.864564	1.944184	4.969905	0.115101	0.000000 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE  (PATIENT DA YS)	
		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	4,123,269					13.00
14.00	01400	0	348,522,278				14.00
15.00	01500	2,160	0	25,224,712			15.00
16.00	01600	0	19,197	0	3,040,232,804		16.00
17.00	01700	0	1,354	0	0	179,332	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	3,342	0	0	0	18.01
18.02	01852	0	15,963	0	0	0	18.02
18.03	01853	0	8,497	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	179	3,555	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	2,577	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,407,010	7,370,564	123,054	463,305,685	130,650	30.00
31.00	03100	443,151	4,928,040	10,962	208,961,870	24,452	31.00
32.00	03200	176,426	1,497,743	1,254	47,127,741	3,854	32.00
33.00	03300	42,699	359,936	1,892	20,653,351	2,468	33.00
35.00	02080	273,544	1,091,771	2,630	112,258,480	14,841	35.00
43.00	04300	50,457	157,333	104	7,645,632	3,067	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	489,723	70,554,772	288,753	327,818,787	0	50.00
52.00	05200	82,061	1,342,959	16,081	24,768,732	0	52.00
53.00	05300	56,316	2,676,226	642,381	96,410,777	0	53.00
54.00	05400	24,001	10,328,983	343,551	81,523,635	0	54.00
55.00	05500	13,147	908,761	625,570	34,590,039	0	55.00
57.00	05700	0	703,275	268,047	90,332,655	0	57.00
58.00	05800	0	807,139	442,724	36,710,900	0	58.00
59.00	05900	20,235	6,506,512	110,333	51,323,959	0	59.00
60.00	06000	0	13,576,029	4,480	330,108,896	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	7,529	9,737,834	43,884	102,346,012	0	63.00
65.00	06500	71	3,841,889	2,172,144	126,479,107	0	65.00
66.00	06600	4,339	465,333	303,457	21,787,708	0	66.00
69.00	06900	38,659	7,926,057	10,607	65,300,162	0	69.00
70.00	07000	4,320	143,187	0	22,388,459	0	70.00
70.01	07001	0	171,922	138	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	167,932,710	0	408,713,530	0	73.00
74.00	07400	34,959	713,721	100	25,655,600	0	74.00
76.97	07697	0	8,340	0	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
77.00	07700	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	569,121	18,292,955	7,956,196	43,296,383	0	90.00
90.01	09001	7,850	43,919	29,544	2,145,596	0	90.01
90.02	09002	0	165,382	1,395	12,235	0	90.02
90.03	09003	14,702	6,441,318	6,010,058	0	0	90.03
91.00	09100	283,019	3,668,604	59,044	67,101,438	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	SOCIAL SERVICE  (PATIENT DA YS)	
		13.00	14.00	15.00	16.00	17.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500 AMBULANCE SERVICES	15,723	51,363	4,818	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	5	107	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	17,594	156,556	143,793	4,851,971	0	105.00
106.00	10600 HEART ACQUISITION	0	26,740	1,078	3,624,758	0	106.00
107.00	10700 LIVER ACQUISITION	7,926	39,511	0	2,707,403	0	107.00
108.00	10800 LUNG ACQUISITION	5,908	49,795	4,696	2,339,984	0	108.00
109.00	10900 PANCREAS ACQUISITION	1,856	9,945	9,352	0	0	109.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,094,690	342,751,716	19,632,120	3,040,232,804	179,332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17	0	0	0	190.00
190.01	19001 ORLAND PARK PHYSICIAN	0	5,248,914	4,897,489	0	0	190.01
191.01	19101 OTHER NONREIMBURSABLE	19,159	128,805	448,777	0	0	191.01
191.02	19102 SOUTH LOOP CLINIC	9,420	392,826	246,326	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)	16,541,106	11,664,092	16,569,457	12,492,842	1,598,626	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.011649	0.033467	0.656874	0.004109	8.914338	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	909,861	1,518,642	1,678,203	654,233	134,537	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.220665	0.004357	0.066530	0.000215	0.750212	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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		
91.00	09100	EMERGENCY	0	67,101,438	67,101,438	67,101,438	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
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 through 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	548,982	8,523,309	3,873,352	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000181	0.002804	0.001274	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	54,730	606,945	511,454	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000018	0.000200	0.000168	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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			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	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					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	LITHOTRIPSY	0	0	0	0	76.99
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
<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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
11/30/2018 8:59 am

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	22.00		
90.03 09003 ORLAND PARK CLINIC	0	0	0	0		90.03
91.00 09100 EMERGENCY	0	490	490	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
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
SPECIAL PURPOSE COST CENTERS						
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 through 117)	0	14,363	14,363	100		118.00
NONREIMBURSABLE COST CENTERS						
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	56,482,488	29,010,092	1,541,666		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	3,552.804630	1,824.763618	15,416.660000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	2,224,365	625,522	72,628		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	139.914769	39.345955	726.280000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/30/2018 8:59 am	
			Title XVIII	Hospital	PPS	
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		235,912,983	369,895	236,282,878	30.00
31.00	03100 INTENSIVE CARE UNIT		63,527,309	65,147	63,592,456	31.00
32.00	03200 CORONARY CARE UNIT		22,493,718	24,618	22,518,336	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		6,186,327	6,855	6,193,182	33.00
35.00	02080 NURSERY ICU		32,957,335	43,365	33,000,700	35.00
43.00	04300 NURSERY		10,816,960	25,329	10,842,289	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		135,977,478	1,930,760	137,908,238	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		11,693,584	0	11,693,584	52.00
53.00	05300 ANESTHESIOLOGY		15,306,444	366,927	15,673,371	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		58,247,942	588,376	58,836,318	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		18,253,086	286,459	18,539,545	55.00
57.00	05700 CT SCAN		8,743,357	0	8,743,357	57.00
58.00	05800 MRI		8,514,482	0	8,514,482	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,297,810	0	7,297,810	59.00
60.00	06000 LABORATORY		67,324,664	0	67,324,664	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		18,872,827	0	18,872,827	63.00
65.00	06500 RESPIRATORY THERAPY	0	20,338,965	0	20,338,965	65.00
66.00	06600 PHYSICAL THERAPY	0	11,489,325	0	11,489,325	66.00
69.00	06900 ELECTROCARDIOLOGY		39,555,746	587,678	40,143,424	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		7,698,259	1,977	7,700,236	70.00
70.01	07001 BRACE AND PLASTER ROOM		321,966	0	321,966	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		44,540,813	0	44,540,813	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		58,312,306	0	58,312,306	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		212,770,377	0	212,770,377	73.00
74.00	07400 RENAL DIALYSIS		6,177,229	0	6,177,229	74.00
76.97	07697 CARDIAC REHABILITATION		227,364	0	227,364	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
77.00	07700 ALLOGENEI C STEM CELL ACQUI SITION		3,817,386	0	3,817,386	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		177,018,826	1,732,782	178,751,608	90.00
90.01	09001 TRANSPLANT CLINIC		4,362,749	0	4,362,749	90.01
90.02	09002 SILVER CROSS CLINIC		3,655,461	0	3,655,461	90.02
90.03	09003 ORLAND PARK CLINIC		20,142,740	0	20,142,740	90.03
91.00	09100 EMERGENCY		39,673,122	0	39,673,122	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		23,927,249	0	23,927,249	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		781,428	0	781,428	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		1,667,199	0	1,667,199	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUI SITION		7,285,185	0	7,285,185	105.00
106.00	10600 HEART ACQUI SITION		2,839,925	0	2,839,925	106.00
107.00	10700 LIVER ACQUI SITION		3,539,388	0	3,539,388	107.00
108.00	10800 LUNG ACQUI SITION		3,435,616	0	3,435,616	108.00
109.00	10900 PANCREAS ACQUI SITION		692,849	0	692,849	109.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		1,416,397,779	6,030,168	1,422,427,947	200.00
201.00	Less Observation Beds		23,927,249	0	23,927,249	201.00
202.00	Total (see instructions)		1,392,470,530	6,030,168	1,398,500,698	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/30/2018 8:59 am		
			Title XVIII			Hospital		PPS	
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	548,491,532		548,491,532				30.00
31.00	03100	INTENSIVE CARE UNIT	222,009,709		222,009,709				31.00
32.00	03200	CORONARY CARE UNIT	94,983,807		94,983,807				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,209,936		22,209,936				33.00
35.00	02080	NURSERY ICU	132,952,531		132,952,531				35.00
43.00	04300	NURSERY	39,518,302		39,518,302				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	366,179,532	248,765,882	614,945,414	0.221121	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,705,338	805,316	31,510,654	0.371099	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	122,738,753	111,374,549	234,113,302	0.065380	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,062,889	197,942,339	299,005,228	0.194806	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,287,304	134,970,388	157,257,692	0.116071	0.000000		55.00
57.00	05700	CT SCAN	122,911,702	237,854,628	360,766,330	0.024236	0.000000		57.00
58.00	05800	MRI	41,094,146	102,172,743	143,266,889	0.059431	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	53,525,757	51,239,452	104,765,209	0.069659	0.000000		59.00
60.00	06000	LABORATORY	432,325,665	430,892,976	863,218,641	0.077993	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	100,303,767	25,987,749	126,291,516	0.149439	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	137,920,057	14,846,066	152,766,123	0.133138	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	23,594,945	19,340,254	42,935,199	0.267597	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	101,675,079	116,355,736	218,030,815	0.181423	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,956,938	17,523,239	41,480,177	0.185589	0.000000		70.00
70.01	07001	BRACE AND PLASTER ROOM	5,206	614,341	619,547	0.519680	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	106,178,985	68,921,407	175,100,392	0.254373	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,250,196	96,686,341	260,936,537	0.223473	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	473,705,791	819,809,588	1,293,515,379	0.164490	0.000000		73.00
74.00	07400	RENAL DIALYSIS	29,633,071	1,548,423	31,181,494	0.198106	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	4,259	1,486,798	1,491,057	0.152485	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	6,882,277	130,000	7,012,277	0.544386	0.000000		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	61,704,404	456,489,334	518,193,738	0.341607	0.000000		90.00
90.01	09001	TRANSPLANT CLINIC	3,151,740	1,231,382	4,383,122	0.995352	0.000000		90.01
90.02	09002	SILVER CROSS CLINIC	20,973	22,740,763	22,761,736	0.160597	0.000000		90.02
90.03	09003	ORLAND PARK CLINIC	328,752	109,278,914	109,607,666	0.183771	0.000000		90.03
91.00	09100	EMERGENCY	100,911,079	224,046,466	324,957,545	0.122087	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,965,224	85,480,002	97,445,226	0.245546	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	390	238	628	1,244.312102	0.000000		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	6,279,386	1,788,835	8,068,221				105.00
106.00	10600	HEART ACQUISITION	4,672,208	0	4,672,208				106.00
107.00	10700	LIVER ACQUISITION	3,898,984	0	3,898,984				107.00
108.00	10800	LUNG ACQUISITION	3,319,624	0	3,319,624				108.00
109.00	10900	PANCREAS ACQUISITION	617,408	0	617,408				109.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	3,717,977,646	3,600,324,149	7,318,301,795				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	3,717,977,646	3,600,324,149	7,318,301,795				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/30/2018 8:59 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
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
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.224261		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371099		52.00
53.00	05300	ANESTHESIOLOGY	0.066948		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196774		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.117893		55.00
57.00	05700	CT SCAN	0.024236		57.00
58.00	05800	MRI	0.059431		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069659		59.00
60.00	06000	LABORATORY	0.077993		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149439		63.00
65.00	06500	RESPIRATORY THERAPY	0.133138		65.00
66.00	06600	PHYSICAL THERAPY	0.267597		66.00
69.00	06900	ELECTROCARDIOLOGY	0.184118		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185637		70.00
70.01	07001	BRACE AND PLASTER ROOM	0.519680		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.254373		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.223473		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164490		73.00
74.00	07400	RENAL DIALYSIS	0.198106		74.00
76.97	07697	CARDIAC REHABILITATION	0.152485		76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.544386		77.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.344951		90.00
90.01	09001	TRANSPLANT CLINIC	0.995352		90.01
90.02	09002	SILVER CROSS CLINIC	0.160597		90.02
90.03	09003	ORLAND PARK CLINIC	0.183771		90.03
91.00	09100	EMERGENCY	0.122087		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.245546		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	1,244.312102		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
		SPECIAL PURPOSE COST CENTERS			
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 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/30/2018 8:59 am	
			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		235,912,983	369,895	236,282,878	30.00
31.00	03100 INTENSIVE CARE UNIT		63,527,309	65,147	63,592,456	31.00
32.00	03200 CORONARY CARE UNIT		22,493,718	24,618	22,518,336	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		6,186,327	6,855	6,193,182	33.00
35.00	02080 NURSERY ICU		32,957,335	43,365	33,000,700	35.00
43.00	04300 NURSERY		10,816,960	25,329	10,842,289	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		135,977,478	1,930,760	137,908,238	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		11,693,584	0	11,693,584	52.00
53.00	05300 ANESTHESIOLOGY		15,306,444	366,927	15,673,371	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		58,247,942	588,376	58,836,318	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		18,253,086	286,459	18,539,545	55.00
57.00	05700 CT SCAN		8,743,357	0	8,743,357	57.00
58.00	05800 MRI		8,514,482	0	8,514,482	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,297,810	0	7,297,810	59.00
60.00	06000 LABORATORY		67,324,664	0	67,324,664	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		18,872,827	0	18,872,827	63.00
65.00	06500 RESPIRATORY THERAPY	0	20,338,965	0	20,338,965	65.00
66.00	06600 PHYSICAL THERAPY	0	11,489,325	0	11,489,325	66.00
69.00	06900 ELECTROCARDIOLOGY		39,555,746	587,678	40,143,424	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		7,698,259	1,977	7,700,236	70.00
70.01	07001 BRACE AND PLASTER ROOM		321,966	0	321,966	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		44,540,813	0	44,540,813	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		58,312,306	0	58,312,306	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		212,770,377	0	212,770,377	73.00
74.00	07400 RENAL DIALYSIS		6,177,229	0	6,177,229	74.00
76.97	07697 CARDIAC REHABILITATION		227,364	0	227,364	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
77.00	07700 ALLOGENEI C STEM CELL ACQUI SITION		3,817,386	0	3,817,386	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		177,018,826	1,732,782	178,751,608	90.00
90.01	09001 TRANSPLANT CLINIC		4,362,749	0	4,362,749	90.01
90.02	09002 SILVER CROSS CLINIC		3,655,461	0	3,655,461	90.02
90.03	09003 ORLAND PARK CLINIC		20,142,740	0	20,142,740	90.03
91.00	09100 EMERGENCY		39,673,122	0	39,673,122	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		23,927,249	0	23,927,249	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		781,428	0	781,428	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		1,667,199	0	1,667,199	100.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUI SITION		7,285,185	0	7,285,185	105.00
106.00	10600 HEART ACQUI SITION		2,839,925	0	2,839,925	106.00
107.00	10700 LIVER ACQUI SITION		3,539,388	0	3,539,388	107.00
108.00	10800 LUNG ACQUI SITION		3,435,616	0	3,435,616	108.00
109.00	10900 PANCREAS ACQUI SITION		692,849	0	692,849	109.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		1,416,397,779	6,030,168	1,422,427,947	200.00
201.00	Less Observation Beds		23,927,249	0	23,927,249	201.00
202.00	Total (see instructions)		1,392,470,530	6,030,168	1,398,500,698	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/30/2018 8:59 am		
			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	548,491,532		548,491,532			30.00	
31.00	03100	INTENSIVE CARE UNIT	222,009,709		222,009,709			31.00	
32.00	03200	CORONARY CARE UNIT	94,983,807		94,983,807			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	22,209,936		22,209,936			33.00	
35.00	02080	NURSERY ICU	132,952,531		132,952,531			35.00	
43.00	04300	NURSERY	39,518,302		39,518,302			43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	366,179,532	248,765,882	614,945,414	0.221121	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,705,338	805,316	31,510,654	0.371099	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	122,738,753	111,374,549	234,113,302	0.065380	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,062,889	197,942,339	299,005,228	0.194806	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	22,287,304	134,970,388	157,257,692	0.116071	0.000000	55.00	
57.00	05700	CT SCAN	122,911,702	237,854,628	360,766,330	0.024236	0.000000	57.00	
58.00	05800	MRI	41,094,146	102,172,743	143,266,889	0.059431	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	53,525,757	51,239,452	104,765,209	0.069659	0.000000	59.00	
60.00	06000	LABORATORY	432,325,665	430,892,976	863,218,641	0.077993	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	100,303,767	25,987,749	126,291,516	0.149439	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	137,920,057	14,846,066	152,766,123	0.133138	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	23,594,945	19,340,254	42,935,199	0.267597	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	101,675,079	116,355,736	218,030,815	0.181423	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	23,956,938	17,523,239	41,480,177	0.185589	0.000000	70.00	
70.01	07001	BRACE AND PLASTER ROOM	5,206	614,341	619,547	0.519680	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	106,178,985	68,921,407	175,100,392	0.254373	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,250,196	96,686,341	260,936,537	0.223473	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	473,705,791	819,809,588	1,293,515,379	0.164490	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	29,633,071	1,548,423	31,181,494	0.198106	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	4,259	1,486,798	1,491,057	0.152485	0.000000	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99	
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	6,882,277	130,000	7,012,277	0.544386	0.000000	77.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	61,704,404	456,489,334	518,193,738	0.341607	0.000000	90.00	
90.01	09001	TRANSPLANT CLINIC	3,151,740	1,231,382	4,383,122	0.995352	0.000000	90.01	
90.02	09002	SILVER CROSS CLINIC	20,973	22,740,763	22,761,736	0.160597	0.000000	90.02	
90.03	09003	ORLAND PARK CLINIC	328,752	109,278,914	109,607,666	0.183771	0.000000	90.03	
91.00	09100	EMERGENCY	100,911,079	224,046,466	324,957,545	0.122087	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,965,224	85,480,002	97,445,226	0.245546	0.000000	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	390	238	628	1,244.312102	0.000000	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	6,279,386	1,788,835	8,068,221			105.00	
106.00	10600	HEART ACQUISITION	4,672,208	0	4,672,208			106.00	
107.00	10700	LIVER ACQUISITION	3,898,984	0	3,898,984			107.00	
108.00	10800	LUNG ACQUISITION	3,319,624	0	3,319,624			108.00	
109.00	10900	PANCREAS ACQUISITION	617,408	0	617,408			109.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	3,717,977,646	3,600,324,149	7,318,301,795			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	3,717,977,646	3,600,324,149	7,318,301,795			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/30/2018 8:59 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<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	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
<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 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/30/2018 8:59 am
--	-----------------------	---	--

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	20,532,232	0	20,532,232	150,160	136.74	30.00
31.00	INTENSIVE CARE UNIT	4,767,484		4,767,484	23,780	200.48	31.00
32.00	CORONARY CARE UNIT	1,534,101		1,534,101	8,990	170.65	32.00
33.00	BURN INTENSIVE CARE UNIT	470,193		470,193	2,487	189.06	33.00
35.00	NURSERY ICU	2,060,343		2,060,343	15,819	130.24	35.00
43.00	NURSERY	653,052		653,052	9,243	70.65	43.00
200.00	Total (lines 30 through 199)	30,017,405		30,017,405	210,479		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	42,863	5,861,087				
31.00	INTENSIVE CARE UNIT	7,591	1,521,844				
32.00	CORONARY CARE UNIT	910	155,292				
33.00	BURN INTENSIVE CARE UNIT	411	77,704				
35.00	NURSERY ICU	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	51,775	7,615,927				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/30/2018 8:59 am
--	--	-----------------------	---	---

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	12,460,054	614,945,414	0.020262	108,941,291	2,207,368	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	974,945	31,510,654	0.030940	336,232	10,403	52.00
53.00	05300 ANESTHESIOLOGY	1,609,730	234,113,302	0.006876	34,517,672	237,344	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,779,563	299,005,228	0.026018	31,615,494	822,572	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,999,540	157,257,692	0.012715	4,676,165	59,457	55.00
57.00	05700 CT SCAN	1,332,033	360,766,330	0.003692	36,724,223	135,586	57.00
58.00	05800 MRI	1,960,548	143,266,889	0.013685	9,796,185	134,061	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,136,726	104,765,209	0.010850	19,645,850	213,157	59.00
60.00	06000 LABORATORY	5,004,425	863,218,641	0.005797	136,479,658	791,173	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	887,252	126,291,516	0.007025	28,563,051	200,655	63.00
65.00	06500 RESPIRATORY THERAPY	1,344,842	152,766,123	0.008803	33,648,712	296,210	65.00
66.00	06600 PHYSICAL THERAPY	773,570	42,935,199	0.018017	8,481,783	152,816	66.00
69.00	06900 ELECTROCARDIOLOGY	2,006,621	218,030,815	0.009203	35,038,068	322,455	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	607,929	41,480,177	0.014656	5,559,687	81,483	70.00
70.01	07001 BRACE AND PLASTER ROOM	20,921	619,547	0.033768	1,002	34	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	984,567	175,100,392	0.005623	33,506,550	188,407	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,311,628	260,936,537	0.005027	71,349,922	358,676	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,995,084	1,293,515,379	0.004635	135,158,818	626,461	73.00
74.00	07400 RENAL DIALYSIS	656,399	31,181,494	0.021051	12,438,790	261,849	74.00
76.97	07697 CARDIAC REHABILITATION	12,336	1,491,057	0.008273	1,988	16	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LIOTHOTRIpsy	0	0	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	81,701	7,012,277	0.011651	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	12,139,640	518,193,738	0.023427	16,463,946	385,701	90.00
90.01	09001 TRANSPLANT CLINIC	153,186	4,383,122	0.034949	0	0	90.01
90.02	09002 SILVER CROSS CLINIC	272,373	22,761,736	0.011966	12,053	144	90.02
90.03	09003 ORLAND PARK CLINIC	2,522,385	109,607,666	0.023013	100,820	2,320	90.03
91.00	09100 EMERGENCY	2,170,631	324,957,545	0.006680	23,443,415	156,602	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,079,206	97,445,226	0.021337	7,103,031	151,557	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	68,277,835	6,237,558,905		793,604,406	7,796,507	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/30/2018 8:59 am
---	-----------------------	---	--

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
35.00	02080	NURSERY ICU	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	150,160	0.00	42,863	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	23,780	0.00	7,591	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	8,990	0.00	910	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,487	0.00	411	33.00	
35.00	02080	NURSERY ICU	0	0	15,819	0.00	0	35.00	
43.00	04300	NURSERY	0	0	9,243	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	210,479	0.00	51,775	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
35.00	02080	NURSERY ICU	0						35.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 8:59 am
--	-----------------------	---	---

Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 07001 BRACE AND PLASTER ROOM	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,541,666	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 TRANSPLANT CLINIC	0	0	0	0	0	0	90.01
90.02 09002 SILVER CROSS CLINIC	0	0	0	0	0	0	90.02
90.03 09003 ORLAND PARK CLINIC	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	1,541,666	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 8:59 am
--	-----------------------	---	---

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	614,945,414	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	31,510,654	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	234,113,302	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	299,005,228	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	157,257,692	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	360,766,330	0.000000	57.00
58.00	05800	MRI	0	0	0	143,266,889	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	104,765,209	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	863,218,641	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	126,291,516	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	152,766,123	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	42,935,199	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	218,030,815	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	41,480,177	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	619,547	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	175,100,392	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	260,936,537	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,541,666	1,541,666	1,293,515,379	0.001192	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	31,181,494	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,491,057	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	0	0	0	7,012,277	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	518,193,738	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	4,383,122	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	22,761,736	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	109,607,666	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	324,957,545	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	97,445,226	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	1,541,666	1,541,666	6,237,558,905		95.00
200.00		Total (lines 50 through 199)	0	1,541,666	1,541,666	6,237,558,905		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 8:59 am
--	-----------------------	---	---

Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	108,941,291	0	61,702,174	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	336,232	0	17,648	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	34,517,672	0	29,920,901	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	31,615,494	0	59,428,106	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	4,676,165	0	40,641,123	0	55.00
57.00	05700 CT SCAN	0.000000	36,724,223	0	76,419,648	0	57.00
58.00	05800 MRI	0.000000	9,796,185	0	21,768,375	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	19,645,850	0	20,785,351	0	59.00
60.00	06000 LABORATORY	0.000000	136,479,658	0	99,905,977	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	28,563,051	0	6,212,275	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	33,648,712	0	4,579,985	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	8,481,783	0	498,127	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	35,038,068	0	42,271,501	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	5,559,687	0	3,897,174	0	70.00
70.01	07001 BRACE AND PLASTER ROOM	0.000000	1,002	0	77,724	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	33,506,550	0	21,795,553	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	71,349,922	0	38,357,740	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001192	135,158,818	161,109	325,681,052	388,212	73.00
74.00	07400 RENAL DIALYSIS	0.000000	12,438,790	0	1,255,912	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	1,988	0	627,012	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	16,463,946	0	117,535,765	0	90.00
90.01	09001 TRANSPLANT CLINIC	0.000000	0	0	863,531	0	90.01
90.02	09002 SILVER CROSS CLINIC	0.000000	12,053	0	8,231,142	0	90.02
90.03	09003 ORLAND PARK CLINIC	0.000000	100,820	0	23,931,444	0	90.03
91.00	09100 EMERGENCY	0.000000	23,443,415	0	28,795,082	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	7,103,031	0	24,364,949	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		793,604,406	161,109	1,059,565,271	388,212	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 8:59 am
		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	0.221121	61,702,174	6	0	13,643,646	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.371099	17,648	0	0	6,549	52.00
53.00	05300 ANESTHESIOLOGY	0.065380	29,920,901	40	0	1,956,229	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194806	59,428,106	2	0	11,576,952	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.116071	40,641,123	0	0	4,717,256	55.00
57.00	05700 CT SCAN	0.024236	76,419,648	0	0	1,852,107	57.00
58.00	05800 MRI	0.059431	21,768,375	0	0	1,293,716	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.069659	20,785,351	152	0	1,447,887	59.00
60.00	06000 LABORATORY	0.077993	99,905,977	28,689	0	7,791,967	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.149439	6,212,275	148	0	928,356	63.00
65.00	06500 RESPIRATORY THERAPY	0.133138	4,579,985	3	0	609,770	65.00
66.00	06600 PHYSICAL THERAPY	0.267597	498,127	0	0	133,297	66.00
69.00	06900 ELECTROCARDIOLOGY	0.181423	42,271,501	0	0	7,669,023	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185589	3,897,174	0	0	723,273	70.00
70.01	07001 BRACE AND PLASTER ROOM	0.519680	77,724	0	0	40,392	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.254373	21,795,553	0	0	5,544,200	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.223473	38,357,740	1,411	0	8,571,919	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164490	325,681,052	20,643	853,277	53,571,276	73.00
74.00	07400 RENAL DIALYSIS	0.198106	1,255,912	0	0	248,804	74.00
76.97	07697 CARDIAC REHABILITATION	0.152485	627,012	0	0	95,610	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEI C STEM CELL ACQUISITION	0.544386	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.341607	117,535,765	1,656	0	40,151,040	90.00
90.01	09001 TRANSPLANT CLINIC	0.995352	863,531	3	0	859,517	90.01
90.02	09002 SILVER CROSS CLINIC	0.160597	8,231,142	207	0	1,321,897	90.02
90.03	09003 ORLAND PARK CLINIC	0.183771	23,931,444	100	0	4,397,905	90.03
91.00	09100 EMERGENCY	0.122087	28,795,082	16	0	3,515,505	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.245546	24,364,949	30	0	5,982,716	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	1,244.312102	0	0	0	0	95.00
200.00	Subtotal (see instructions)		1,059,565,271	53,106	853,277	178,650,809	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		1,059,565,271	53,106	853,277	178,650,809	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 8:59 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	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	1	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	3	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	11	0		59.00
60.00 06000 LABORATORY	2,238	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	22	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	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	315	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,396	140,356		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
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	566	0		90.00
90.01 09001 TRANSPLANT CLINIC	3	0		90.01
90.02 09002 SILVER CROSS CLINIC	33	0		90.02
90.03 09003 ORLAND PARK CLINIC	18	0		90.03
91.00 09100 EMERGENCY	2	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	7	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	6,615	140,356		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	6,615	140,356		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 8:59 am
--	-----------------------	---	---

Cost Center Description	Title XIX			Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<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	0	0	1,541,666	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
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
<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 through 199)	0	0	0	0	1,541,666	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 8:59 am
--	-----------------------	---	---

Cost Center Description		Title XIX			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	614,945,414	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	31,510,654	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	234,113,302	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	299,005,228	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	157,257,692	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	360,766,330	0.000000	57.00
58.00	05800	MRI	0	0	0	143,266,889	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	104,765,209	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	863,218,641	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	126,291,516	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	152,766,123	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	42,935,199	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	218,030,815	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	41,480,177	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	619,547	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	175,100,392	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	260,936,537	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,541,666	1,541,666	1,293,515,379	0.001192	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	31,181,494	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,491,057	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEI C STEM CELL ACQUISITION	0	0	0	7,012,277	0.000000	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	518,193,738	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	4,383,122	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	22,761,736	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	109,607,666	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	324,957,545	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	97,445,226	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	1,541,666	1,541,666	6,237,558,905		95.00
200.00		Total (lines 50 through 199)	0	1,541,666	1,541,666	6,237,558,905		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet D  
Part IV  
Date/Time Prepared:  
11/30/2018 8:59 am

Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 BRACE AND PLASTER ROOM	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001192	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEI C STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 TRANSPLANT CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 SILVER CROSS CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ORLAND PARK CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES		0	0	0	0	95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 8:59 am
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)		150,160	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		150,160	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)		134,954	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)		42,863	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)		236,282,878	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)		236,282,878	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)		236,282,878	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)		1,573.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		67,446,645	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)		67,446,645	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 8:59 am		
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	63,592,456	23,780	2,674.20	7,591	20,299,852	43.00
44.00	CORONARY CARE UNIT	22,518,336	8,990	2,504.82	910	2,279,386	44.00
45.00	BURN INTENSIVE CARE UNIT	6,193,182	2,487	2,490.22	411	1,023,480	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NURSERY ICU	33,000,700	15,819	2,086.14	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					125,097,049	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					216,146,412	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)					7,615,927	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,957,616	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					15,573,543	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					200,572,869	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)					15,206	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,573.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					23,927,249	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 8:59 am	
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	20,532,232	236,282,878	0.086897	23,927,249	2,079,206	90.00
91.00	Nursing School cost	0	236,282,878	0.000000	23,927,249	0	91.00
92.00	Allied health cost	0	236,282,878	0.000000	23,927,249	0	92.00
93.00	All other Medical Education	0	236,282,878	0.000000	23,927,249	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 8:59 am
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)			150,160 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			150,160 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)			134,954 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)			10,591 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)			9,243 15.00
16.00	Nursery days (title V or XIX only)			5,608 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)			235,912,983 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)			235,912,983 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)			235,912,983 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)			1,571.08 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			16,639,308 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)			16,639,308 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 8:59 am		
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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	10,816,960	9,243	1,170.29	5,608	6,562,986	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	63,527,309	23,780	2,671.46	3,461	9,245,923	43.00
44.00	CORONARY CARE UNIT	22,493,718	8,990	2,502.08	332	830,691	44.00
45.00	BURN INTENSIVE CARE UNIT	6,186,327	2,487	2,487.47	401	997,475	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NURSERY ICU	32,957,335	15,819	2,083.40	7,576	15,783,838	47.00
Cost Center Description							
					1.00		
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)					50,060,221	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)					15,206	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,571.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					23,889,842	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 8:59 am	
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	20,532,232	235,912,983	0.087033	23,889,842	2,079,205	90.00
91.00	Nursing School cost	0	235,912,983	0.000000	23,889,842	0	91.00
92.00	Allied health cost	0	235,912,983	0.000000	23,889,842	0	92.00
93.00	All other Medical Education	0	235,912,983	0.000000	23,889,842	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet D-2

Date/Time Prepared:  
11/30/2018 8:59 am

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	1,667,199			1.00																																																																																																		
Hospital Inpatient Routine Services:																																																																																																								
2.00	ADULTS & PEDIATRICS	71.49	1,191,880	150,160	7.94	0 2.00																																																																																																		
3.00	INTENSIVE CARE UNIT	14.82	247,079	23,780	10.39	0 3.00																																																																																																		
4.00	CORONARY CARE UNIT	4.48	74,691	8,990	8.31	0 4.00																																																																																																		
5.00	BURN INTENSIVE CARE UNIT	0.00	0	2,487	0.00	0 5.00																																																																																																		
6.00	SURGICAL INTENSIVE CARE UNIT					0 6.00																																																																																																		
7.00	NURSERY ICU	0.00	0	15,819	0.00	0 7.00																																																																																																		
8.00	NURSERY	0.00	0	9,243	0.00	0 8.00																																																																																																		
9.00	Subtotal (sum of lines 2 through 8)	90.79	1,513,650			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	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	1,513,650			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 Title V</th> <th></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>153,549</td> <td>518,193,738</td> <td>0.000296</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>4,383,122</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>22,761,736</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>109,607,666</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>324,957,545</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>97,445,226</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>153,549</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>1,667,199</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	153,549	518,193,738	0.000296	0 22.00	23.00	CLINIC					0 23.00	23.01	TRANSPLANT CLINIC	0.00	0	4,383,122	0.000000	0 23.01	23.02	SILVER CROSS CLINIC	0.00	0	22,761,736	0.000000	0 23.02	23.03	ORLAND PARK CLINIC	0.00	0	109,607,666	0.000000	0 23.03	24.00	EMERGENCY	0.00	0	324,957,545	0.000000	0 24.00	25.00	OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	97,445,226	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	153,549			27.00	28.00	Total (sum of lines 20 and 27)	100.00	1,667,199			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																																																																																																			
	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	153,549	518,193,738	0.000296	0 22.00																																																																																																		
23.00	CLINIC					0 23.00																																																																																																		
23.01	TRANSPLANT CLINIC	0.00	0	4,383,122	0.000000	0 23.01																																																																																																		
23.02	SILVER CROSS CLINIC	0.00	0	22,761,736	0.000000	0 23.02																																																																																																		
23.03	ORLAND PARK CLINIC	0.00	0	109,607,666	0.000000	0 23.03																																																																																																		
24.00	EMERGENCY	0.00	0	324,957,545	0.000000	0 24.00																																																																																																		
25.00	OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	97,445,226	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	153,549			27.00																																																																																																		
28.00	Total (sum of lines 20 and 27)	100.00	1,667,199			28.00																																																																																																		

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet D-2

Date/Time Prepared:  
11/30/2018 8:59 am

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 07/01/2017 To 06/30/2018	Worksheet D-2 Date/Time Prepared: 11/30/2018 8:59 am
---	-----------------------	---	--

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					8.00
<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	43,207	10,591	0	343,064	84,093	2.00
3.00	INTENSIVE CARE UNIT	7,555	3,461	0	78,496	35,960	3.00
4.00	CORONARY CARE UNIT	918	332	0	7,629	2,759	4.00
5.00	BURN INTENSIVE CARE UNIT	427	401	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT						6.00
7.00	NURSERY ICU	0	7,576	0	0	0	7.00
8.00	NURSERY		5,608	0		0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	429,189	122,812	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	135,858,855	0	0	40,214	0	23.00
23.01	TRANSPLANT CLINIC	863,534	0	0	0	0	23.01
23.02	SILVER CROSS CLINIC	8,257,319	0	0	0	0	23.02
23.03	ORLAND PARK CLINIC	24,033,066	0	0	0	0	23.03
24.00	EMERGENCY	52,375,096	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	31,468,010	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	40,214	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 07/01/2017 To 06/30/2018	Worksheet D-2 Date/Time Prepared: 11/30/2018 8:59 am
---	-----------------------	---	--

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	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 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 8:59 am	
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		164,016,253	30.00
31.00	03100	INTENSIVE CARE UNIT		54,394,503	31.00
32.00	03200	CORONARY CARE UNIT		48,950,310	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,149,180	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	0.224261	108,941,291	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371099	336,232	52.00
53.00	05300	ANESTHESIOLOGY	0.066948	34,517,672	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196774	31,615,494	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.117893	4,676,165	55.00
57.00	05700	CT SCAN	0.024236	36,724,223	57.00
58.00	05800	MRI	0.059431	9,796,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.069659	19,645,850	59.00
60.00	06000	LABORATORY	0.077993	136,479,658	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.149439	28,563,051	63.00
65.00	06500	RESPIRATORY THERAPY	0.133138	33,648,712	65.00
66.00	06600	PHYSICAL THERAPY	0.267597	8,481,783	66.00
69.00	06900	ELECTROCARDIOLOGY	0.184118	35,038,068	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185637	5,559,687	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.519680	1,002	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.254373	33,506,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.223473	71,349,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164490	135,158,818	73.00
74.00	07400	RENAL DIALYSIS	0.198106	12,438,790	74.00
76.97	07697	CARDIAC REHABILITATION	0.152485	1,988	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.544386	0	77.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.344951	16,463,946	90.00
90.01	09001	TRANSPLANT CLINIC	0.995352	0	90.01
90.02	09002	SILVER CROSS CLINIC	0.160597	12,053	90.02
90.03	09003	ORLAND PARK CLINIC	0.183771	100,820	90.03
91.00	09100	EMERGENCY	0.122087	23,443,415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.245546	7,103,031	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		793,604,406	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)		793,604,406	202.00

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

Provider CCN: 14-0088

Period: From 07/01/2017 To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2018 8:59 am

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	64,236	1,573.54	52	81,824	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,674.20	32	85,574	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,504.82	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,490.22	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	2,086.14	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		64,236		84	167,398	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	0.221121	520,057	114,996	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.371099	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.065380	96,949	6,339	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.194806	700,531	136,468	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.116071	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.024236	816,367	19,785	15.00
16.00	MRI		58.00	0.059431	35,999	2,139	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.069659	31,320	2,182	17.00
18.00	LABORATORY		60.00	0.077993	3,695,666	288,236	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	0.149439	85,247	12,739	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.133138	44,961	5,986	23.00
24.00	PHYSICAL THERAPY		66.00	0.267597	466	125	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	0.181423	1,408,766	255,583	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.185589	0	0	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.519680	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.254373	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.223473	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.164490	56,400	9,277	31.00
32.00	RENAL DIALYSIS		74.00	0.198106	3,712	735	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	0.152485	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	0.341607	1,230,911	420,488	37.00
37.01	TRANSPLANT CLINIC		90.01	0.995352	0	0	37.01
37.02	SILVER CROSS CLINIC		90.02	0.160597	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.183771	48,581	8,928	37.03
38.00	EMERGENCY		91.00	0.122087	22,476	2,744	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.245546	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				8,798,409	1,286,750	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 07/01/2017 To 06/30/2018	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 11/30/2018 8:59 am	
		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	7.94	52	413
43.00	INTENSIVE CARE UNIT	3.00	10.39	32	332
44.00	CORONARY CARE UNIT	4.00	8.31	0	0
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0
47.00	NURSERY ICU	7.00	0.00	0	0
48.00	TOTAL (sum of lines 42 through 47)			84	745
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
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0
51.00	CLINIC	23.00	1,230,911	0.000296	364
51.01	TRANSPLANT CLINIC	23.01	0	0.000000	0
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0
51.03	ORLAND PARK CLINIC	23.03	48,581	0.000000	0
52.00	EMERGENCY	24.00	22,476	0.000000	0
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0
55.00	TOTAL (sum of lines 49 through 52)		1,301,968		364
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	1,454,148		8,862,645	56.00
57.00	Interns and Residents (inpatient)	745		0	57.00
58.00	Interns and Residents (outpatient)	364		0	58.00
59.00	Direct Organ Acquisition (see instructions)	7,285,185		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)	8,740,442		18,617,159	61.00
62.00	Total Usable Organs (see instructions)		99		62.00
63.00	Medicare Usable Organs (see instructions)		67		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.676768		64.00
65.00	Medicare Cost/Charges (see instructions)	5,915,251		12,599,497	65.00
66.00	Revenue for Organs Sold	63,158		0	66.00
67.00	Subtotal (line 65 minus line 66)	5,852,093		12,599,497	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,852,093	0	12,599,497	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)	24	24		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	51		73.00
74.00	Total (sum of lines 70 through 73)	24	75		74.00
75.00	Organs Transplanted	24	51	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	24	63,158	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 through 83 should equal line 74)	24	75		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 07/01/2017 To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2018 8:59 am

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	21,252	1,573.54	2	3,147	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,674.20	5	13,371	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,504.82	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,490.22	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	2,086.14	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		21,252		7	16,518	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	0.221121	45,604	10,084	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.371099	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.065380	12,077	790	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.194806	405,695	79,032	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.116071	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.024236	238,270	5,775	15.00
16.00	MRI		58.00	0.059431	92,528	5,499	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.069659	194,068	13,519	17.00
18.00	LABORATORY		60.00	0.077993	586,470	45,741	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	0.149439	11,535	1,724	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.133138	31,735	4,225	23.00
24.00	PHYSICAL THERAPY		66.00	0.267597	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	0.181423	170,796	30,986	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.185589	0	0	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.519680	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.254373	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.223473	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.164490	26,068	4,288	31.00
32.00	RENAL DIALYSIS		74.00	0.198106	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	0.152485	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	0.341607	367,842	125,657	37.00
37.01	TRANSPLANT CLINIC		90.01	0.995352	0	0	37.01
37.02	LIVER CROSS CLINIC		90.02	0.160597	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.183771	62,499	11,486	37.03
38.00	EMERGENCY		91.00	0.122087	9,489	1,158	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.245546	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				2,254,676	339,964	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 Component CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D-4 Date/Time Prepared: 11/30/2018 8:59 am		
Cost Center Description		Liver	Hospital	PPS		
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	7.94	2	16 42.00	
43.00	INTENSIVE CARE UNIT	3.00	10.39	5	52 43.00	
44.00	CORONARY CARE UNIT	4.00	8.31	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	68 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	367,842	0.000296	109	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	62,499	0.000000	0	51.03
52.00	EMERGENCY	24.00	9,489	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)		439,830		109	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	356,482		2,275,928		56.00
57.00	Interns and Residents (inpatient)	68		0		57.00
58.00	Interns and Residents (outpatient)	109		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,539,388		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)	3,896,047		5,430,126		61.00
62.00	Total Usable Organs (see instructions)		41			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)		0.463415			64.00
65.00	Medicare Cost/Charges (see instructions)	1,805,487		2,516,402		65.00
66.00	Revenue for Organs Sold	34,211		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,771,276		2,516,402		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,771,276	0	2,516,402	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	13		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	28		73.00
74.00	Total (sum of lines 70 through 73)		0	41		74.00
75.00	Organs Transplanted		0	28	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	13	34,211	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 through 83 should equal line 74)		0	41		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 07/01/2017 To 06/30/2018

Worksheet D-4

Date/Time Prepared: 11/30/2018 8:59 am

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	0	1,573.54	1	1,574	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,674.20	2	5,348	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,504.82	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,490.22	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	2,086.14	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		3	6,922	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	0.221121	3,381	748	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.371099	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.065380	5,359	350	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.194806	34,614	6,743	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.116071	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.024236	49,237	1,193	15.00
16.00	MRI		58.00	0.059431	14,046	835	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.069659	1,185,499	82,581	17.00
18.00	LABORATORY		60.00	0.077993	478,937	37,354	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	0.149439	1,294	193	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.133138	25,163	3,350	23.00
24.00	PHYSICAL THERAPY		66.00	0.267597	5,776	1,546	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	0.181423	115,983	21,042	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.185589	0	0	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.519680	264	137	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.254373	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.223473	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.164490	17,388	2,860	31.00
32.00	RENAL DIALYSIS		74.00	0.198106	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	0.152485	1,491	227	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	0.341607	214,495	73,273	37.00
37.01	TRANSPLANT CLINIC		90.01	0.995352	0	0	37.01
37.02	LIVER CROSS CLINIC		90.02	0.160597	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.183771	0	0	37.03
38.00	EMERGENCY		91.00	0.122087	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.245546	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				2,152,927	232,432	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 07/01/2017 To 06/30/2018

Worksheet D-4

Date/Time Prepared: 11/30/2018 8:59 am

		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	7.94	1	8	42.00	
43.00	INTENSIVE CARE UNIT	3.00	10.39	2	21	43.00	
44.00	CORONARY CARE UNIT	4.00	8.31	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)			3	29	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	214,495	0.000296	63	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)		214,495		63	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	239,354		2,152,927		56.00	
57.00	Interns and Residents (inpatient)	29		0		57.00	
58.00	Interns and Residents (outpatient)	63		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	2,839,925		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)	3,079,371		4,771,512		61.00	
62.00	Total Usable Organs (see instructions)		36			62.00	
63.00	Medicare Usable Organs (see instructions)		14			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.388889			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,197,534		1,855,589		65.00	
66.00	Revenue for Organs Sold	13,158		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,184,376		1,855,589		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,184,376	0	1,855,589	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	5		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	31		73.00	
74.00	Total (sum of lines 70 through 73)		0	36		74.00	
75.00	Organs Transplanted		0	31	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	5	13,158	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 through 83 should equal line 74)		0	36		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 07/01/2017 To 06/30/2018		Worksheet D-4 Date/Time Prepared: 11/30/2018 8:59 am	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	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	1,573.54	2	3,147	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,674.20	4	10,697	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,504.82	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,490.22	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	2,086.14	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		6	13,844	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	0.221121	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.371099	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.065380	6,442	421	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.194806	111,505	21,722	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.116071	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.024236	153,739	3,726	15.00
16.00	MRI		58.00	0.059431	13,664	812	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.069659	347,156	24,183	17.00
18.00	LABORATORY		60.00	0.077993	615,612	48,013	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	0.149439	11,427	1,708	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.133138	235,108	31,302	23.00
24.00	PHYSICAL THERAPY		66.00	0.267597	3,413	913	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	0.181423	287,653	52,187	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.185589	7,131	1,323	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.519680	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.254373	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.223473	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.164490	254,232	41,819	31.00
32.00	RENAL DIALYSIS		74.00	0.198106	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	0.152485	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LI THOTRI PSY		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	0.341607	542,225	185,228	37.00
37.01	TRANSPLANT CLINIC		90.01	0.995352	0	0	37.01
37.02	LIVER CROSS CLINIC		90.02	0.160597	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.183771	11,547	2,122	37.03
38.00	EMERGENCY		91.00	0.122087	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.245546	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				2,600,854	415,479	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 07/01/2017 To 06/30/2018	Worksheet D-4		
		Component CCN:		Date/Time Prepared: 11/30/2018 8:59 am		
		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	7.94	2	16	42.00
43.00	INTENSIVE CARE UNIT	3.00	10.39	4	42	43.00
44.00	CORONARY CARE UNIT	4.00	8.31	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)			6	58	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	542,225	0.000296	160	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	11,547	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)		553,772		160	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	429,323		2,600,854		56.00
57.00	Interns and Residents (inpatient)	58		0		57.00
58.00	Interns and Residents (outpatient)	160		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,435,616		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)	3,865,157		5,564,473		61.00
62.00	Total Usable Organs (see instructions)		55			62.00
63.00	Medicare Usable Organs (see instructions)		27			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.490909			64.00
65.00	Medicare Cost/Charges (see instructions)	1,897,440		2,731,650		65.00
66.00	Revenue for Organs Sold	28,947		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,868,493		2,731,650		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,868,493	0	2,731,650	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	11		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	44		73.00
74.00	Total (sum of lines 70 through 73)		0	55		74.00
75.00	Organs Transplanted		0	44	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	11	28,947	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 through 83 should equal line 74)		0	55		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 07/01/2017 To 06/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2018 8:59 am

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>Pancreas</b>							
<b>Hospital</b>							
<b>PPS</b>							
<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	1,573.54	1	1,574	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,674.20	1	2,674	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,504.82	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,490.22	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	2,086.14	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		2	4,248	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	0.221121	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.371099	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.065380	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.194806	4,589	894	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.116071	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.024236	0	0	15.00
16.00	MRI		58.00	0.059431	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.069659	0	0	17.00
18.00	LABORATORY		60.00	0.077993	161,531	12,598	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	0.149439	2,571	384	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.133138	2,674	356	23.00
24.00	PHYSICAL THERAPY		66.00	0.267597	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	0.181423	39,664	7,196	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.185589	0	0	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.519680	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.254373	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.223473	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.164490	8,612	1,417	31.00
32.00	RENAL DIALYSIS		74.00	0.198106	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	0.152485	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	0.341607	47,015	16,061	37.00
37.01	TRANSPLANT CLINIC		90.01	0.995352	0	0	37.01
37.02	LIVER CROSS CLINIC		90.02	0.160597	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.183771	0	0	37.03
38.00	EMERGENCY		91.00	0.122087	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.245546	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				266,656	38,906	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 07/01/2017 To 06/30/2018	Worksheet D-4	
		Component CCN:		Date/Time Prepared: 11/30/2018 8:59 am	
		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	7.94	1	8 42.00
43.00	INTENSIVE CARE UNIT	3.00	10.39	1	10 43.00
44.00	CORONARY CARE UNIT	4.00	8.31	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)			2	18 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	47,015	0.000296	14 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)		47,015		14 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	43,154		266,656	56.00
57.00	Interns and Residents (inpatient)	18		0	57.00
58.00	Interns and Residents (outpatient)	14		0	58.00
59.00	Direct Organ Acquisition (see instructions)	692,849		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)	736,035		327,885	61.00
62.00	Total Usable Organs (see instructions)		8		62.00
63.00	Medicare Usable Organs (see instructions)		5		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.625000		64.00
65.00	Medicare Cost/Charges (see instructions)	460,022		204,928	65.00
66.00	Revenue for Organs Sold	10,526		0	66.00
67.00	Subtotal (line 65 minus line 66)	449,496		204,928	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	449,496	0	204,928	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	4		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	4		73.00
74.00	Total (sum of lines 70 through 73)	0	8		74.00
75.00	Organs Transplanted	0	4	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	4	10,526	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 through 83 should equal line 74)	0	8		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 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 8:59 am
		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)		24,122,948	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		76,604,589	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)		24,020,647	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		32,531,110	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		599.74	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)		638.93	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 § 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 § 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 § 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)		640.59	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		617.14	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)		617.14	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.		534.33	15.00
16.00	Adjustment for residents in initial years of the program		2.75	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		537.08	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.895521	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.842572	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)		38,190,040	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		12,333,910	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-23.45	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)		38,190,040	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		12,333,910	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		12.18	30.00
31.00	Percentage of Medicaid patient days (see instructions)		39.11	31.00
32.00	Sum of lines 30 and 31		51.29	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.53	33.00
34.00	Disproportionate share adjustment (see instructions)		7,939,849	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 8:59 am	
		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)	5,977,482,413	6,766,693,965	35.00	
35.01	Factor 3 (see instructions)	0.001684017	0.001454313	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	10,066,183	9,840,893	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,537,232	7,360,447	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	9,897,679		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)	180,775,752		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)		193,109,662	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		12,946,820	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).		8,879,216	52.00	
53.00	Nursing and Allied Health Managed Care payment		134,393	53.00	
54.00	Special add-on payments for new technologies		10,271	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)		11,125,734	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)		161,109	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		226,367,205	59.00	
60.00	Primary payer payments		40,119	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		226,327,086	61.00	
62.00	Deductibles billed to program beneficiaries		6,130,692	62.00	
63.00	Coinurance billed to program beneficiaries		1,263,689	63.00	
64.00	Allowable bad debts (see instructions)		2,741,014	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		1,781,659	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,355,652	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		220,714,364	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 Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50	
70.87	Demonstration payment adjustment amount before sequestration		0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		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)		-53,042	70.93	
70.94	HRR adjustment amount (see instructions)		-398,125	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 8:59 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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)			220,263,197	71.00
71.01	Sequestration adjustment (see instructions)			4,405,264	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			212,590,625	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, 71.02, 72, and 73)			3,267,308	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			8,505,828	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
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	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/30/2018 8:59 am

		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	24,122,948	0	24,122,948		24,122,948	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	76,604,589	0		76,604,589	76,604,589	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	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	24,020,647	0	6,165,351	17,855,296	24,020,647	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	32,531,110	0	7,697,423	24,833,687	32,531,110	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		5.00
6.00	IME payment adjustment (see instructions)	22.00	38,190,040	0	9,146,023	29,044,017	38,190,040	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,333,910	0	0	12,333,910	12,333,910	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		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	38,190,040	0	9,146,023	29,044,017	38,190,040	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,333,910	0	0	12,333,910	12,333,910	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3153	0.3153	0.3153	0.3153		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	7,939,849	0	1,901,492	6,038,357	7,939,849	11.00
11.01	Uncompensated care payments	36.00	9,897,679	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	180,775,752	0	44,240,489	136,535,263	180,775,752	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	193,109,662	0	44,240,489	148,869,173	193,109,662	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	12,946,820	0	3,076,766	9,870,054	12,946,820	16.00
17.00	Special add-on payments for new technologies	54.00	10,271	0	5,021	5,250	10,271	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/30/2018 8:59 am

		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	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	47,322,276	158,744,477	206,066,753	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	8,191,565	0	1,952,501	6,239,064	8,191,565	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	2,011,081	0	470,177	1,540,904	2,011,081	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	0.3350	0.3350	0.3350	0.3350		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,744,174	0	654,088	2,090,086	2,744,174	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	12,946,820	0	3,076,766	9,870,054	12,946,820	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2018 8:59 am	
		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	24,122,948	24,122,948		24,122,948	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	76,604,589		76,604,589	76,604,589	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	24,020,647	6,165,351	17,855,296	24,020,647	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	32,531,110	7,697,423	24,833,687	32,531,110	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	38,190,040	9,146,023	29,044,017	38,190,040	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	12,333,910	2,918,416	9,415,494	12,333,910	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	38,190,040	9,146,023	29,044,017	38,190,040	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	12,333,910	2,918,416	9,415,494	12,333,910	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3153	0.3153	0.3153		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	7,939,849	1,901,492	6,038,357	7,939,849	11.00
11.01	Uncompensated care payments	36.00	9,897,679	2,537,232	7,360,447	9,897,679	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	180,775,752	43,873,046	136,902,706	180,775,752	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	193,109,662	46,791,462	146,318,200	193,109,662	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	12,946,820	3,076,766	9,870,054	12,946,820	16.00
17.00	Special add-on payments for new technologies	54.00	10,271	5,021	5,250	10,271	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	SUBTOTAL			49,873,249	156,193,504	206,066,753	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/30/2018 8:59 am
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	8,191,565	1,952,501	6,239,064	8,191,565	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	2,011,081	470,177	1,540,904	2,011,081	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	0.3350	0.3350	0.3350		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,744,174	654,088	2,090,086	2,744,174	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	12,946,820	3,076,766	9,870,054	12,946,820	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	-53,042	5,324	-58,366	-53,042	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	-398,125	-91,686	-306,439	-398,125	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		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 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/30/2018 8:59 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		146,971	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		178,262,597	2.00
3.00	OPPS payments		113,790,086	3.00
4.00	Outlier payment (see instructions)		4,411,586	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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		388,212	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		146,971	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		906,383	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)		906,383	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)		906,383	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		759,412	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 (see instructions)		146,971	21.00
22.00	Interns and residents (see instructions)		469,403	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, 4.01, 8 and 9)		118,589,884	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		295	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		20,521,286	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)		98,684,677	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		7,004,920	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)		105,689,597	30.00
31.00	Primary payer payments		1,343	31.00
32.00	Subtotal (line 30 minus line 31)		105,688,254	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)		3,572,973	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,322,432	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,594,726	36.00
37.00	Subtotal (see instructions)		108,010,686	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		108,010,687	40.00
40.01	Sequestration adjustment (see instructions)		2,160,214	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		104,244,705	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,605,768	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,821,001	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 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/30/2018 8:59 am	
		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		35,302,645		8,513,903	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		168,434,461		95,811,408	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	06/25/2018	8,853,519		0	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	06/25/2018	80,606	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)		8,853,519		-80,606	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)		212,590,625		104,244,705	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		3,267,308		1,605,768	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		215,857,933		105,850,473	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 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/30/2018 8:59 am
		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			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2018 8:59 am	
		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		50,060,221		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)		50,060,221	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)		50,060,221	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)		50,060,221	0	18.00
19.00	Interns and Residents (see instructions)		122,812	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)		50,060,221	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		122,812	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)		122,812	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		122,812	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)		122,812	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		122,812	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 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 8:59 am	
		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)			663.00	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.	207.70	356.75	564.45	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.	155.04	266.30	421.34	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	155.04	266.30		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	156.64	266.40		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	159.92	263.41		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	157.20	265.37		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	1.38		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	2.75		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	157.20	266.75		17.00
18.00	Per resident amount	108,657.70	102,889.28		18.00
19.00	Approved amount for resident costs	17,080,990	27,445,715	44,526,705	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)			168.10	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality 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)			44,526,705	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)	51,775	18,283		26.00
27.00	Total Inpatient Days (see instructions)	189,146	189,146		27.00
28.00	Ratio of inpatient days to total inpatient days	0.273730	0.096661		28.00
29.00	Program direct GME amount	12,188,295	4,303,996		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		608,155		30.00
31.00	Net Program direct GME amount			15,884,136	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 8:59 am
		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)		31,181,494	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)		216,146,412	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		11,125,734	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		40,119	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		227,232,027	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		179,267,183	42.00
43.00	Primary payer payments (see instructions)		1,343	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		179,265,840	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		406,497,867	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.558999	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.441001	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		15,884,136	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,879,216	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		7,004,920	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 07/01/2017  
To 06/30/2018

Worksheet G  
Date/Time Prepared:  
11/30/2018 8:59 am

		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	181,251,000	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	306,872,000	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	133,435,000	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)	621,558,000	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	2,372,216,000	0	0	0	19.00
20.00	Accumulated depreciation	-967,327,000	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)	1,404,889,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	913,645,000	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	457,628,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,371,273,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,397,720,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	167,335,000	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)	14,513,000	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	36,807,000	0	0	0	43.00
44.00	Other current liabilities	211,028,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	429,683,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	867,074,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	253,210,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,120,284,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,549,967,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	1,847,753,000				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)	1,847,753,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,397,720,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-1

Date/Time Prepared:  
11/30/2018 8:59 am

		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		1,761,667,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		137,809,544			2.00
3.00	Total (sum of line 1 and line 2)		1,899,476,544		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TEMPORARILY RESTRICTED CONT	3,824,000		0		5.00
6.00	PERM RESTRICTED CONT	10,000		0		6.00
7.00	PENSION	-7,853,000		0		7.00
8.00	CHHD NET ASSET CONTRIBUTION	0		0		8.00
9.00	CHG IN VAL OF DERIV/OTHER	24,635,000		0		9.00
10.00	Total additions (sum of line 4-9)		20,616,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,920,092,544		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	6,403,000		0		16.00
17.00	OTHER	5,767,000		0		17.00
18.00	Total deductions (sum of lines 12-17)		83,920,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,836,172,544		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 07/01/2017  
To 06/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/30/2018 8:59 am

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	650,351,386		650,351,386	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)	650,351,386		650,351,386	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	225,396,974		225,396,974	11.00
12.00	CORONARY CARE UNIT	95,283,236		95,283,236	12.00
13.00	BURN INTENSIVE CARE UNIT	22,552,326		22,552,326	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NURSERY ICU	127,106,474		127,106,474	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	470,339,010		470,339,010	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,120,690,396		1,120,690,396	17.00
18.00	Ancillary services	2,734,656,465	2,794,735,419	5,529,391,884	18.00
19.00	Outpatient services		1,143,277,454	1,143,277,454	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)	3,855,346,861	3,938,012,873	7,793,359,734	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,769,408,484		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	ROUNDING	2,484			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)		2,484		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,769,406,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0088

Period:  
From 07/01/2017  
To 06/30/2018

Worksheet G-3

Date/Time Prepared:  
11/30/2018 8:59 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	7,793,359,734	1.00
2.00	Less contractual allowances and discounts on patients' accounts	6,109,992,734	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,683,367,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,769,406,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-86,039,000	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	10,094,984	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,775,690	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	89,532,900	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	0	24.00
24.01	CAPITATION REVENUE	45,545,639	24.01
24.02	OTHER MISC REVENUE	27,252,331	24.02
24.03	INVESTMENT INC AND UNRES GIFTS	48,712,000	24.03
24.04	DERIVATIVE INEFFECTIVENESS	-65,000	24.04
25.00	Total other income (sum of lines 6-24)	223,848,544	25.00
26.00	Total (line 5 plus line 25)	137,809,544	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	137,809,544	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/30/2018 8:59 am
		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		8,191,565	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,011,081	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)		524.65	3.00
4.00	Number of interns & residents (see instructions)		537.08	4.00
5.00	Indirect medical education percentage (see instructions)		33.50	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)		2,744,174	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		12,946,820	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