

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 10/19/2015 Time: 18:44	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 06/01/2014 and ending 05/31/2015, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

CRAIG C. ARMIN - VICE PRESIDENT
Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-392,027	63,015	66,218	56,812,721	1
2	SUBPROVIDER - IPF		88,302	6		2,519,267	2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-303,725	63,021	66,218	59,331,988	200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 3635 VISTA AT GRAND BLVD	P.O. Box:		1
2	City: ST. LOUIS	State: MO	ZIP Code: 63110 County: SAINT LOUIS	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	SAINT LOUIS UNIVERSITY HOSPITAL	26-0105	41180	1	07 / 01 / 1966	O	P	O	3
4	Subprovider - IPF	SAINT LOUIS UNIVERSITY PSYCHIATRIC	26-S105	41180	4	07 / 01 / 1984	N	P	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	SAINT LOUIS UNIV DIALYSIS	26-2310	41180		07 / 01 / 1966				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 06 / 01 / 2014	To: 05 / 31 / 2015	20
21	Type of control (see instructions)	4		21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,481	2,083	3,304	223	3,115		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35

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PART I**

36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.			37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2		
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39	
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)			10.98	202.30	0.051482	64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65	INTERNAL MEDICINE	1400		2.61	56.20	0.044380	65
65.01	GERIATRIC MEDICINE	1408		0.41	1.75	0.189815	65.01
65.02	INTERNAL MEDICINE PEDIATRICS	1450		0.64	5.67	0.101426	65.02
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			7.62	207.25	0.035463	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67	INTERNAL MEDICINE	1400		5.74	53.12	0.097520	67
67.01	GERIATRIC MEDICINE	1408		0.08	0.81	0.089888	67.01
67.02	INTERNAL MEDICINE PEDIATRIC	1450		0.60	3.69	0.139860	67.02
67.03	GERIATRIC PSYCH	2202		0.09	1.86	0.046154	67.03

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)	Y	N		71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program, enter 6 in column 3. (see instructions)				76

Long Term Care Hospital PPS

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

TEFRA Providers

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85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.			86

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**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

		1	2		
105	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.				109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, Section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	228,462	147,610		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 06 / 1977			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 15 / 1995			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 01 / 1999			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2 HB0557	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 04011	141
142	Street: 1445 ROSS AVENUE, STE 1400	P.O. Box:		142
143	City: DALLAS	State: TX	ZIP Code: 75202-2703	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Worksheet A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N					165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)						166
	Name	County	State	ZIP Code	CBSA	FTE/Campus	
	0	1	2	3	4	5	

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.50				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2014	09 / 30 / 2014			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	02/23/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities				
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/31/2015	Y	08/31/2015
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: HANK	Last name: IRICK	Title: SR DIRECTOR	41
42	Employer: TENET HEALTHCARE			42
43	Phone number: 469-893-6003	E-mail Address: HANK.IRICK@TENETHEALTH.COM		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	223	81,307			21,293	11,645	65,517	1
2	HMO and other (see instructions)						9,132	3,115		2
3	HMO IPF Subprovider						808	834		3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		223	81,307			21,293	11,645	65,517	7
8	Intensive Care Unit	31	14	5,110			1,653	749	3,832	8
8.01	6TH ICU	31.01	11	4,015			686	1,157	3,412	8.01
8.02	7TH ICU	31.02	15	5,475			1,244	883	3,648	8.02
8.03	8TH ICU	31.03	11	4,015			1,520	826	3,603	8.03
8.04	5TH ICU	31.04	14	5,110			1,489	831	4,261	8.04
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43								13
14	Total (see instructions)		288	105,032			27,885	16,091	84,273	14
15	CAH Visits									15
16	Subprovider - IPF	40	40	14,600			4,543	3,012	11,247	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		328							27
28	Observation Bed Days							952	4,216	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					4,917	2,683	15,094	1
2	HMO and other (see instructions)					1,589	683		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	6TH ICU								8.01
8.02	7TH ICU								8.02
8.03	8TH ICU								8.03
8.04	5TH ICU								8.04
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	266.94	1,279.00			4,917	2,683	15,094	14
15	CAH Visits								15
16	Subprovider - IPF	5.46	41.00			454	564	1,702	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	272.40	1,320.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	100,564,587		100,564,587	3,174,046.00	31.68	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	66,315		66,315	1,903.00	34.85	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		5,893,158	-136,267	5,756,891	189,345.00	30.40	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		3,692,149		3,692,149	71,911.00	51.34	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		678,174		678,174	5,423.00	125.06	13
14	Home office salaries & wage-related costs		18,778,700		18,778,700	437,532.00	42.92	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		20,504,326		20,504,326			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		1,138,067		1,138,067			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		14,952		14,952			25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		718,058		718,058	23,386.00	30.70	26
27	Administrative & General		11,571,824	-137,207	11,434,617	286,631.00	39.89	27
28	Administrative & General under contract (see instructions)		71,066		71,066	645.00	110.18	28
29	Maintenance & Repairs		377,177		377,177	10,158.00	37.13	29
30	Operation of Plant							30
31	Laundry & Linen Service		94,732		94,732	6,268.00	15.11	31
32	Housekeeping							32
33	Housekeeping under contract (see instructions)		1,826,002		1,826,002	131,040.00	13.93	33
34	Dietary							34
35	Dietary under contract (see instructions)		2,276,692		2,276,692	174,720.00	13.03	35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,315,034		1,315,034	30,789.00	42.71	38
39	Central Services and Supply		567,703		567,703	29,272.00	19.39	39
40	Pharmacy		4,576,011	-199,371	4,376,640	106,455.00	41.11	40
41	Medical Records & Medical Records Library		2,877,519		2,877,519	100,590.00	28.61	41
42	Social Service		2,062,882		2,062,882	59,710.00	34.55	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		104,672,032		104,672,032	3,478,548.00	30.09	1
2	Excluded area salaries (see instructions)		5,893,158	-136,267	5,756,891	189,345.00	30.40	2
3	Subtotal salaries (line 1 minus line 2)		98,778,874	136,267	98,915,141	3,289,203.00	30.07	3
4	Subtotal other wages & related costs (see instructions)		23,149,023		23,149,023	514,866.00	44.96	4
5	Subtotal wage-related costs (see instructions)		20,504,326		20,504,326		20.73%	5
6	Total (sum of lines 3 through 5)		142,432,223	136,267	142,568,490	3,804,069.00	37.48	6
7	Total overhead cost (see instructions)		28,334,700	-336,578	27,998,122	959,664.00	29.17	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	1,336,273	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	10,285,422	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,940,804	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	7,283,702	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	84,061	19
20	State or Federal Unemployment Taxes	317,651	20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	409,432	23
24	Total Wage Related cost (Sum of lines 1-23)	21,657,345	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTS (SPECIFY)		25
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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	Supporting Exhibit for Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD				
1	Wage Index Fiscal Year Ending Date			1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)			2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month			3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)			4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)			5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)				
6	Effective Date of Pension Plan			6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date			7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)			8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD				
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable			9
10	Ending Date of Averaging Period from Line 5			10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S)	11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)			12
13	Total Contributions Made During Averaging Period			13
14	Average Monthly Contribution (Line 13 divided by Line 12)			14
15	Number of MOnths in Provider Cost Reporting Period on Line 2			15
16	Average Pension Contributions (Line 14 times Line 15)			16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX				
17	Annual Prefunding Installment (see instructions)			17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)			18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)			19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	3,694,830	21,657,345	1
2	Hospital	3,684,649	20,981,745	2
3	Subprovider - IPF	10,181	675,600	3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.187765	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	69,723,857	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5
6	Medicaid charges	356,134,781	6
7	Medicaid cost (line 1 times line 6)	66,869,647	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP		9
10	Stand-alone SCHIP charges		10
11	Stand-alone SCHIP cost (line 1 times line 10)		11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.		12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)	8,756,197	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	63,719,186	14
15	State or local indigent care program cost (line 1 times line 14)	11,964,233	15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.	3,208,036	16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,208,036	19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	53,113,671	254,509	53,368,180	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,972,888	47,788	10,020,676	21
22	Partial payment by patients approved for charity care	16,857	250	17,107	22
23	Cost of charity care (line 21 minus line 22)	9,956,031	47,538	10,003,569	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	31,290,470	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,934,187	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	29,356,283	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	5,512,082	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	15,515,651	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	18,723,687	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	Cap Rel Costs-Bldg & Fixt		5,638,647	5,638,647	1,278,459	6,917,106	768,671	7,685,777	1
2	00200	Cap Rel Costs-Mvble Equip		9,107,700	9,107,700	3,548,538	12,656,238	-93,134	12,563,104	2
3	00300	Other Cap Rel Costs		2,679,318	2,679,318	-2,679,318			-0-	3
4	00400	Employee Benefits Department	718,058	13,748,511	14,466,569	-2,991	14,463,578		14,463,578	4
5	00500	Administrative & General	11,571,824	83,695,773	95,267,597	-859,451	94,408,146	-3,895,542	90,512,604	5
6	00600	Maintenance & Repairs	377,177	232,856	610,033	-15,068	594,965		594,965	6
7	00700	Operation of Plant		11,441,131	11,441,131	-2,134,017	9,307,114	-291,712	9,015,402	7
8	00800	Laundry & Linen Service	94,732	1,071,216	1,165,948	-22	1,165,926		1,165,926	8
9	00900	Housekeeping		3,602,467	3,602,467	-6,131	3,596,336		3,596,336	9
10	01000	Dietary		3,192,782	3,192,782	-2,397,761	795,021	-9,703	785,318	10
11	01100	Cafeteria				1,788,838	1,788,838		1,788,838	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,315,034	321,805	1,636,839	-33,106	1,603,733		1,603,733	13
14	01400	Central Services & Supply	567,703	2,445,089	3,012,792	-2,222,280	790,512		790,512	14
15	01500	Pharmacy	4,576,011	25,802,511	30,378,522	-25,191,246	5,187,276		5,187,276	15
16	01600	Medical Records & Library	2,374,671	1,275,031	3,649,702	-1,177	3,648,525	-498,573	3,149,952	16
16.01	01601	QUALITY ASSURANCE	502,848	251,495	754,343	-1,175	753,168		753,168	16.01
17	01700	Social Service	2,062,882	991,903	3,054,785	-1,279	3,053,506	-253,294	2,800,212	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	66,315		66,315		66,315		66,315	21
22	02200	I&R Services-Other Prgm Costs Apprvd		38,737,376	38,737,376		38,737,376		38,737,376	22
23	02300	PARAMED ED PRGM-(SPECIFY)				247,693	247,693		247,693	23
INPATIENT ROUTINE SERVICE COST CENTERS										
30	03000	Adults & Pediatrics	19,782,669	5,238,962	25,021,631	-2,421,833	22,599,798	-3,428	22,596,370	30
31	03100	Intensive Care Unit	2,718,292	754,673	3,472,965	-217,668	3,255,297	-3,264	3,252,033	31
31.01	03101	6TH ICU	2,166,664	641,855	2,808,519	-218,446	2,590,073		2,590,073	31.01
31.02	03102	7TH ICU	2,376,909	793,868	3,170,777	-237,113	2,933,664		2,933,664	31.02
31.03	03103	8TH ICU	2,305,903	917,666	3,223,569	-247,683	2,975,886		2,975,886	31.03
31.04	03104	5TH ICU	2,589,346	866,856	3,456,202	-267,280	3,188,922		3,188,922	31.04
40	04000	Subprovider - IPF	3,321,883	421,810	3,743,693	604,095	4,347,788	-2,516	4,345,272	40
ANCILLARY SERVICE COST CENTERS										
50	05000	Operating Room	7,503,523	26,884,533	34,388,056	-22,741,354	11,646,702	-6,218	11,640,484	50
51	05100	Recovery Room	2,224,937	492,975	2,717,912	-242,598	2,475,314		2,475,314	51
53	05300	Anesthesiology	194,561	1,198,331	1,392,892	-1,031,599	361,293		361,293	53
54	05400	Radiology-Diagnostic	5,660,563	8,033,754	13,694,317	-5,096,128	8,598,189	-205	8,597,984	54
54.03	03330	ENDOSCOPY	1,289,161	1,767,602	3,056,763	-1,312,670	1,744,093		1,744,093	54.03
54.05	05401	PET IMAGING	177,644	353,174	530,818	94,123	624,941		624,941	54.05
55	05500	Radiology-Therapeutic	583,555	1,216,269	1,799,824	-5,265	1,794,559	-605,441	1,189,118	55
56	05600	Radioisotope	418,208	1,453,170	1,871,378	-98,471	1,772,907		1,772,907	56
60	06000	Laboratory	5,114,425	13,686,182	18,800,607	-2,257,824	16,542,783	-29,381	16,513,402	60
60.02	06002	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		4,252,078	4,252,078	16,537	4,268,615	-6,529	4,262,086	63
65	06500	Respiratory Therapy	2,169,572	1,308,341	3,477,913	-902,717	2,575,196		2,575,196	65
66	06600	Physical Therapy	2,320,024	450,477	2,770,501	-44,270	2,726,231		2,726,231	66
69	06900	Electrocardiology	2,824,983	7,312,693	10,137,676	-6,443,533	3,694,143		3,694,143	69
69.02	03650	CARDIOVASCULAR LAB								69.02
70	07000	Electroencephalography	298,687	123,671	422,358	-5,506	416,852		416,852	70
71	07100	Medical Supplies Charged to Patients				20,483,130	20,483,130		20,483,130	71
72	07200	Impl. Dev. Charged to Patients				21,395,502	21,395,502		21,395,502	72
73	07300	Drugs Charged to Patients				26,065,938	26,065,938	-43,884	26,022,054	73
74	07400	Renal Dialysis		1,272,591	1,272,591	-30,329	1,242,262		1,242,262	74
76	03950	OTHER ANCILLARY SERVICES								76
76.01	03550	PSYCH THERAPY								76.01
76.29	03961	AIR RESCUE								76.29
76.30	03962	BONE MARROW	202,989	1,235,175	1,438,164	-102	1,438,062		1,438,062	76.30
76.31	03963	CORNEAL TRANSPLANTS		256,950	256,950		256,950		256,950	76.31
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
90	09000	Clinic	497,774	568,100	1,065,874	-9,893	1,055,981		1,055,981	90

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
90.02	09002	TRANSPLANT CLINIC				1,494,017	1,494,017		1,494,017	90.02
90.03	09003	BONE MARROW CLINIC	1,080,918	1,921,166	3,002,084	-38,235	2,963,849	-1,628,742	1,335,107	90.03
90.04	09004	TENETCARE	596,684	170,280	766,964	-51,702	715,262	-80	715,182	90.04
91	09100	Emergency	5,346,183	9,417,444	14,763,627	-1,023,761	13,739,866	-7,337,601	6,402,265	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	2,571,262	1,657,723	4,228,985	-552,699	3,676,286	-2,693	3,673,593	105
107	10700	Liver Acquisition		1,043,326	1,043,326	957,759	2,001,085	-960	2,000,125	107
109	10900	Pancreas Acquisition		34,552	34,552	10,090	44,642		44,642	109
113	11300	Interest Expense		24,080,386	24,080,386	-80,386	24,000,000	-24,000,000		113
118		SUBTOTALS (sum of lines 1-117)	100,564,574	324,062,244	424,626,818	-3,139,368	421,487,450	-37,944,229	383,543,221	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		99	99		99	150,264	150,363	190
194	07950	DOCTORS MEALS				607,923	607,923		607,923	194
194.0 5	07955	PUBLIC RELATIONS				400,417	400,417		400,417	194.0 5
194.1 1	07961	UNIVERSITY SPACE				1,624,343	1,624,343		1,624,343	194.1 1
194.1 2	07962	CANCER CENTER				506,685	506,685		506,685	194.1 2
194.1 3	07963	MARKET SPACE								194.1 3
194.1 4	07964	RENTAL PROPERTIES	13	32,909	32,922		32,922		32,922	194.1 4
194.1 5	07965	OP CATH LAB-UNIV								194.1 5
200		TOTAL (sum of lines 118-199)	100,564,587	324,095,252	424,659,839		424,659,839	-37,793,965	386,865,874	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS OF OTHER COC COSTS	C	Administrative & General	5		69,158	1
500	Total reclassifications					69,158	500
	Code Letter - C						
1	OFFEROR REBATES	D	Central Services & Supply	14		123,322	1
2	OFFEROR REBATES	D	Pharmacy	15		271,798	2
500	Total reclassifications					395,120	500
	Code Letter - D						
1	DIETARY RECLASS - OTHER COSTS	E	Cafeteria	11		1,788,838	1
2	DIETARY RECLASS - OTHER COSTS	E	DOCTORS MEALS	194		607,923	2
500	Total reclassifications					2,396,761	500
	Code Letter - E						
1	RECLASS OF HIGH COST IMPLANTABLES	F	Impl. Dev. Charged to Patient	72		21,457,865	1
500	Total reclassifications					21,457,865	500
	Code Letter - F						
1	RECLASS PARAMED ED (OTHER)	H	PARAMED ED PRGM-(SPECIFY)	23	199,371	48,322	1
500	Total reclassifications				199,371	48,322	500
	Code Letter - H						
1	RECLASS FLOAT POOL (OTHER)	I	Intensive Care Unit	31	73,973	23,482	1
2	RECLASS FLOAT POOL (OTHER)	I	6TH ICU	31.01	66,771	21,196	2
3	RECLASS FLOAT POOL (OTHER)	I	7TH ICU	31.02	69,234	21,977	3
4	RECLASS FLOAT POOL (OTHER)	I	8TH ICU	31.03	70,070	22,243	4
5	RECLASS FLOAT POOL (OTHER)	I	5TH ICU	31.04	85,140	27,027	5
6	RECLASS FLOAT POOL (OTHER)	I	Subprovider - IPF	40	55,380	33,491	6
500	Total reclassifications				420,568	149,416	500
	Code Letter - I						
1	NUCLEAR MEDICINE (OTHER)	K	PET IMAGING	54.05	87,839	8,784	1
500	Total reclassifications				87,839	8,784	500
	Code Letter - K						
1	RECLASS OF LEASED HOSPITAL SPACE	L	UNIVERSITY SPACE	194.11		1,624,343	1
2	RECLASS OF LEASED HOSPITAL SPACE	L	CANCER CENTER	194.12		506,685	2
500	Total reclassifications					2,131,028	500
	Code Letter - L						
1	HOSPITAL ADMIN	N	Operation of Plant	7		225,060	1
500	Total reclassifications					225,060	500
	Code Letter - N						
1	RECLASS OF DIRECTORSHIP FEES	O	Adults & Pediatrics	30		8,795	1
2	RECLASS OF DIRECTORSHIP FEES	O	Intensive Care Unit	31		8,376	2
3	RECLASS OF DIRECTORSHIP FEES	O	Subprovider - IPF	40		5,479	3
4	RECLASS OF DIRECTORSHIP FEES	O	Operating Room	50		21,918	4
5	RECLASS OF DIRECTORSHIP FEES	O	Laboratory	60		75,385	5
6	RECLASS OF DIRECTORSHIP FEES	O	Blood Storing, Processing & T	63		16,752	6
7	RECLASS OF DIRECTORSHIP FEES	O	Emergency	91		16,264	7
8	RECLASS OF DIRECTORSHIP FEES	O	Kidney Acquisition	105		9,493	8
9	RECLASS OF DIRECTORSHIP FEES	O	Liver Acquisition	107		3,560	9
500	Total reclassifications					166,022	500
	Code Letter - O						
1	HLA RECLASS	P	TRANSPLANT CLINIC	90.02		190,114	1
2	HLA RECLASS	P	Kidney Acquisition	105		1,706,000	2
500	Total reclassifications					1,896,114	500
	Code Letter - P						
1	POST-TRANSPLANT - DEPT 8613 RECLASS	Q	TRANSPLANT CLINIC	90.02	635,272	111,649	1
500	Total reclassifications				635,272	111,649	500
	Code Letter - Q						
1	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	Liver Acquisition	107	362,094	63,638	1
2	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	Pancreas Acquisition	109	459	81	2
500	Total reclassifications				362,553	63,719	500
	Code Letter - R						

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	POST-TRANSPLANT RECLASS - DEPT 7280	S	TRANSPLANT CLINIC	90.02	431,018	125,964	1
500	Total reclassifications				431,018	125,964	500
	Code Letter - S						
1	PRE-TRANSPLANT RECLASS - DEPT 7280	T	Liver Acquisition	107	408,952	119,515	1
2	PRE-TRANSPLANT RECLASS - DEPT 7280	T	Pancreas Acquisition	109	7,390	2,160	2
500	Total reclassifications				416,342	121,675	500
	Code Letter - T						
1	PSYCH SITTERS EXPENSE	U	Subprovider - IPF	40	538,065		1
500	Total reclassifications				538,065		500
	Code Letter - U						
1	RECLASS OF RENTAL/LEASE EQUIP	W	Cap Rel Costs-Mvble Equip	2		2,154,474	1
2	RECLASS OF RENTAL/LEASE EQUIP	W					2
3	RECLASS OF RENTAL/LEASE EQUIP	W					3
4	RECLASS OF RENTAL/LEASE EQUIP	W					4
5	RECLASS OF RENTAL/LEASE EQUIP	W					5
6	RECLASS OF RENTAL/LEASE EQUIP	W					6
7	RECLASS OF RENTAL/LEASE EQUIP	W					7
8	RECLASS OF RENTAL/LEASE EQUIP	W					8
9	RECLASS OF RENTAL/LEASE EQUIP	W					9
10	RECLASS OF RENTAL/LEASE EQUIP	W					10
11	RECLASS OF RENTAL/LEASE EQUIP	W					11
12	RECLASS OF RENTAL/LEASE EQUIP	W					12
13	RECLASS OF RENTAL/LEASE EQUIP	W					13
14	RECLASS OF RENTAL/LEASE EQUIP	W					14
15	RECLASS OF RENTAL/LEASE EQUIP	W					15
16	RECLASS OF RENTAL/LEASE EQUIP	W					16
17	RECLASS OF RENTAL/LEASE EQUIP	W					17
18	RECLASS OF RENTAL/LEASE EQUIP	W					18
19	RECLASS OF RENTAL/LEASE EQUIP	W					19
20	RECLASS OF RENTAL/LEASE EQUIP	W					20
21	RECLASS OF RENTAL/LEASE EQUIP	W					21
22	RECLASS OF RENTAL/LEASE EQUIP	W					22
23	RECLASS OF RENTAL/LEASE EQUIP	W					23
24	RECLASS OF RENTAL/LEASE EQUIP	W					24
25	RECLASS OF RENTAL/LEASE EQUIP	W					25
26	RECLASS OF RENTAL/LEASE EQUIP	W					26
27	RECLASS OF RENTAL/LEASE EQUIP	W					27
28	RECLASS OF RENTAL/LEASE EQUIP	W					28
29	RECLASS OF RENTAL/LEASE EQUIP	W					29
30	RECLASS OF RENTAL/LEASE EQUIP	W					30
31	RECLASS OF RENTAL/LEASE EQUIP	W					31
32	RECLASS OF RENTAL/LEASE EQUIP	W					32
33	RECLASS OF RENTAL/LEASE EQUIP	W					33
34	RECLASS OF RENTAL/LEASE EQUIP	W					34
35	RECLASS OF RENTAL/LEASE EQUIP	W					35
36	RECLASS OF RENTAL/LEASE EQUIP	W					36
500	Total reclassifications					2,154,474	500
	Code Letter - W						
1	CHARGEABLE SUPPLIES	X	Medical Supplies Charged to P	71		42,064,317	1
2	CHARGEABLE SUPPLIES	X					2
3	CHARGEABLE SUPPLIES	X					3
4	CHARGEABLE SUPPLIES	X					4
5	CHARGEABLE SUPPLIES	X					5
6	CHARGEABLE SUPPLIES	X					6
7	CHARGEABLE SUPPLIES	X					7
8	CHARGEABLE SUPPLIES	X					8
9	CHARGEABLE SUPPLIES	X					9
10	CHARGEABLE SUPPLIES	X					10
11	CHARGEABLE SUPPLIES	X					11
12	CHARGEABLE SUPPLIES	X					12
13	CHARGEABLE SUPPLIES	X					13
14	CHARGEABLE SUPPLIES	X					14
15	CHARGEABLE SUPPLIES	X					15
16	CHARGEABLE SUPPLIES	X					16
17	CHARGEABLE SUPPLIES	X					17
18	CHARGEABLE SUPPLIES	X					18

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RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
19	CHARGEABLE SUPPLIES	X					19
20	CHARGEABLE SUPPLIES	X					20
21	CHARGEABLE SUPPLIES	X					21
22	CHARGEABLE SUPPLIES	X					22
23	CHARGEABLE SUPPLIES	X					23
24	CHARGEABLE SUPPLIES	X					24
25	CHARGEABLE SUPPLIES	X					25
26	CHARGEABLE SUPPLIES	X					26
27	CHARGEABLE SUPPLIES	X					27
28	CHARGEABLE SUPPLIES	X					28
29	CHARGEABLE SUPPLIES	X					29
30	CHARGEABLE SUPPLIES	X					30
31	CHARGEABLE SUPPLIES	X					31
32	CHARGEABLE SUPPLIES	X					32
33	CHARGEABLE SUPPLIES	X					33
34	CHARGEABLE SUPPLIES	X					34
35	CHARGEABLE SUPPLIES	X					35
36	CHARGEABLE SUPPLIES	X					36
37	CHARGEABLE SUPPLIES	X					37
500	Total reclassifications					42,064,317	500
	Code Letter - X						
1	CHARGEABLE DRUGS PER G/L	Y	Anesthesiology	53		10	1
2	CHARGEABLE DRUGS PER G/L	Y	Radioisotope	56		5,526	2
3	CHARGEABLE DRUGS PER G/L	Y	Drugs Charged to Patients	73		24,366,221	3
4	CHARGEABLE DRUGS PER G/L	Y					4
5	CHARGEABLE DRUGS PER G/L	Y					5
6	CHARGEABLE DRUGS PER G/L	Y					6
7	CHARGEABLE DRUGS PER G/L	Y					7
8	CHARGEABLE DRUGS PER G/L	Y					8
9	CHARGEABLE DRUGS PER G/L	Y					9
10	CHARGEABLE DRUGS PER G/L	Y					10
11	CHARGEABLE DRUGS PER G/L	Y					11
12	CHARGEABLE DRUGS PER G/L	Y					12
13	CHARGEABLE DRUGS PER G/L	Y					13
14	CHARGEABLE DRUGS PER G/L	Y					14
15	CHARGEABLE DRUGS PER G/L	Y					15
16	CHARGEABLE DRUGS PER G/L	Y					16
17	CHARGEABLE DRUGS PER G/L	Y					17
500	Total reclassifications					24,371,757	500
	Code Letter - Y						
1	CHARGEABLE IV SOLUTIONS PER G/L	Z	Administrative & General	5		11,977	1
2	CHARGEABLE IV SOLUTIONS PER G/L	Z	Drugs Charged to Patients	73		1,971,515	2
3	CHARGEABLE IV SOLUTIONS PER G/L	Z					3
4	CHARGEABLE IV SOLUTIONS PER G/L	Z					4
5	CHARGEABLE IV SOLUTIONS PER G/L	Z					5
6	CHARGEABLE IV SOLUTIONS PER G/L	Z					6
7	CHARGEABLE IV SOLUTIONS PER G/L	Z					7
8	CHARGEABLE IV SOLUTIONS PER G/L	Z					8
9	CHARGEABLE IV SOLUTIONS PER G/L	Z					9
10	CHARGEABLE IV SOLUTIONS PER G/L	Z					10
11	CHARGEABLE IV SOLUTIONS PER G/L	Z					11
12	CHARGEABLE IV SOLUTIONS PER G/L	Z					12
13	CHARGEABLE IV SOLUTIONS PER G/L	Z					13
14	CHARGEABLE IV SOLUTIONS PER G/L	Z					14
15	CHARGEABLE IV SOLUTIONS PER G/L	Z					15
16	CHARGEABLE IV SOLUTIONS PER G/L	Z					16
17	CHARGEABLE IV SOLUTIONS PER G/L	Z					17
18	CHARGEABLE IV SOLUTIONS PER G/L	Z					18
19	CHARGEABLE IV SOLUTIONS PER G/L	Z					19
20	CHARGEABLE IV SOLUTIONS PER G/L	Z					20
21	CHARGEABLE IV SOLUTIONS PER G/L	Z					21
22	CHARGEABLE IV SOLUTIONS PER G/L	Z					22
23	CHARGEABLE IV SOLUTIONS PER G/L	Z					23
24	CHARGEABLE IV SOLUTIONS PER G/L	Z					24
25	CHARGEABLE IV SOLUTIONS PER G/L	Z					25
500	Total reclassifications					1,983,492	500
	Code Letter - Z						

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	Administrative & General	5		80,386	1
500	Total reclassifications					80,386	500
	Code Letter - DD						
1	RECLASS OF IMPLANTABLE DEVICES EQUIP	FF	Cap Rel Costs-Mvble Equip	2		62,363	1
500	Total reclassifications					62,363	500
	Code Letter - FF						
1	PUBLIC RELATIONS OTHER EXPENSE	PR	PUBLIC RELATIONS	194.05	137,207	263,210	1
500	Total reclassifications				137,207	263,210	500
	Code Letter - PR						
	GRAND TOTAL (Increases)				3,228,235	100,346,656	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
1	RECLASS OF OTHER COC COSTS	C	Other Cap Rel Costs	3		69,158	1
500	Total reclassifications					69,158	500
	Code letter - C						
1	OFFEROR REBATES	D	Medical Supplies Charged to P	71		123,322	1
2	OFFEROR REBATES	D	Drugs Charged to Patients	73		271,798	2
500	Total reclassifications					395,120	500
	Code letter - D						
1	DIETARY RECLASS - OTHER COSTS	E	Dietary	10		2,396,761	1
2	DIETARY RECLASS - OTHER COSTS	E					2
500	Total reclassifications					2,396,761	500
	Code letter - E						
1	RECLASS OF HIGH COST IMPLANTABLES	F	Medical Supplies Charged to P	71		21,457,865	1
500	Total reclassifications					21,457,865	500
	Code letter - F						
1	RECLASS PARAMED ED (OTHER)	H	Pharmacy	15	199,371	48,322	1
500	Total reclassifications				199,371	48,322	500
	Code letter - H						
1	RECLASS FLOAT POOL (OTHER)	I	Adults & Pediatrics	30	420,568	149,416	1
2	RECLASS FLOAT POOL (OTHER)	I					2
3	RECLASS FLOAT POOL (OTHER)	I					3
4	RECLASS FLOAT POOL (OTHER)	I					4
5	RECLASS FLOAT POOL (OTHER)	I					5
6	RECLASS FLOAT POOL (OTHER)	I					6
500	Total reclassifications				420,568	149,416	500
	Code letter - I						
1	NUCLEAR MEDICINE (OTHER)	K	Radioisotope	56	87,839	8,784	1
500	Total reclassifications				87,839	8,784	500
	Code letter - K						
1	RECLASS OF LEASED HOSPITAL SPACE	L	Operation of Plant	7		2,131,028	1
2	RECLASS OF LEASED HOSPITAL SPACE	L					2
500	Total reclassifications					2,131,028	500
	Code letter - L						
1	HOSPITAL ADMIN	N	Administrative & General	5		225,060	1
500	Total reclassifications					225,060	500
	Code letter - N						
1	RECLASS OF DIRECTORSHIP FEES	O	Administrative & General	5		166,022	1
2	RECLASS OF DIRECTORSHIP FEES	O					2
3	RECLASS OF DIRECTORSHIP FEES	O					3
4	RECLASS OF DIRECTORSHIP FEES	O					4
5	RECLASS OF DIRECTORSHIP FEES	O					5
6	RECLASS OF DIRECTORSHIP FEES	O					6
7	RECLASS OF DIRECTORSHIP FEES	O					7
8	RECLASS OF DIRECTORSHIP FEES	O					8
9	RECLASS OF DIRECTORSHIP FEES	O					9
500	Total reclassifications					166,022	500
	Code letter - O						
1	HLA RECLASS	P	Laboratory	60		1,896,114	1
2	HLA RECLASS	P					2
500	Total reclassifications					1,896,114	500
	Code letter - P						
1	POST-TRANSPLANT - DEPT 8613 RECLASS	Q	Kidney Acquisition	105	635,272	111,649	1
500	Total reclassifications				635,272	111,649	500
	Code letter - Q						
1	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	Kidney Acquisition	105	362,553	63,719	1
2	PRE-TRANSPLANT - DEPT 8613 RECLASS	R					2
500	Total reclassifications				362,553	63,719	500
	Code letter - R						

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	POST-TRANSPLANT RECLASS - DEPT 7280	S	Kidney Acquisition	105	431,018	125,964	1	
500	Total reclassifications				431,018	125,964	500	
	Code letter - S							
1	PRE-TRANSPLANT RECLASS - DEPT 7280	T	Kidney Acquisition	105	416,342	121,675	1	
2	PRE-TRANSPLANT RECLASS - DEPT 7280	T					2	
500	Total reclassifications				416,342	121,675	500	
	Code letter - T							
1	PSYCH SITTERS EXPENSE	U	Adults & Pediatrics	30	538,065		1	
500	Total reclassifications				538,065		500	
	Code letter - U							
1	RECLASS OF RENTAL/LEASE EQUIP	W	Employee Benefits Department	4		515	10	
2	RECLASS OF RENTAL/LEASE EQUIP	W	Administrative & General	5		22,562	2	
3	RECLASS OF RENTAL/LEASE EQUIP	W	Maintenance & Repairs	6		417	3	
4	RECLASS OF RENTAL/LEASE EQUIP	W	Operation of Plant	7		227,890	4	
5	RECLASS OF RENTAL/LEASE EQUIP	W	Housekeeping	9		6,081	5	
6	RECLASS OF RENTAL/LEASE EQUIP	W	Dietary	10		1,000	6	
7	RECLASS OF RENTAL/LEASE EQUIP	W	Nursing Administration	13		4,473	7	
8	RECLASS OF RENTAL/LEASE EQUIP	W	Central Services & Supply	14		1,122,691	8	
9	RECLASS OF RENTAL/LEASE EQUIP	W	Pharmacy	15		354,006	9	
10	RECLASS OF RENTAL/LEASE EQUIP	W	Medical Records & Library	16		1,158	10	
11	RECLASS OF RENTAL/LEASE EQUIP	W	QUALITY ASSURANCE	16.01		1,172	11	
12	RECLASS OF RENTAL/LEASE EQUIP	W	Social Service	17		1,262	12	
13	RECLASS OF RENTAL/LEASE EQUIP	W	Adults & Pediatrics	30		5,476	13	
14	RECLASS OF RENTAL/LEASE EQUIP	W	Intensive Care Unit	31		560	14	
15	RECLASS OF RENTAL/LEASE EQUIP	W	6TH ICU	31.01		388	15	
16	RECLASS OF RENTAL/LEASE EQUIP	W	7TH ICU	31.02		302	16	
17	RECLASS OF RENTAL/LEASE EQUIP	W	8TH ICU	31.03		302	17	
18	RECLASS OF RENTAL/LEASE EQUIP	W	5TH ICU	31.04		318	18	
19	RECLASS OF RENTAL/LEASE EQUIP	W	Subprovider - IPF	40		722	19	
20	RECLASS OF RENTAL/LEASE EQUIP	W	Operating Room	50		51,623	20	
21	RECLASS OF RENTAL/LEASE EQUIP	W	Recovery Room	51		1,654	21	
22	RECLASS OF RENTAL/LEASE EQUIP	W	Anesthesiology	53		1,310	22	
23	RECLASS OF RENTAL/LEASE EQUIP	W	Radiology-Diagnostic	54		37,100	23	
24	RECLASS OF RENTAL/LEASE EQUIP	W	ENDOSCOPY	54.03		100	24	
25	RECLASS OF RENTAL/LEASE EQUIP	W	Radiology-Therapeutic	55		1,142	25	
26	RECLASS OF RENTAL/LEASE EQUIP	W	Radioisotope	56		378	26	
27	RECLASS OF RENTAL/LEASE EQUIP	W	Laboratory	60		6,859	27	
28	RECLASS OF RENTAL/LEASE EQUIP	W	Blood Storing, Processing & T	63		215	28	
29	RECLASS OF RENTAL/LEASE EQUIP	W	Respiratory Therapy	65		203,627	29	
30	RECLASS OF RENTAL/LEASE EQUIP	W	Physical Therapy	66		2,562	30	
31	RECLASS OF RENTAL/LEASE EQUIP	W	Electrocardiology	69		88,607	31	
32	RECLASS OF RENTAL/LEASE EQUIP	W	Electroencephalography	70		316	32	
33	RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW	76.30		102	33	
34	RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW CLINIC	90.03		623	34	
35	RECLASS OF RENTAL/LEASE EQUIP	W	TENETCARE	90.04		2,502	35	
36	RECLASS OF RENTAL/LEASE EQUIP	W	Emergency	91		4,459	36	
500	Total reclassifications					2,154,474	500	
	Code letter - W							
1	CHARGEABLE SUPPLIES	X	Employee Benefits Department	4		2,473	1	
2	CHARGEABLE SUPPLIES	X	Administrative & General	5		16,585	2	
3	CHARGEABLE SUPPLIES	X	Maintenance & Repairs	6		14,651	3	
4	CHARGEABLE SUPPLIES	X	Operation of Plant	7		159	4	
5	CHARGEABLE SUPPLIES	X	Laundry & Linen Service	8		22	5	
6	CHARGEABLE SUPPLIES	X	Housekeeping	9		50	6	
7	CHARGEABLE SUPPLIES	X	Nursing Administration	13		28,633	7	
8	CHARGEABLE SUPPLIES	X	Central Services & Supply	14		1,202,438	8	
9	CHARGEABLE SUPPLIES	X	Pharmacy	15		85,165	9	
10	CHARGEABLE SUPPLIES	X	Medical Records & Library	16		19	10	
11	CHARGEABLE SUPPLIES	X	QUALITY ASSURANCE	16.01		3	11	
12	CHARGEABLE SUPPLIES	X	Social Service	17		17	12	
13	CHARGEABLE SUPPLIES	X	Adults & Pediatrics	30		1,037,699	13	
14	CHARGEABLE SUPPLIES	X	Intensive Care Unit	31		280,612	14	
15	CHARGEABLE SUPPLIES	X	6TH ICU	31.01		260,490	15	
16	CHARGEABLE SUPPLIES	X	7TH ICU	31.02		280,444	16	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
17	CHARGEABLE SUPPLIES	X	8TH ICU	31.03		296,925	17	
18	CHARGEABLE SUPPLIES	X	5TH ICU	31.04		339,934	18	
19	CHARGEABLE SUPPLIES	X	Subprovider - IPF	40		26,877	19	
20	CHARGEABLE SUPPLIES	X	Operating Room	50		22,623,827	20	
21	CHARGEABLE SUPPLIES	X	Recovery Room	51		182,631	21	
22	CHARGEABLE SUPPLIES	X	Anesthesiology	53		772,719	22	
23	CHARGEABLE SUPPLIES	X	Radiology-Diagnostic	54		4,992,545	23	
24	CHARGEABLE SUPPLIES	X	ENDOSCOPY	54.03		1,268,937	24	
25	CHARGEABLE SUPPLIES	X	PET IMAGING	54.05		2,194	25	
26	CHARGEABLE SUPPLIES	X	Radiology-Therapeutic	55		4,122	26	
27	CHARGEABLE SUPPLIES	X	Radioisotope	56		5,807	27	
28	CHARGEABLE SUPPLIES	X	Laboratory	60		339,376	28	
29	CHARGEABLE SUPPLIES	X	Respiratory Therapy	65		697,702	29	
30	CHARGEABLE SUPPLIES	X	Physical Therapy	66		41,708	30	
31	CHARGEABLE SUPPLIES	X	Electrocardiology	69		6,332,618	31	
32	CHARGEABLE SUPPLIES	X	Electroencephalography	70		5,185	32	
33	CHARGEABLE SUPPLIES	X	Renal Dialysis	74		24,623	33	
34	CHARGEABLE SUPPLIES	X	Clinic	90		9,670	34	
35	CHARGEABLE SUPPLIES	X	BONE MARROW CLINIC	90.03		30,181	35	
36	CHARGEABLE SUPPLIES	X	TENETCARE	90.04		40,078	36	
37	CHARGEABLE SUPPLIES	X	Emergency	91		817,198	37	
500	Total reclassifications					42,064,317	500	
	Code letter - X							
1	CHARGEABLE DRUGS PER G/L	Y	Employee Benefits Department	4		3	1	
2	CHARGEABLE DRUGS PER G/L	Y	Administrative & General	5		190,326	2	
3	CHARGEABLE DRUGS PER G/L	Y	Central Services & Supply	14		555	3	
4	CHARGEABLE DRUGS PER G/L	Y	Pharmacy	15		24,164,161	4	
5	CHARGEABLE DRUGS PER G/L	Y	Adults & Pediatrics	30		383	5	
6	CHARGEABLE DRUGS PER G/L	Y	Intensive Care Unit	31		419	6	
7	CHARGEABLE DRUGS PER G/L	Y	6TH ICU	31.01		458	7	
8	CHARGEABLE DRUGS PER G/L	Y	7TH ICU	31.02		209	8	
9	CHARGEABLE DRUGS PER G/L	Y	8TH ICU	31.03		209	9	
10	CHARGEABLE DRUGS PER G/L	Y	5TH ICU	31.04		654	10	
11	CHARGEABLE DRUGS PER G/L	Y	Operating Room	50		2,375	11	
12	CHARGEABLE DRUGS PER G/L	Y	Radiology-Diagnostic	54		5,289	12	
13	CHARGEABLE DRUGS PER G/L	Y	Radiology-Therapeutic	55		1	13	
14	CHARGEABLE DRUGS PER G/L	Y	Laboratory	60		3,794	14	
15	CHARGEABLE DRUGS PER G/L	Y	Clinic	90		30	15	
16	CHARGEABLE DRUGS PER G/L	Y	TENETCARE	90.04		1,609	16	
17	CHARGEABLE DRUGS PER G/L	Y	Emergency	91		1,282	17	
500	Total reclassifications					24,371,757	500	
	Code letter - Y							
1	CHARGEABLE IV SOLUTIONS PER G/L	Z	Central Services & Supply	14		19,918	1	
2	CHARGEABLE IV SOLUTIONS PER G/L	Z	Pharmacy	15		612,019	2	
3	CHARGEABLE IV SOLUTIONS PER G/L	Z	Adults & Pediatrics	30		279,021	3	
4	CHARGEABLE IV SOLUTIONS PER G/L	Z	Intensive Care Unit	31		41,908	4	
5	CHARGEABLE IV SOLUTIONS PER G/L	Z	6TH ICU	31.01		45,077	5	
6	CHARGEABLE IV SOLUTIONS PER G/L	Z	7TH ICU	31.02		47,369	6	
7	CHARGEABLE IV SOLUTIONS PER G/L	Z	8TH ICU	31.03		42,560	7	
8	CHARGEABLE IV SOLUTIONS PER G/L	Z	5TH ICU	31.04		38,541	8	
9	CHARGEABLE IV SOLUTIONS PER G/L	Z	Subprovider - IPF	40		721	9	
10	CHARGEABLE IV SOLUTIONS PER G/L	Z	Operating Room	50		85,447	10	
11	CHARGEABLE IV SOLUTIONS PER G/L	Z	Recovery Room	51		58,313	11	
12	CHARGEABLE IV SOLUTIONS PER G/L	Z	Anesthesiology	53		257,580	12	
13	CHARGEABLE IV SOLUTIONS PER G/L	Z	Radiology-Diagnostic	54		61,194	13	
14	CHARGEABLE IV SOLUTIONS PER G/L	Z	ENDOSCOPY	54.03		43,633	14	
15	CHARGEABLE IV SOLUTIONS PER G/L	Z	PET IMAGING	54.05		306	15	
16	CHARGEABLE IV SOLUTIONS PER G/L	Z	Radioisotope	56		1,189	16	
17	CHARGEABLE IV SOLUTIONS PER G/L	Z	Laboratory	60		87,066	17	
18	CHARGEABLE IV SOLUTIONS PER G/L	Z	Respiratory Therapy	65		1,388	18	
19	CHARGEABLE IV SOLUTIONS PER G/L	Z	Electrocardiology	69		22,308	19	
20	CHARGEABLE IV SOLUTIONS PER G/L	Z	Electroencephalography	70		5	20	
21	CHARGEABLE IV SOLUTIONS PER G/L	Z	Renal Dialysis	74		5,706	21	
22	CHARGEABLE IV SOLUTIONS PER G/L	Z	Clinic	90		193	22	
23	CHARGEABLE IV SOLUTIONS PER G/L	Z	BONE MARROW CLINIC	90.03		7,431	23	
24	CHARGEABLE IV SOLUTIONS PER G/L	Z	TENETCARE	90.04		7,513	24	
25	CHARGEABLE IV SOLUTIONS PER G/L	Z	Emergency	91		217,086	25	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
500	Total reclassifications					1,983,492		500
	Code letter - Z							
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	Interest Expense	113		80,386		1
500	Total reclassifications					80,386		500
	Code letter - DD							
1	RECLASS OF IMPLANTABLE DEVICES EQUIP	FF	Impl. Dev. Charged to Patient	72		62,363	10	1
500	Total reclassifications					62,363		500
	Code letter - FF							
1	PUBLIC RELATIONS OTHER EXPENSE	PR	Administrative & General	5	137,207	263,210		1
500	Total reclassifications				137,207	263,210		500
	Code letter - PR							
	GRAND TOTAL (Decreases)				3,228,235	100,346,656		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	3,483,620					3,483,620		2
3	Buildings and Fixtures	143,806,907	3,425,688		3,425,688	1,688,145	145,544,450	3,829,219	3
4	Building Improvements								4
5	Fixed Equipment	9,313,543	2,310,312		2,310,312	1,039,320	10,584,535	867	5
6	Movable Equipment	145,478,924	9,700,143		9,700,143	7,459,367	147,719,700	72,083,272	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	302,082,994	15,436,143		15,436,143	10,186,832	307,332,305	75,913,358	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	302,082,994	15,436,143		15,436,143	10,186,832	307,332,305	75,913,358	10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	5,638,647						5,638,647	1	
2	Cap Rel Costs-Mvble Equip	9,107,700						9,107,700	2	
3	Total (sum of lines 1-2)	14,746,347						14,746,347	3	

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	151,975,189		151,975,189	0.489801	35,674	1,242,785		1,278,459	1
2	Cap Rel Costs-Mvble Equ	158,304,236		158,304,236	0.510199	37,159	1,294,542		1,331,701	2
3	Total (sum of lines 1-2)	310,279,425		310,279,425	1.000000	72,833	2,537,327		2,610,160	3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,407,318			35,674	1,242,785		7,685,777	1	
2	Cap Rel Costs-Mvble Equip	9,014,566	2,216,837		37,159	1,294,542		12,563,104	2	
3	Total (sum of lines 1-2)	15,421,884	2,216,837		72,833	2,537,327		20,248,881	3	

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)	B	-390,981	Administrative & General	5	3
4	Trace, quantity, and time discounts (chapter 8)	B	-73,563	Administrative & General	5	4
5	Refunds and rebates of expenses (chapter 8)	B	-12,485	Cap Rel Costs-Mvble Equip	2	9 5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-19,503	Administrative & General	5	7
8	Television and radio service (chapter 21)	A	-44,779	Operation of Plant	7	8
9	Parking lot (chapter 21)	B	-246,933	Operation of Plant	7	9
10	Provider-based physician adjustment	Wkst A-8-2	-9,244,327			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-29,623,547			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-36,041	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-9,703	Dietary	10	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment	A	-79,621	Cap Rel Costs-Mvble Equip	2	9 27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	8176.XXXX LITIGATION & INVESTIGATI	A	-324,457	Administrative & General	5	33.01
33.03	5270.XXXX OTHER EDUCATIONAL REVENU	B	-87,406	Emergency	91	33.03
33.04	5675.XXXX SILVER RECOVERY	B	-205	Radiology-Diagnostic	54	33.04
33.09	8770.XXXX CENSUS DEVELOPMENT	A	-3,135,612	Administrative & General	5	33.09
33.16	5753.XXXX COST RECOVERY ITEMS	B	-111,910	Administrative & General	5	33.16
33.21	5753.XXXX COST RECOVERY ITEMS	B	-43,884	Drugs Charged to Patients	73	33.21
33.32	MOB REV. 5140,5141,5142,5143,5144,	B	-6,450	Administrative & General	5	33.32
33.35	8610.6760 8610.6761 8610.6765	A	-13,210,680	Administrative & General	5	33.35
33.36	WORKMENS COMP ADJUSTMENT	A	-346,081	Administrative & General	5	33.36
33.38	ASSOCIATION FEES	A	-49,415	Administrative & General	5	33.38
34						34
34.05	TELEPHONE SERVICES	A	-1,028	Cap Rel Costs-Mvble Equip	2	9 34.05
34.06	TELEVISION SERVICE	A	-5	Administrative & General	5	34.06
34.07	TELEVISION SERVICE	A	-80	TENETCARE	90.04	34.07
34.11	ADMIN COSTS-NON-PATIENT CARE	A	-192,666	Administrative & General	5	34.11
34.12	LEGAL FEES	A	-20,817	Administrative & General	5	34.12
34.13	COMPLIMENTARY LOCAL TRANSPORTATION	A	-129,218	Administrative & General	5	34.13
34.17	NURSE PRACTITIONERS	A	-453,775	BONE MARROW CLINIC	90.03	34.17
34.19	NON-ALLOWABLE PATIENT ASSISTANCE	A	-98,621	Social Service	17	34.19
34.20	FUSZ PAVILLION EXP	A	-16,659	Administrative & General	5	34.20
34.21	CHAIFETZ ARENA EXP	A	-167,293	Administrative & General	5	34.21
34.22	PPM EXPENSE	A	-462,532	Medical Records & Library	16	34.22
34.23	GIFT SHOP SALARIES	A	150,264	Gift, Flower, Coffee Shop & Canteen	190	34.23
34.25	FRA TAX ADD-ON	A	20,919,678	Administrative & General	5	34.25

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED					
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
34.26	FRA RELATED EXPENSES	A	-223,630	Administrative & General	5		34.26
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-37,793,965				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

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

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

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

WORKSHEET A-8-1

A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	113	Interest Expense	INTERCOMPANY INTEREST		24,000,000	-24,000,000		1
2	5	Administrative & General	HOME OFFICE	10,563,548	16,955,766	-6,392,218		2
3	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE - DIRECT COC	768,671		768,671	9	3
4	5	Administrative & General	INTERCOMPANY JOURNAL ENTRIES	27,111,388	27,111,388			4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			38,443,607	68,067,154	-29,623,547		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B		100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY	6
7	B		100.00	CONIFER		CREDIT AND COLLECTION	7
8	C			CONCENTRA HEATLH SERVICES		OCCUP HEATLH SERVICES	8
9	C			SAINT LOUIS UNIVERSITY		CARDIAC CATH LAB JV	9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	31	Intensive Care Unit	8,376		8,376	177,200	60	5,112	256	1
2	30	Adults & Pediatrics	8,795		8,795	177,200	63	5,367	268	2
3	40	Subprovider - IPF	5,479		5,479	154,100	40	2,963	148	3
4	50	Operating Room	21,918		21,918	208,000	157	15,700	785	4
5	107	Liver Acquisition	3,560		3,560	208,000	26	2,600	130	5
6	105	Kidney Acquisition	9,493		9,493	208,000	68	6,800	340	6
7	60	Laboratory	75,385		75,385	177,200	540	46,004	2,300	7
8	63	Blood Storing, Proce	16,752		16,752	177,200	120	10,223	511	8
9	55	Radiology-Therapeuti AGGREGATE	605,441	605,441						9
10	91	Emergency AGGREGATE	6,009,434	5,993,170	16,264	177,200	117	9,968	498	10
11	91	Emergency AGGREGATE	1,250,729	1,250,729						11
12	90.03	BONE MARROW CLINIC AGGREGATE	1,174,967	1,174,967						12
13	5	Administrative & Gen	10,366		10,366	177,200	74	6,304	315	13
14	17	Social Service	520,318		520,318	177,200	4,292	365,645	18,282	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	9,721,013	9,024,307	696,706		5,557	476,686	23,833	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	31	Intensive Care Unit					5,112	3,264	3,264	1
2	30	Adults & Pediatrics					5,367	3,428	3,428	2
3	40	Subprovider - IPF					2,963	2,516	2,516	3
4	50	Operating Room					15,700	6,218	6,218	4
5	107	Liver Acquisition					2,600	960	960	5
6	105	Kidney Acquisition					6,800	2,693	2,693	6
7	60	Laboratory					46,004	29,381	29,381	7
8	63	Blood Storing, Proce					10,223	6,529	6,529	8
9	55	Radiology-Therapeuti AGGREGATE							605,441	9
10	91	Emergency AGGREGATE					9,968	6,296	5,999,466	10
11	91	Emergency AGGREGATE							1,250,729	11
12	90.03	BONE MARROW CLINIC AGGREGATE							1,174,967	12
13	5	Administrative & Gen					6,304	4,062	4,062	13
14	17	Social Service					365,645	154,673	154,673	14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					476,686	220,020	9,244,327	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP-REL COSTS BLDG&FIXT	CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	7,685,777	7,685,777					1
2	Cap Rel Costs-Mvble Equip	12,563,104		12,563,104				2
4	Employee Benefits Department	14,463,578	68,484	130,874	14,662,936			4
5	Administrative & General	90,512,604	738,571	2,081,879	1,679,231	95,012,285	95,012,285	5
6	Maintenance & Repairs	594,965	20,780	39,710	55,390	710,845	231,414	6
7	Operation of Plant	9,015,402	1,117,318	2,135,210		12,267,930	3,993,800	7
8	Laundry & Linen Service	1,165,926	21,157	40,431	13,912	1,241,426	404,144	8
9	Housekeeping	3,596,336	88,251	168,649		3,853,236	1,254,413	9
10	Dietary	785,318	133,930	255,942		1,175,190	382,581	10
11	Cafeteria	1,788,838	40,368	77,143		1,906,349	620,608	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,603,733	12,142	23,204	193,119	1,832,198	596,468	13
14	Central Services & Supply	790,512	69,288	132,411	83,370	1,075,581	350,153	14
15	Pharmacy	5,187,276	61,048	116,663	642,731	6,007,718	1,955,801	15
16	Medical Records & Library	3,149,952	64,533	123,323	348,732	3,686,540	1,200,146	16
16.01	QUALITY ASSURANCE	753,168			73,846	827,014	269,233	16.01
17	Social Service	2,800,212	10,782	20,604	302,945	3,134,543	1,020,444	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	66,315			9,739	76,054	24,759	21
22	I&R Services-Other Prgm Costs Apprvd	38,737,376				38,737,376	12,610,807	22
23	PARAMED ED PRGM-(SPECIFY)	247,693			29,279	276,972	90,168	23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	22,596,370	922,439	1,762,795	2,764,376	28,045,980	9,130,313	30
31	Intensive Care Unit	3,252,033	64,592	123,437	410,058	3,850,120	1,253,399	31
31.01	6TH ICU	2,590,073	60,353	115,335	327,991	3,093,752	1,007,165	31.01
31.02	7TH ICU	2,933,664	62,487	119,414	359,228	3,474,793	1,131,212	31.02
31.03	8TH ICU	2,975,886	64,969	124,158	348,924	3,513,937	1,143,955	31.03
31.04	5TH ICU	3,188,922	76,436	146,071	392,762	3,804,191	1,238,447	31.04
40	Subprovider - IPF	4,345,272	184,027	351,679	574,985	5,455,963	1,776,178	40
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	11,640,484	475,417	908,529	1,101,930	14,126,360	4,598,808	50
51	Recovery Room	2,475,314	94,178	179,975	326,743	3,076,210	1,001,454	51
53	Anesthesiology	361,293	65,168	124,537	28,572	579,570	188,678	53
54	Radiology-Diagnostic	8,597,984	255,410	488,093	831,282	10,172,769	3,311,725	54
54.03	ENDOSCOPY	1,744,093	62,805	120,022	189,320	2,116,240	688,938	54.03
54.05	PET IMAGING	624,941			38,988	663,929	216,141	54.05
55	Radiology-Therapeutic	1,189,118	67,471	128,939	85,698	1,471,226	478,955	55
56	Radioisotope	1,772,907	51,120	97,691	48,516	1,970,234	641,406	56
60	Laboratory	16,513,402	204,757	391,294	751,079	17,860,532	5,814,460	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,262,086	30,082	57,487		4,349,655	1,416,021	63
65	Respiratory Therapy	2,575,196	34,272	65,494	318,612	2,993,574	974,552	65
66	Physical Therapy	2,726,231	91,547	174,948	340,707	3,333,433	1,085,192	66
69	Electrocardiology	3,694,143	121,192	231,600	414,863	4,461,798	1,452,529	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	416,852	64,324	122,924	43,864	647,964	210,943	70
71	Medical Supplies Charged to Patients	20,483,130				20,483,130	6,668,242	71
72	Impl. Dev. Charged to Patients	21,395,502				21,395,502	6,965,263	72
73	Drugs Charged to Patients	26,022,054				26,022,054	8,471,428	73
74	Renal Dialysis	1,242,262	36,287	69,345		1,347,894	438,804	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,438,062	25,059	47,887	29,810	1,540,818	501,610	76.30
76.31	CORNEAL TRANSPLANTS	256,950				256,950	83,650	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1,055,981	74,441	142,258	73,101	1,345,781	438,116	90
90.02	TRANSPLANT CLINIC	1,494,017	24,274	98,469	156,590	1,773,350	577,311	90.02
90.03	BONE MARROW CLINIC	1,335,107	88,340	168,819	158,738	1,751,004	570,036	90.03
90.04	TENETCARE	715,182	146,439	279,848	87,626	1,229,095	400,129	90.04
91	Emergency	6,402,265	208,708	398,845	785,114	7,794,932	2,537,625	91

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP-REL COSTS BLDG&FIXT	CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,673,593	20,353	62,288	106,628	3,862,862	1,257,547	105
107	Liver Acquisition	2,000,125	13,840	75,872	113,232	2,203,069	717,205	107
109	Pancreas Acquisition	44,642	20	930	1,153	46,745	15,218	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	383,543,221	6,137,459	12,525,026	14,642,784	381,936,673	93,407,594	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	150,363	19,618	37,490		207,471	67,542	190
194	DOCTORS MEALS	607,923				607,923	197,908	194
194.05	PUBLIC RELATIONS	400,417	308	588	20,150	421,463	137,206	194.05
194.11	UNIVERSITY SPACE	1,624,343	1,164,994			2,789,337	908,063	194.11
194.12	CANCER CENTER	506,685	363,398			870,083	283,254	194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES	32,922			2	32,924	10,718	194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	386,865,874	7,685,777	12,563,104	14,662,936	386,865,874	95,012,285	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	942,259						6
7	Operation of Plant	197,542	16,459,272					7
8	Laundry & Linen Service	3,740	82,670	1,731,980				8
9	Housekeeping	15,603	344,840		5,468,092			9
10	Dietary	23,679	523,331		130,050	2,234,831		10
11	Cafeteria	7,137	157,736		39,198		2,731,028	11
12	Maintenance of Personnel							12
13	Nursing Administration	2,147	47,445		11,790		40,840	13
14	Central Services & Supply	12,250	270,743		67,281		17,631	14
15	Pharmacy	10,793	238,544		59,279		135,921	15
16	Medical Records & Library	11,409	252,161		62,663		73,748	16
16.01	QUALITY ASSURANCE						15,616	16.01
17	Social Service	1,906	42,130		10,470		64,065	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						2,059	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)						6,192	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	163,086	3,604,420	1,187,962	895,718	1,532,868	584,561	30
31	Intensive Care Unit	11,420	252,394	69,482	62,721	89,655	86,717	31
31.01	6TH ICU	10,670	235,829	61,867	58,605	79,829	69,362	31.01
31.02	7TH ICU	11,048	244,169	66,146	60,677	85,350	75,967	31.02
31.03	8TH ICU	11,487	253,868	65,330	63,087	84,297	73,788	31.03
31.04	5TH ICU	13,514	298,675	77,261	74,222	99,692	83,059	31.04
40	Subprovider - IPF	32,536	719,085	203,932	178,696	263,140	121,594	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	84,053	1,857,688		461,645		233,029	50
51	Recovery Room	16,651	368,000		91,450		69,098	51
53	Anesthesiology	11,522	254,644		63,280		6,042	53
54	Radiology-Diagnostic	45,156	998,014		248,012		175,794	54
54.03	ENDOSCOPY	11,104	245,411		60,986		40,036	54.03
54.05	PET IMAGING						8,245	54.05
55	Radiology-Therapeutic	11,929	263,644		65,517		18,123	55
56	Radioisotope	9,038	199,750		49,639		10,260	56
60	Laboratory	36,201	800,087		198,826		158,834	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,318	117,546		29,211			63
65	Respiratory Therapy	6,059	133,917		33,279		67,378	65
66	Physical Therapy	16,185	357,719		88,895		72,051	66
69	Electrocardiology	21,427	473,558		117,682		87,733	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	11,372	251,346		62,461		9,276	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	6,416	141,792		35,236			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	4,430	97,916		24,333		6,304	76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	13,161	290,877		72,284		15,459	90
90.02	TRANSPLANT CLINIC	4,292	94,851		23,571		33,115	90.02
90.03	BONE MARROW CLINIC	15,618	345,189		85,781		33,569	90.03
90.04	TENETCARE	25,890	572,211		142,197		18,531	90.04
91	Emergency	36,899	815,527		202,663		166,031	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,598	79,528		19,763		22,549	105
107	Liver Acquisition	2,447	54,079		13,439		23,946	107
109	Pancreas Acquisition	4	78		19		244	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	938,737	16,381,412	1,731,980	3,964,626	2,234,831	2,726,767	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3,468	76,657		19,050			190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS	54	1,203		299		4,261	194.05
194.11	UNIVERSITY SPACE				1,131,246			194.11
194.12	CANCER CENTER				352,871			194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES							194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	942,259	16,459,272	1,731,980	5,468,092	2,234,831	2,731,028	202

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	2,530,888						13
14	Central Services & Supply		1,793,639					14
15	Pharmacy		1,302	8,409,358				15
16	Medical Records & Library				5,286,667			16
16.01	QUALITY ASSURANCE					1,111,863		16.01
17	Social Service			15,132			4,288,690	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	887,615	5,808	69	310,638	111,186	2,941,605	30
31	Intensive Care Unit	149,744	1,979	13	40,461	33,356	172,050	31
31.01	6TH ICU	125,081	2,207	13	36,521	33,356	153,193	31.01
31.02	7TH ICU	130,816	2,374	13	37,869	33,356	163,789	31.02
31.03	8TH ICU	130,985	2,616	7	38,326	33,356	161,769	31.03
31.04	5TH ICU	143,772	1,824		46,569	33,356	191,312	31.04
40	Subprovider - IPF	149,402	794		62,132	166,778	504,972	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	224,659	4,949		356,187	166,779		50
51	Recovery Room	127,219	739		47,777	41,695		51
53	Anesthesiology		1,864		67,271	41,695		53
54	Radiology-Diagnostic	35,456	2,746	6	666,271	27,797		54
54.03	ENDOSCOPY	66,533	1,362	2	49,344			54.03
54.05	PET IMAGING				65,158			54.05
55	Radiology-Therapeutic	12,682	627		48,554	27,797		55
56	Radioisotope	163	119	26	4,983			56
60	Laboratory	18,576	3,621	2,509	716,630	55,593		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				74,501			63
65	Respiratory Therapy		269		76,662			65
66	Physical Therapy		28	37	59,875			66
69	Electrocardiology	33,104	1,146	193	193,449	41,695		69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography		308	104	6,251	41,695		70
71	Medical Supplies Charged to Patients		858,588		383,964			71
72	Impl. Dev. Charged to Patients		894,072		270,892			72
73	Drugs Charged to Patients			8,391,222	1,112,735			73
74	Renal Dialysis		484		15,087			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW				6,559	27,797		76.30
76.31	CORNEAL TRANSPLANTS				2,712			76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	14,715	106		9,638	27,797		90
90.02	TRANSPLANT CLINIC	15,893	33	5	6,643			90.02
90.03	BONE MARROW CLINIC	12,144	236		10,788			90.03
90.04	TENETCARE				110,802			90.04
91	Emergency	229,843	3,391		315,268	166,779		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	7,135	15	2	25,782			105
107	Liver Acquisition	15,079	31	5	10,083			107
109	Pancreas Acquisition	272	1		285			109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,530,888	1,793,639	8,409,358	5,286,667	1,111,863	4,288,690	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,530,888	1,793,639	8,409,358	5,286,667	1,111,863	4,288,690	202

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
16.01	QUALITY ASSURANCE							16.01
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	102,872						21
22	I&R Services-Other Prgm Costs Apprvd		51,348,183					22
23	PARAMED ED PRGM-(SPECIFY)			373,332				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	44,291	22,108,011	130,643	71,684,774	-22,152,302	49,532,472	30
31	Intensive Care Unit	3,471	1,732,521	7,522	7,817,025	-1,735,992	6,081,033	31
31.01	6TH ICU	3,471	1,732,521	7,522	6,710,964	-1,735,992	4,974,972	31.01
31.02	7TH ICU	3,471	1,732,521	7,522	7,261,093	-1,735,992	5,525,101	31.02
31.03	8TH ICU	3,471	1,732,521	7,522	7,320,322	-1,735,992	5,584,330	31.03
31.04	5TH ICU	3,471	1,732,521	7,522	7,849,408	-1,735,992	6,113,416	31.04
40	Subprovider - IPF	2,555	1,275,501	32,213	10,945,471	-1,278,056	9,667,415	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,499	5,739,623		27,865,279	-5,751,122	22,114,157	50
51	Recovery Room	852	425,197		5,266,342	-426,049	4,840,293	51
53	Anesthesiology	7,155	3,571,297		4,793,018	-3,578,452	1,214,566	53
54	Radiology-Diagnostic	6,601	3,294,964	36,911	19,022,222	-3,301,565	15,720,657	54
54.03	ENDOSCOPY				3,279,956		3,279,956	54.03
54.05	PET IMAGING			3,915	957,388		957,388	54.05
55	Radiology-Therapeutic	1,278	637,706		3,038,038	-638,984	2,399,054	55
56	Radioisotope			3,915	2,889,533		2,889,533	56
60	Laboratory	4,685	2,338,316		28,008,870	-2,343,001	25,665,869	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				5,992,252		5,992,252	63
65	Respiratory Therapy			9,983	4,295,673		4,295,673	65
66	Physical Therapy			106,538	5,119,953		5,119,953	66
69	Electrocardiology			7,410	6,891,724		6,891,724	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	2,129	1,062,903		2,306,752	-1,065,032	1,241,720	70
71	Medical Supplies Charged to Patients				28,393,924		28,393,924	71
72	Impl. Dev. Charged to Patients				29,525,729		29,525,729	72
73	Drugs Charged to Patients				43,997,439		43,997,439	73
74	Renal Dialysis				1,985,713		1,985,713	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	639	318,853		2,529,259	-319,492	2,209,767	76.30
76.31	CORNEAL TRANSPLANTS				343,312		343,312	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	639	318,853		2,547,426	-319,492	2,227,934	90
90.02	TRANSPLANT CLINIC				2,529,064		2,529,064	90.02
90.03	BONE MARROW CLINIC				2,824,365		2,824,365	90.03
90.04	TENETCARE				2,498,855		2,498,855	90.04
91	Emergency	3,194	1,594,354	4,194	13,870,700	-1,597,548	12,273,152	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				5,278,781		5,278,781	105
107	Liver Acquisition				3,039,383		3,039,383	107
109	Pancreas Acquisition				62,866		62,866	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	102,872	51,348,183	373,332	378,742,873	-51,451,055	327,291,818	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				374,188		374,188	190
194	DOCTORS MEALS				805,831		805,831	194
194.05	PUBLIC RELATIONS				564,486		564,486	194.05
194.11	UNIVERSITY SPACE				4,828,646		4,828,646	194.11
194.12	CANCER CENTER				1,506,208		1,506,208	194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES				43,642		43,642	194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	102,872	51,348,183	373,332	386,865,874	-51,451,055	335,414,819	202

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	3,744	68,484	130,874	203,102	203,102		4
5	Administrative & General	1,769,078	738,571	2,081,879	4,589,528	23,258	4,612,786	5
6	Maintenance & Repairs		20,780	39,710	60,490	767	11,235	6
7	Operation of Plant	234,875	1,117,318	2,135,210	3,487,403		193,895	7
8	Laundry & Linen Service		21,157	40,431	61,588	193	19,621	8
9	Housekeeping		88,251	168,649	256,900		60,900	9
10	Dietary		133,930	255,942	389,872		18,574	10
11	Cafeteria		40,368	77,143	117,511		30,130	11
12	Maintenance of Personnel							12
13	Nursing Administration		12,142	23,204	35,346	2,675	28,958	13
14	Central Services & Supply		69,288	132,411	201,699	1,155	17,000	14
15	Pharmacy		61,048	116,663	177,711	8,902	94,952	15
16	Medical Records & Library		64,533	123,323	187,856	4,830	58,266	16
16.01	QUALITY ASSURANCE					1,023	13,071	16.01
17	Social Service		10,782	20,604	31,386	4,196	49,541	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					135	1,202	21
22	I&R Services-Other Prgm Costs Apprvd						612,282	22
23	PARAMED ED PRGM-(SPECIFY)					406	4,378	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		922,439	1,762,795	2,685,234	38,299	443,267	30
31	Intensive Care Unit		64,592	123,437	188,029	5,679	60,851	31
31.01	6TH ICU		60,353	115,335	175,688	4,543	48,897	31.01
31.02	7TH ICU		62,487	119,414	181,901	4,975	54,919	31.02
31.03	8TH ICU		64,969	124,158	189,127	4,833	55,538	31.03
31.04	5TH ICU		76,436	146,071	222,507	5,440	60,125	31.04
40	Subprovider - IPF		184,027	351,679	535,706	7,964	86,231	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		475,417	908,529	1,383,946	15,262	223,267	50
51	Recovery Room		94,178	179,975	274,153	4,526	48,619	51
53	Anesthesiology		65,168	124,537	189,705	396	9,160	53
54	Radiology-Diagnostic		255,410	488,093	743,503	11,514	160,781	54
54.03	ENDOSCOPY		62,805	120,022	182,827	2,622	33,447	54.03
54.05	PET IMAGING					540	10,493	54.05
55	Radiology-Therapeutic		67,471	128,939	196,410	1,187	23,253	55
56	Radioisotope		51,120	97,691	148,811	672	31,140	56
60	Laboratory		204,757	391,294	596,051	10,403	282,286	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		30,082	57,487	87,569		68,746	63
65	Respiratory Therapy		34,272	65,494	99,766	4,413	47,313	65
66	Physical Therapy		91,547	174,948	266,495	4,719	52,685	66
69	Electrocardiology		121,192	231,600	352,792	5,746	70,519	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography		64,324	122,924	187,248	608	10,241	70
71	Medical Supplies Charged to Patients						323,736	71
72	Impl. Dev. Charged to Patients						338,156	72
73	Drugs Charged to Patients						411,279	73
74	Renal Dialysis		36,287	69,345	105,632		21,303	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW		25,059	47,887	72,946	413	24,353	76.30
76.31	CORNEAL TRANSPLANTS						4,061	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		74,441	142,258	216,699	1,012	21,270	90
90.02	TRANSPLANT CLINIC	57,262	24,274	98,469	180,005	2,169	28,028	90.02
90.03	BONE MARROW CLINIC		88,340	168,819	257,159	2,199	27,675	90.03
90.04	TENETCARE		146,439	279,848	426,287	1,214	19,426	90.04
91	Emergency		208,708	398,845	607,553	10,874	123,199	91
92	Observation Beds (Non-Distinct Part)							92

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	25,721	20,353	62,288	108,362	1,477	61,053	105
107	Liver Acquisition	54,341	13,840	75,872	144,053	1,568	34,820	107
109	Pancreas Acquisition	980	20	930	1,930	16	739	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,146,001	6,137,459	12,525,026	20,808,486	202,823	4,534,881	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		19,618	37,490	57,108		3,279	190
194	DOCTORS MEALS						9,608	194
194.0	PUBLIC RELATIONS		308	588	896	279	6,661	194.0
5								5
194.1	UNIVERSITY SPACE		1,164,994		1,164,994		44,085	194.1
1								1
194.1	CANCER CENTER		363,398		363,398		13,752	194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES						520	194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,146,001	7,685,777	12,563,104	22,394,882	203,102	4,612,786	202

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	72,492						6
7	Operation of Plant	15,197	3,696,495					7
8	Laundry & Linen Service	288	18,566	100,256				8
9	Housekeeping	1,200	77,446		396,446			9
10	Dietary	1,822	117,532		9,429	537,229		10
11	Cafeteria	549	35,425		2,842		186,457	11
12	Maintenance of Personnel							12
13	Nursing Administration	165	10,655		855		2,788	13
14	Central Services & Supply	942	60,805		4,878		1,204	14
15	Pharmacy	830	53,573		4,298		9,278	15
16	Medical Records & Library	878	56,631		4,543		5,034	16
16.01	QUALITY ASSURANCE						1,066	16.01
17	Social Service	147	9,462		759		4,373	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						141	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)						423	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	12,547	809,498	68,765	64,941	368,485	39,932	30
31	Intensive Care Unit	879	56,684	4,022	4,547	21,552	5,920	31
31.01	6TH ICU	821	52,963	3,581	4,249	19,190	4,735	31.01
31.02	7TH ICU	850	54,837	3,829	4,399	20,517	5,186	31.02
31.03	8TH ICU	884	57,015	3,782	4,574	20,264	5,037	31.03
31.04	5TH ICU	1,040	67,078	4,472	5,381	23,965	5,670	31.04
40	Subprovider - IPF	2,503	161,495	11,805	12,956	63,256	8,300	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,467	417,208		33,470		15,907	50
51	Recovery Room	1,281	82,647		6,630		4,717	51
53	Anesthesiology	886	57,189		4,588		412	53
54	Radiology-Diagnostic	3,474	224,138		17,981		12,000	54
54.03	ENDOSCOPY	854	55,115		4,422		2,733	54.03
54.05	PET IMAGING						563	54.05
55	Radiology-Therapeutic	918	59,210		4,750		1,237	55
56	Radioisotope	695	44,861		3,599		700	56
60	Laboratory	2,785	179,687		14,415		10,843	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	409	26,399		2,118			63
65	Respiratory Therapy	466	30,076		2,413		4,599	65
66	Physical Therapy	1,245	80,338		6,445		4,918	66
69	Electrocardiology	1,648	106,354		8,532		5,989	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	875	56,448		4,529		633	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	494	31,844		2,555			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	341	21,990		1,764		430	76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,013	65,326		5,241		1,055	90
90.02	TRANSPLANT CLINIC	330	21,302		1,709		2,261	90.02
90.03	BONE MARROW CLINIC	1,202	77,524		6,219		2,292	90.03
90.04	TENETCARE	1,992	128,510		10,310		1,265	90.04
91	Emergency	2,839	183,155		14,693		11,334	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	277	17,861		1,433		1,539	105
107	Liver Acquisition	188	12,145		974		1,635	107
109	Pancreas Acquisition		17		1		17	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	72,221	3,679,009	100,256	287,442	537,229	186,166	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	267	17,216		1,381			190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS	4	270		22		291	194.05
194.11	UNIVERSITY SPACE				82,017			194.11
194.12	CANCER CENTER				25,584			194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES							194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	72,492	3,696,495	100,256	396,446	537,229	186,457	202

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS 16	QUALITY ASSURANCE 16.01	SOCIAL SERVICE 17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	81,442						13
14	Central Services & Supply		287,683					14
15	Pharmacy		209	349,753				15
16	Medical Records & Library				318,038			16
16.01	QUALITY ASSURANCE					15,160		16.01
17	Social Service			629			100,493	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	28,566	932	3	18,644	1,516	68,926	30
31	Intensive Care Unit	4,818	317	1	2,428	455	4,032	31
31.01	6TH ICU	4,025	354	1	2,192	455	3,590	31.01
31.02	7TH ICU	4,209	381	1	2,273	455	3,838	31.02
31.03	8TH ICU	4,215	420		2,300	455	3,791	31.03
31.04	5TH ICU	4,626	293		2,795	455	4,483	31.04
40	Subprovider - IPF	4,807	127		3,729	2,271	11,833	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,229	794		21,378	2,274		50
51	Recovery Room	4,094	119		2,868	569		51
53	Anesthesiology		299		4,038	569		53
54	Radiology-Diagnostic	1,141	440		39,989	379		54
54.03	ENDOSCOPY	2,141	218		2,962			54.03
54.05	PET IMAGING				3,911			54.05
55	Radiology-Therapeutic	408	101		2,914	379		55
56	Radioisotope	5	19	1	299			56
60	Laboratory	598	581	104	43,012	758		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				4,472			63
65	Respiratory Therapy		43		4,601			65
66	Physical Therapy		5	2	3,594			66
69	Electrocardiology	1,065	184	8	11,611	569		69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography		49	4	375	569		70
71	Medical Supplies Charged to Patients		137,713		23,045			71
72	Impl. Dev. Charged to Patients		143,396		16,259			72
73	Drugs Charged to Patients			348,999	67,521			73
74	Renal Dialysis		78		906			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW				394	379		76.30
76.31	CORNEAL TRANSPLANTS				163			76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	473	17		578	379		90
90.02	TRANSPLANT CLINIC	511	5		399			90.02
90.03	BONE MARROW CLINIC	391	38		647			90.03
90.04	TENECARE				6,650			90.04
91	Emergency	7,396	544		18,922	2,274		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	230	2		1,547			105
107	Liver Acquisition	485	5		605			107
109	Pancreas Acquisition	9			17			109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	81,442	287,683	349,753	318,038	15,160	100,493	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	81,442	287,683	349,753	318,038	15,160	100,493	202

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
16.01	QUALITY ASSURANCE							16.01
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,478						21
22	I&R Services-Other Prgm Costs Apprvd		612,282					22
23	PARAMED ED PRGM-(SPECIFY)			5,207				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics				4,649,555		4,649,555	30
31	Intensive Care Unit				360,214		360,214	31
31.01	6TH ICU				325,284		325,284	31.01
31.02	7TH ICU				342,570		342,570	31.02
31.03	8TH ICU				352,235		352,235	31.03
31.04	5TH ICU				408,330		408,330	31.04
40	Subprovider - IPF				912,983		912,983	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				2,127,202		2,127,202	50
51	Recovery Room				430,223		430,223	51
53	Anesthesiology				267,242		267,242	53
54	Radiology-Diagnostic				1,215,340		1,215,340	54
54.03	ENDOSCOPY				287,341		287,341	54.03
54.05	PET IMAGING				15,507		15,507	54.05
55	Radiology-Therapeutic				290,767		290,767	55
56	Radioisotope				230,802		230,802	56
60	Laboratory				1,141,523		1,141,523	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				189,713		189,713	63
65	Respiratory Therapy				193,690		193,690	65
66	Physical Therapy				420,446		420,446	66
69	Electrocardiology				565,017		565,017	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography				261,579		261,579	70
71	Medical Supplies Charged to Patients				484,494		484,494	71
72	Impl. Dev. Charged to Patients				497,811		497,811	72
73	Drugs Charged to Patients				827,799		827,799	73
74	Renal Dialysis				162,812		162,812	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW				123,010		123,010	76.30
76.31	CORNEAL TRANSPLANTS				4,224		4,224	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic				313,063		313,063	90
90.02	TRANSPLANT CLINIC				236,719		236,719	90.02
90.03	BONE MARROW CLINIC				375,346		375,346	90.03
90.04	TENECARE				595,654		595,654	90.04
91	Emergency				982,783		982,783	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				193,781		193,781	105
107	Liver Acquisition				196,478		196,478	107
109	Pancreas Acquisition				2,746		2,746	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)				19,984,283		19,984,283	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				79,251		79,251	190
194	DOCTORS MEALS				9,608		9,608	194
194.05	PUBLIC RELATIONS				8,423		8,423	194.05
194.11	UNIVERSITY SPACE				1,291,096		1,291,096	194.11
194.12	CANCER CENTER				402,734		402,734	194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES				520		520	194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments	1,478	612,282	5,207	618,967		618,967	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,478	612,282	5,207	22,394,882		22,394,882	202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	774,144						1
2	Cap Rel Costs-Mvble Equip		662,166					2
4	Employee Benefits Department	6,898	6,898	99,846,529				4
5	Administrative & General	74,392	109,730	11,434,617	-95,012,285	291,853,589		5
6	Maintenance & Repairs	2,093	2,093	377,177		710,845	536,815	6
7	Operation of Plant	112,541	112,541			12,267,930	112,541	7
8	Laundry & Linen Service	2,131	2,131	94,732		1,241,426	2,131	8
9	Housekeeping	8,889	8,889			3,853,236	8,889	9
10	Dietary	13,490	13,490			1,175,190	13,490	10
11	Cafeteria	4,066	4,066			1,906,349	4,066	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,223	1,223	1,315,034		1,832,198	1,223	13
14	Central Services & Supply	6,979	6,979	567,703		1,075,581	6,979	14
15	Pharmacy	6,149	6,149	4,376,640		6,007,718	6,149	15
16	Medical Records & Library	6,500	6,500	2,374,671		3,686,540	6,500	16
16.01	QUALITY ASSURANCE			502,848		827,014		16.01
17	Social Service	1,086	1,086	2,062,882		3,134,543	1,086	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			66,315		76,054		21
22	I&R Services-Other Prgm Costs Apprvd					38,737,376		22
23	PARAMED ED PRGM-(SPECIFY)			199,371		276,972		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	92,912	92,912	18,824,036		28,045,980	92,912	30
31	Intensive Care Unit	6,506	6,506	2,792,265		3,850,120	6,506	31
31.01	6TH ICU	6,079	6,079	2,233,435		3,093,752	6,079	31.01
31.02	7TH ICU	6,294	6,294	2,446,143		3,474,793	6,294	31.02
31.03	8TH ICU	6,544	6,544	2,375,973		3,513,937	6,544	31.03
31.04	5TH ICU	7,699	7,699	2,674,486		3,804,191	7,699	31.04
40	Subprovider - IPF	18,536	18,536	3,915,328		5,455,963	18,536	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	47,886	47,886	7,503,523		14,126,360	47,886	50
51	Recovery Room	9,486	9,486	2,224,937		3,076,210	9,486	51
53	Anesthesiology	6,564	6,564	194,561		579,570	6,564	53
54	Radiology-Diagnostic	25,726	25,726	5,660,563		10,172,769	25,726	54
54.03	ENDOSCOPY	6,326	6,326	1,289,161		2,116,240	6,326	54.03
54.05	PET IMAGING			265,483		663,929		54.05
55	Radiology-Therapeutic	6,796	6,796	583,555		1,471,226	6,796	55
56	Radioisotope	5,149	5,149	330,369		1,970,234	5,149	56
60	Laboratory	20,624	20,624	5,114,425		17,860,532	20,624	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,030	3,030			4,349,655	3,030	63
65	Respiratory Therapy	3,452	3,452	2,169,572		2,993,574	3,452	65
66	Physical Therapy	9,221	9,221	2,320,024		3,333,433	9,221	66
69	Electrocardiology	12,207	12,207	2,824,983		4,461,798	12,207	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	6,479	6,479	298,687		647,964	6,479	70
71	Medical Supplies Charged to Patients					20,483,130		71
72	Impl. Dev. Charged to Patients					21,395,502		72
73	Drugs Charged to Patients					26,022,054		73
74	Renal Dialysis	3,655	3,655			1,347,894	3,655	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,524	2,524	202,989		1,540,818	2,524	76.30
76.31	CORNEAL TRANSPLANTS					256,950		76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	7,498	7,498	497,774		1,345,781	7,498	90
90.02	TRANSPLANT CLINIC	2,445	5,190	1,066,290		1,773,350	2,445	90.02
90.03	BONE MARROW CLINIC	8,898	8,898	1,080,918		1,751,004	8,898	90.03
90.04	TENETCARE	14,750	14,750	596,684		1,229,095	14,750	90.04
91	Emergency	21,022	21,022	5,346,183		7,794,932	21,022	91

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,050	3,283	726,077		3,862,862	2,050	105
107	Liver Acquisition	1,394	3,999	771,046		2,203,069	1,394	107
109	Pancreas Acquisition	2	49	7,849		46,745	2	109
118	SUBTOTALS (sum of lines 1-117)	618,191	660,159	99,709,309	-95,012,285	286,924,388	534,808	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,976	1,976			207,471	1,976	190
194	DOCTORS MEALS					607,923		194
194.05	PUBLIC RELATIONS	31	31	137,207		421,463	31	194.05
194.11	UNIVERSITY SPACE	117,343				2,789,337		194.11
194.12	CANCER CENTER	36,603				870,083		194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES			13		32,924		194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,685,777	12,563,104	14,662,936		95,012,285	942,259	202
203	Unit Cost Multiplier (Wkst. B, Part I)	9.928097	18.972741	0.146855		0.325548	1.755277	203
204	Cost to be allocated (Per Wkst. B, Part II)			203,102		4,612,786	72,492	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.002034		0.015805	0.135041	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE-KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION (NURSING SALARIES)	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	424,274						7
8	Laundry & Linen Service	2,131	95,520					8
9	Housekeeping	8,889		567,200				9
10	Dietary	13,490		13,490	95,520			10
11	Cafeteria	4,066		4,066		87,940,003		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,223		1,223		1,315,034	40,657,594	13
14	Central Services & Supply	6,979		6,979		567,703		14
15	Pharmacy	6,149		6,149		4,376,640		15
16	Medical Records & Library	6,500		6,500		2,374,671		16
16.01	QUALITY ASSURANCE					502,848		16.01
17	Social Service	1,086		1,086		2,062,882		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					66,315		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)					199,371		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	92,912	65,517	92,912	65,517	18,824,036	14,259,237	30
31	Intensive Care Unit	6,506	3,832	6,506	3,832	2,792,265	2,405,561	31
31.01	6TH ICU	6,079	3,412	6,079	3,412	2,233,435	2,009,363	31.01
31.02	7TH ICU	6,294	3,648	6,294	3,648	2,446,143	2,101,494	31.02
31.03	8TH ICU	6,544	3,603	6,544	3,603	2,375,973	2,104,204	31.03
31.04	5TH ICU	7,699	4,261	7,699	4,261	2,674,486	2,309,623	31.04
40	Subprovider - IPF	18,536	11,247	18,536	11,247	3,915,328	2,400,067	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	47,886		47,886		7,503,523	3,609,031	50
51	Recovery Room	9,486		9,486		2,224,937	2,043,718	51
53	Anesthesiology	6,564		6,564		194,561		53
54	Radiology-Diagnostic	25,726		25,726		5,660,563	569,580	54
54.03	ENDOSCOPY	6,326		6,326		1,289,161	1,068,826	54.03
54.05	PET IMAGING					265,483		54.05
55	Radiology-Therapeutic	6,796		6,796		583,555	203,729	55
56	Radioisotope	5,149		5,149		330,369	2,620	56
60	Laboratory	20,624		20,624		5,114,425	298,407	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,030		3,030				63
65	Respiratory Therapy	3,452		3,452		2,169,572		65
66	Physical Therapy	9,221		9,221		2,320,024		66
69	Electrocardiology	12,207		12,207		2,824,983	531,801	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	6,479		6,479		298,687		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	3,655		3,655				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,524		2,524		202,989		76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	7,498		7,498		497,774	236,383	90
90.02	TRANSPLANT CLINIC	2,445		2,445		1,066,290	255,313	90.02
90.03	BONE MARROW CLINIC	8,898		8,898		1,080,918	195,087	90.03
90.04	TENETCARE	14,750		14,750		596,684		90.04
91	Emergency	21,022		21,022		5,346,183	3,692,314	91
92	Observation Beds (Non-Distinct Part)							92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE-KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION (NURSING SALARIES)	
		7	8	9	10	11	13	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,050		2,050		726,077	114,617	105
107	Liver Acquisition	1,394		1,394		771,046	242,242	107
109	Pancreas Acquisition	2		2		7,849	4,377	109
118	SUBTOTALS (sum of lines 1-117)	422,267	95,520	411,247	95,520	87,802,783	40,657,594	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,976		1,976				190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS	31		31		137,207		194.05
194.11	UNIVERSITY SPACE			117,343				194.11
194.12	CANCER CENTER			36,603				194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES					13		194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	16,459,272	1,731,980	5,468,092	2,234,831	2,731,028	2,530,888	202
203	Unit Cost Multiplier (Wkst. B, Part I)	38.793968	18.132119	9.640501	23.396472	0.031056	0.062249	203
204	Cost to be allocated (Per Wkst. B, Part II)	3,696,495	100,256	396,446	537,229	186,457	81,442	204
205	Unit Cost Multiplier (Wkst. B, Part II)	8.712518	1.049581	0.698953	5.624257	0.002120	0.002003	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (GROSS REVENUE)	QUALITY ASSURANCE (ASSIGNED TIME)	SOCIAL SERVICE (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		14	15	16	16.01	17	21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	43,047,829						14
15	Pharmacy	31,259	26,412,211					15
16	Medical Records & Library			1,733,989,847				16
16.01	QUALITY ASSURANCE				10,000			16.01
17	Social Service		47,528			95,520		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						580,872	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	139,406	217	101,881,944	1,000	65,517	250,095	30
31	Intensive Care Unit	47,489	41	13,270,234	300	3,832	19,599	31
31.01	6TH ICU	52,963	40	11,978,163	300	3,412	19,599	31.01
31.02	7TH ICU	56,988	41	12,420,033	300	3,648	19,599	31.02
31.03	8TH ICU	62,776	21	12,570,128	300	3,603	19,599	31.03
31.04	5TH ICU	43,787		15,273,590	300	4,261	19,599	31.04
40	Subprovider - IPF	19,050		20,377,857	1,500	11,247	14,429	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	118,777		116,820,847	1,500		64,929	50
51	Recovery Room	17,740		15,669,663	375		4,810	51
53	Anesthesiology	44,734		22,063,240	375		40,400	53
54	Radiology-Diagnostic	65,900	20	218,521,299	250		37,274	54
54.03	ENDOSCOPY	32,683	6	16,183,584				54.03
54.05	PET IMAGING			21,370,411				54.05
55	Radiology-Therapeutic	15,041		15,924,466	250		7,214	55
56	Radioisotope	2,865	83	1,634,162				56
60	Laboratory	86,897	7,880	235,037,874	500		26,452	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			24,434,650				63
65	Respiratory Therapy	6,449		25,143,488				65
66	Physical Therapy	681	115	19,637,717				66
69	Electrocardiology	27,502	606	63,446,690	375			69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	7,397	326	2,050,116	375		12,024	70
71	Medical Supplies Charged to Patients	20,606,452		125,931,080				71
72	Impl. Dev. Charged to Patients	21,457,865		88,846,228				72
73	Drugs Charged to Patients		26,355,249	365,038,352				73
74	Renal Dialysis	11,628		4,948,108				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW			2,151,088	250		3,607	76.30
76.31	CORNEAL TRANSPLANTS			889,613				76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,550		3,161,062	250		3,607	90
90.02	TRANSPLANT CLINIC	781	16	2,178,624				90.02
90.03	BONE MARROW CLINIC	5,667		3,538,159				90.03
90.04	TENETCARE			36,340,576				90.04
91	Emergency	81,396		103,400,569	1,500		18,036	91
92	Observation Beds (Non-Distinct Part)							92

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (GROSS REVENUE)	QUALITY ASSURANCE (ASSIGNED TIME)	SOCIAL SERVICE (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		14	15	16	16.01	17	21	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	352	7	8,455,725				105
107	Liver Acquisition	741	15	3,307,040				107
109	Pancreas Acquisition	13		93,467				109
118	SUBTOTALS (sum of lines 1-117)	43,047,829	26,412,211	1,733,989,847	10,000	95,520	580,872	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS							194.05
194.11	UNIVERSITY SPACE							194.11
194.12	CANCER CENTER							194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES							194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,793,639	8,409,358	5,286,667	1,111,863	4,288,690	102,872	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.041666	0.318389	0.003049	111.186300	44.898346	0.177099	203
204	Cost to be allocated (Per Wkst. B, Part II)	287,683	349,753	318,038	15,160	100,493	1,478	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.006683	0.013242	0.000183	1.516000	1.052062	0.002544	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED (ASSIGNED TIME)					
	22	23					

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
16.01	QUALITY ASSURANCE						16.01
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd	580,872					22
23	PARAMED ED PRGM-(SPECIFY)		13,351				23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	250,095	4,672				30
31	Intensive Care Unit	19,599	269				31
31.01	6TH ICU	19,599	269				31.01
31.02	7TH ICU	19,599	269				31.02
31.03	8TH ICU	19,599	269				31.03
31.04	5TH ICU	19,599	269				31.04
40	Subprovider - IPF	14,429	1,152				40
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	64,929					50
51	Recovery Room	4,810					51
53	Anesthesiology	40,400					53
54	Radiology-Diagnostic	37,274	1,320				54
54.03	ENDOSCOPY						54.03
54.05	PET IMAGING		140				54.05
55	Radiology-Therapeutic	7,214					55
56	Radioisotope		140				56
60	Laboratory	26,452					60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy		357				65
66	Physical Therapy		3,810				66
69	Electrocardiology		265				69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	12,024					70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	3,607					76.30
76.31	CORNEAL TRANSPLANTS						76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,607					90
90.02	TRANSPLANT CLINIC						90.02
90.03	BONE MARROW CLINIC						90.03
90.04	TENECARE						90.04

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED (ASSIGNED TIME)					
		22	23					
91	Emergency	18,036	150					91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
118	SUBTOTALS (sum of lines 1-117)	580,872	13,351					118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	51,348,183	373,332					202
203	Unit Cost Multiplier (Wkst. B, Part I)	88.398448	27.962849					203
204	Cost to be allocated (Per Wkst. B, Part II)	612,282	5,207					204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.054074	0.390008					205

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		PART	LINE NO.	AMOUNT
1		2	3	4

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	49,532,472		49,532,472	3,428	49,535,900	30
31	Intensive Care Unit	6,081,033		6,081,033	3,264	6,084,297	31
31.01	6TH ICU	4,974,972		4,974,972		4,974,972	31.01
31.02	7TH ICU	5,525,101		5,525,101		5,525,101	31.02
31.03	8TH ICU	5,584,330		5,584,330		5,584,330	31.03
31.04	5TH ICU	6,113,416		6,113,416		6,113,416	31.04
40	Subprovider - IPF	9,667,415		9,667,415	2,516	9,669,931	40
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,114,157		22,114,157	6,218	22,120,375	50
51	Recovery Room	4,840,293		4,840,293		4,840,293	51
53	Anesthesiology	1,214,566		1,214,566		1,214,566	53
54	Radiology-Diagnostic	15,720,657		15,720,657		15,720,657	54
54.03	ENDOSCOPY	3,279,956		3,279,956		3,279,956	54.03
54.05	PET IMAGING	957,388		957,388		957,388	54.05
55	Radiology-Therapeutic	2,399,054		2,399,054		2,399,054	55
56	Radioisotope	2,889,533		2,889,533		2,889,533	56
60	Laboratory	25,665,869		25,665,869	29,381	25,695,250	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	5,992,252		5,992,252	6,529	5,998,781	63
65	Respiratory Therapy	4,295,673		4,295,673		4,295,673	65
66	Physical Therapy	5,119,953		5,119,953		5,119,953	66
69	Electrocardiology	6,891,724		6,891,724		6,891,724	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	1,241,720		1,241,720		1,241,720	70
71	Medical Supplies Charged to Patients	28,393,924		28,393,924		28,393,924	71
72	Impl. Dev. Charged to Patients	29,525,729		29,525,729		29,525,729	72
73	Drugs Charged to Patients	43,997,439		43,997,439		43,997,439	73
74	Renal Dialysis	1,985,713		1,985,713		1,985,713	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	2,209,767		2,209,767		2,209,767	76.30
76.31	CORNEAL TRANSPLANTS	343,312		343,312		343,312	76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,227,934		2,227,934		2,227,934	90
90.02	TRANSPLANT CLINIC	2,529,064		2,529,064		2,529,064	90.02
90.03	BONE MARROW CLINIC	2,824,365		2,824,365		2,824,365	90.03
90.04	TENECARE	2,498,855		2,498,855		2,498,855	90.04
91	Emergency	12,273,152		12,273,152	6,296	12,279,448	91
92	Observation Beds (Non-Distinct Part)	2,994,920		2,994,920		2,994,920	92
OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	5,278,781		5,278,781		5,278,781	105
107	Liver Acquisition	3,039,383		3,039,383		3,039,383	107
109	Pancreas Acquisition	62,866		62,866		62,866	109
113	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	330,286,738		330,286,738	57,632	330,344,370	200
201	Less Observation Beds	2,994,920		2,994,920		2,994,920	201
202	Total (line 200 minus line 201)	327,291,818		327,291,818		327,349,450	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	96,259,419		96,259,419				30
31	Intensive Care Unit	13,270,234		13,270,234				31
31.01	6TH ICU	11,978,163		11,978,163				31.01
31.02	7TH ICU	12,420,033		12,420,033				31.02
31.03	8TH ICU	12,570,128		12,570,128				31.03
31.04	5TH ICU	15,273,590		15,273,590				31.04
40	Subprovider - IPF	20,377,857		20,377,857				40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	75,975,221	40,845,626	116,820,847	0.189300	0.189300	0.189353	50
51	Recovery Room	7,764,833	7,904,830	15,669,663	0.308896	0.308896	0.308896	51
53	Anesthesiology	14,541,058	7,522,182	22,063,240	0.055049	0.055049	0.055049	53
54	Radiology-Diagnostic	118,351,896	101,565,236	219,917,132	0.071484	0.071484	0.071484	54
54.03	ENDOSCOPY	5,174,829	11,008,755	16,183,584	0.202672	0.202672	0.202672	54.03
54.05	PET IMAGING	3,759,573	17,610,838	21,370,411	0.044800	0.044800	0.044800	54.05
55	Radiology-Therapeutic	938,972	14,985,494	15,924,466	0.150652	0.150652	0.150652	55
56	Radioisotope	1,197,256	468,818	1,666,074	1.734337	1.734337	1.734337	56
60	Laboratory	151,292,052	91,433,686	242,725,738	0.105740	0.105740	0.105861	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	21,114,944	3,319,706	24,434,650	0.245236	0.245236	0.245503	63
65	Respiratory Therapy	24,323,108	820,380	25,143,488	0.170846	0.170846	0.170846	65
66	Physical Therapy	16,231,141	3,406,576	19,637,717	0.260720	0.260720	0.260720	66
69	Electrocardiology	36,986,750	26,460,702	63,447,452	0.108621	0.108621	0.108621	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	1,222,203	827,913	2,050,116	0.605683	0.605683	0.605683	70
71	Medical Supplies Charged to Patients	86,277,870	39,644,485	125,922,355	0.225488	0.225488	0.225488	71
72	Impl. Dev. Charged to Patients	63,724,274	25,121,954	88,846,228	0.332324	0.332324	0.332324	72
73	Drugs Charged to Patients	300,332,783	64,702,350	365,035,133	0.120529	0.120529	0.120529	73
74	Renal Dialysis	4,604,277	343,831	4,948,108	0.401308	0.401308	0.401308	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,483,614	667,474	2,151,088	1.027279	1.027279	1.027279	76.30
76.31	CORNEAL TRANSPLANTS	14,528	875,085	889,613	0.385912	0.385912	0.385912	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,181	3,158,881	3,161,062	0.704806	0.704806	0.704806	90
90.02	TRANSPLANT CLINIC	106,698	2,071,926	2,178,624	1.160854	1.160854	1.160854	90.02
90.03	BONE MARROW CLINIC	383,716	3,154,443	3,538,159	0.798258	0.798258	0.798258	90.03
90.04	TENETCARE		36,340,576	36,340,576	0.068762	0.068762	0.068762	90.04
91	Emergency	37,610,957	65,789,612	103,400,569	0.118695	0.118695	0.118756	91
92	Observation Beds (Non-Distinct Part)	2,181,509	3,441,016	5,622,525	0.532665	0.532665	0.532665	92
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	2,998,450	5,457,275	8,455,725				105
107	Liver Acquisition	1,845,269	1,461,771	3,307,040				107
109	Pancreas Acquisition	67,052	26,415	93,467				109
113	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	1,162,656,438	580,437,836	1,743,094,274				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,162,656,438	580,437,836	1,743,094,274				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title v
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,649,555		4,649,555	69,733	66.68			30
31	Intensive Care Unit	360,214		360,214	3,832	94.00			31
31.01	6TH ICU	325,284		325,284	3,412	95.34			31.01
31.02	7TH ICU	342,570		342,570	3,648	93.91			31.02
31.03	8TH ICU	352,235		352,235	3,603	97.76			31.03
31.04	5TH ICU	408,330		408,330	4,261	95.83			31.04
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	912,983		912,983	11,247	81.18			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,351,171		7,351,171	99,736				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,127,202	116,820,847	0.018209			50
51	Recovery Room	430,223	15,669,663	0.027456			51
53	Anesthesiology	267,242	22,063,240	0.012113			53
54	Radiology-Diagnostic	1,215,340	219,917,132	0.005526			54
54.03	ENDOSCOPY	287,341	16,183,584	0.017755			54.03
54.05	PET IMAGING	15,507	21,370,411	0.000726			54.05
55	Radiology-Therapeutic	290,767	15,924,466	0.018259			55
56	Radioisotope	230,802	1,666,074	0.138530			56
60	Laboratory	1,141,523	242,725,738	0.004703			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	189,713	24,434,650	0.007764			63
65	Respiratory Therapy	193,690	25,143,488	0.007703			65
66	Physical Therapy	420,446	19,637,717	0.021410			66
69	Electrocardiology	565,017	63,447,452	0.008905			69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	261,579	2,050,116	0.127592			70
71	Medical Supplies Charged to Patients	484,494	125,922,355	0.003848			71
72	Impl. Dev. Charged to Patients	497,811	88,846,228	0.005603			72
73	Drugs Charged to Patients	827,799	365,035,133	0.002268			73
74	Renal Dialysis	162,812	4,948,108	0.032904			74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	123,010	2,151,088	0.057185			76.30
76.31	CORNEAL TRANSPLANTS	4,224	889,613	0.004748			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	313,063	3,161,062	0.099037			90
90.02	TRANSPLANT CLINIC	236,719	2,178,624	0.108655			90.02
90.03	BONE MARROW CLINIC	375,346	3,538,159	0.106085			90.03
90.04	TENETCARE	595,654	36,340,576	0.016391			90.04
91	Emergency	982,783	103,400,569	0.009505			91
92	Observation Beds (Non-Distinct Part)	281,109	5,622,525	0.049997			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,521,216	1,549,088,618				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		130,643			130,643	30
31	Intensive Care Unit		7,522			7,522	31
31.01	6TH ICU		7,522			7,522	31.01
31.02	7TH ICU		7,522			7,522	31.02
31.03	8TH ICU		7,522			7,522	31.03
31.04	5TH ICU		7,522			7,522	31.04
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		32,213			32,213	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		200,466			200,466	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
6		7		8	9
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	69,733	1.87		30
31	Intensive Care Unit	3,832	1.96		31
31.01	6TH ICU	3,412	2.20		31.01
31.02	7TH ICU	3,648	2.06		31.02
31.03	8TH ICU	3,603	2.09		31.03
31.04	5TH ICU	4,261	1.77		31.04
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF	11,247	2.86		40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery				43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	99,736			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic			36,911		36,911	36,911	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			3,915		3,915	3,915	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			3,915		3,915	3,915	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy			9,983		9,983	9,983	65
66	Physical Therapy			106,538		106,538	106,538	66
69	Electrocardiology			7,410		7,410	7,410	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			4,194		4,194	4,194	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			172,866		172,866	172,866	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	116,820,847						50
51	Recovery Room	15,669,663						51
53	Anesthesiology	22,063,240						53
54	Radiology-Diagnostic	219,917,132	0.000168	0.000168				54
54.03	ENDOSCOPY	16,183,584						54.03
54.05	PET IMAGING	21,370,411	0.000183	0.000183				54.05
55	Radiology-Therapeutic	15,924,466						55
56	Radioisotope	1,666,074	0.002350	0.002350				56
60	Laboratory	242,725,738						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	24,434,650						63
65	Respiratory Therapy	25,143,488	0.000397	0.000397				65
66	Physical Therapy	19,637,717	0.005425	0.005425				66
69	Electrocardiology	63,447,452	0.000117	0.000117				69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	2,050,116						70
71	Medical Supplies Charged to Patients	125,922,355						71
72	Impl. Dev. Charged to Patients	88,846,228						72
73	Drugs Charged to Patients	365,035,133						73
74	Renal Dialysis	4,948,108						74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,151,088						76.30
76.31	CORNEAL TRANSPLANTS	889,613						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,161,062						90
90.02	TRANSPLANT CLINIC	2,178,624						90.02
90.03	BONE MARROW CLINIC	3,538,159						90.03
90.04	TENETCARE	36,340,576						90.04
91	Emergency	103,400,569	0.000041	0.000041				91
92	Observation Beds (Non-Distinct Part)	5,622,525						92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,549,088,618						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.189300						50
51	Recovery Room	0.308896						51
53	Anesthesiology	0.055049						53
54	Radiology-Diagnostic	0.071484						54
54.03	ENDOSCOPY	0.202672						54.03
54.05	PET IMAGING	0.044800						54.05
55	Radiology-Therapeutic	0.150652						55
56	Radioisotope	1.734337						56
60	Laboratory	0.105740						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	0.245236						63
65	Respiratory Therapy	0.170846						65
66	Physical Therapy	0.260720						66
69	Electrocardiology	0.108621						69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	0.605683						70
71	Medical Supplies Charged to Patients	0.225488						71
72	Impl. Dev. Charged to Patients	0.332324						72
73	Drugs Charged to Patients	0.120529						73
74	Renal Dialysis	0.401308						74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1.027279						76.30
76.31	CORNEAL TRANSPLANTS	0.385912						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.704806						90
90.02	TRANSPLANT CLINIC	1.160854						90.02
90.03	BONE MARROW CLINIC	0.798258						90.03
90.04	TENETCARE	0.068762						90.04
91	Emergency	0.118695						91
92	Observation Beds (Non-Distinct Part)	0.532665						92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,649,555		4,649,555	69,733	66.68	21,293	1,419,817	30
31	Intensive Care Unit	360,214		360,214	3,832	94.00	1,653	155,382	31
31.01	6TH ICU	325,284		325,284	3,412	95.34	686	65,403	31.01
31.02	7TH ICU	342,570		342,570	3,648	93.91	1,244	116,824	31.02
31.03	8TH ICU	352,235		352,235	3,603	97.76	1,520	148,595	31.03
31.04	5TH ICU	408,330		408,330	4,261	95.83	1,489	142,691	31.04
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	912,983		912,983	11,247	81.18	4,543	368,801	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,351,171		7,351,171	99,736		32,428	2,417,513	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,127,202	116,820,847	0.018209	19,683,973	358,425	50
51	Recovery Room	430,223	15,669,663	0.027456	2,199,748	60,396	51
53	Anesthesiology	267,242	22,063,240	0.012113	3,868,040	46,854	53
54	Radiology-Diagnostic	1,215,340	219,917,132	0.005526	35,586,507	196,651	54
54.03	ENDOSCOPY	287,341	16,183,584	0.017755	1,983,425	35,216	54.03
54.05	PET IMAGING	15,507	21,370,411	0.000726	1,139,810	828	54.05
55	Radiology-Therapeutic	290,767	15,924,466	0.018259	326,245	5,957	55
56	Radioisotope	230,802	1,666,074	0.138530	449,209	62,229	56
60	Laboratory	1,141,523	242,725,738	0.004703	50,563,356	237,799	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	189,713	24,434,650	0.007764	5,979,158	46,422	63
65	Respiratory Therapy	193,690	25,143,488	0.007703	9,179,598	70,710	65
66	Physical Therapy	420,446	19,637,717	0.021410	5,947,701	127,340	66
69	Electrocardiology	565,017	63,447,452	0.008905	13,488,371	120,114	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	261,579	2,050,116	0.127592	507,667	64,774	70
71	Medical Supplies Charged to Patients	484,494	125,922,355	0.003848	26,652,925	102,560	71
72	Impl. Dev. Charged to Patients	497,811	88,846,228	0.005603	19,063,785	106,814	72
73	Drugs Charged to Patients	827,799	365,035,133	0.002268	91,771,021	208,137	73
74	Renal Dialysis	162,812	4,948,108	0.032904	2,674,103	87,989	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	123,010	2,151,088	0.057185	340,836	19,491	76.30
76.31	CORNEAL TRANSPLANTS	4,224	889,613	0.004748	14,350	68	76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	313,063	3,161,062	0.099037	1,769	175	90
90.02	TRANSPLANT CLINIC	236,719	2,178,624	0.108655	29,918	3,251	90.02
90.03	BONE MARROW CLINIC	375,346	3,538,159	0.106085	173,875	18,446	90.03
90.04	TENECARE	595,654	36,340,576	0.016391			90.04
91	Emergency	982,783	103,400,569	0.009505	10,973,158	104,300	91
92	Observation Beds (Non-Distinct Part)	281,109	5,622,525	0.049997	911,149	45,555	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,521,216	1,549,088,618		303,509,697	2,130,501	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		130,643			130,643	30
31	Intensive Care Unit		7,522			7,522	31
31.01	6TH ICU		7,522			7,522	31.01
31.02	7TH ICU		7,522			7,522	31.02
31.03	8TH ICU		7,522			7,522	31.03
31.04	5TH ICU		7,522			7,522	31.04
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		32,213			32,213	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		200,466			200,466	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	69,733	1.87	21,293	39,818	30
31	Intensive Care Unit	3,832	1.96	1,653	3,240	31
31.01	6TH ICU	3,412	2.20	686	1,509	31.01
31.02	7TH ICU	3,648	2.06	1,244	2,563	31.02
31.03	8TH ICU	3,603	2.09	1,520	3,177	31.03
31.04	5TH ICU	4,261	1.77	1,489	2,636	31.04
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	11,247	2.86	4,543	12,993	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	99,736		32,428	65,936	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic			36,911		36,911	36,911	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			3,915		3,915	3,915	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			3,915		3,915	3,915	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy			9,983		9,983	9,983	65
66	Physical Therapy			106,538		106,538	106,538	66
69	Electrocardiology			7,410		7,410	7,410	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			4,194		4,194	4,194	91
92	Observation Beds (Non-Distinct Part)			7,898		7,898	7,898	92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			180,764		180,764	180,764	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	116,820,847			19,683,973		9,692,206		50
51	Recovery Room	15,669,663			2,199,748		1,932,476		51
53	Anesthesiology	22,063,240			3,868,040		1,808,207		53
54	Radiology-Diagnostic	219,917,132	0.000168	0.000168	35,586,507	5,979	17,101,794	2,873	54
54.03	ENDOSCOPY	16,183,584			1,983,425		2,565,940		54.03
54.05	PET IMAGING	21,370,411	0.000183	0.000183	1,139,810	209	5,953,094	1,089	54.05
55	Radiology-Therapeutic	15,924,466			326,245		3,939,478		55
56	Radioisotope	1,666,074	0.002350	0.002350	449,209	1,056	92,516	217	56
60	Laboratory	242,725,738			50,563,356		11,831,369		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	24,434,650			5,979,158		1,063,463		63
65	Respiratory Therapy	25,143,488	0.000397	0.000397	9,179,598	3,644	156,829	62	65
66	Physical Therapy	19,637,717	0.005425	0.005425	5,947,701	32,266			66
69	Electrocardiology	63,447,452	0.000117	0.000117	13,488,371	1,578	6,811,335	797	69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	2,050,116			507,667		146,054		70
71	Medical Supplies Charged to Patients	125,922,355			26,652,925		16,981,926		71
72	Impl. Dev. Charged to Patients	88,846,228			19,063,785		7,640,211		72
73	Drugs Charged to Patients	365,035,133			91,771,021		13,730,727		73
74	Renal Dialysis	4,948,108			2,674,103				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	2,151,088			340,836		104,819		76.30
76.31	CORNEAL TRANSPLANTS	889,613			14,350		284,243		76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,161,062			1,769		568,456		90
90.02	TRANSPLANT CLINIC	2,178,624			29,918		165,573		90.02
90.03	BONE MARROW CLINIC	3,538,159			173,875		678,148		90.03
90.04	TENETCARE	36,340,576					9,980,553		90.04
91	Emergency	103,400,569	0.000041	0.000041	10,973,158	450	6,773,335	278	91
92	Observation Beds (Non-Distinct Part)	5,622,525	0.001405	0.001405	911,149	1,280	654,731	920	92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,549,088,618			303,509,697	46,462	120,657,483	6,236	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.189300	9,692,206			1,834,735		50	
51	Recovery Room	0.308896	1,932,476			596,934		51	
53	Anesthesiology	0.055049	1,808,207			99,540		53	
54	Radiology-Diagnostic	0.071484	17,101,794			1,222,505		54	
54.03	ENDOSCOPY	0.202672	2,565,940			520,044		54.03	
54.05	PET IMAGING	0.044800	5,953,094			266,699		54.05	
55	Radiology-Therapeutic	0.150652	3,939,478			593,490		55	
56	Radioisotope	1.734337	92,516			160,454		56	
60	Laboratory	0.105740	11,831,369	49,484		1,251,049	5,232	60	
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Trans.	0.245236	1,063,463			260,799		63	
65	Respiratory Therapy	0.170846	156,829			26,794		65	
66	Physical Therapy	0.260720						66	
69	Electrocardiology	0.108621	6,811,335			739,854		69	
69.02	CARDIOVASCULAR LAB							69.02	
70	Electroencephalography	0.605683	146,054			88,462		70	
71	Medical Supplies Charged to Patients	0.225488	16,981,926	859		3,829,221	194	71	
72	Impl. Dev. Charged to Patients	0.332324	7,640,211			2,539,025		72	
73	Drugs Charged to Patients	0.120529	13,730,727	4,468	413,205	1,654,951	539	49,803	
74	Renal Dialysis	0.401308						74	
76	OTHER ANCILLARY SERVICES							76	
76.01	PSYCH THERAPY							76.01	
76.29	AIR RESCUE							76.29	
76.30	BONE MARROW	1.027279	104,819			107,678		76.30	
76.31	CORNEAL TRANSPLANTS	0.385912	284,243			109,693		76.31	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.704806	568,456			400,651		90	
90.02	TRANSPLANT CLINIC	1.160854	165,573			192,206		90.02	
90.03	BONE MARROW CLINIC	0.798258	678,148			541,337		90.03	
90.04	TENECARE	0.068762	9,980,553			686,283		90.04	
91	Emergency	0.118695	6,773,335			803,961		91	
92	Observation Beds (Non-Distinct Part)	0.532665	654,731			348,752		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		120,657,483	54,811	413,205	18,875,117	5,965	49,803	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		120,657,483	54,811	413,205	18,875,117	5,965	49,803	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,127,202	116,820,847	0.018209	335,823	6,115	50
51	Recovery Room	430,223	15,669,663	0.027456			51
53	Anesthesiology	267,242	22,063,240	0.012113	167,690	2,031	53
54	Radiology-Diagnostic	1,215,340	219,917,132	0.005526	420,828	2,325	54
54.03	ENDOSCOPY	287,341	16,183,584	0.017755	2,304	41	54.03
54.05	PET IMAGING	15,507	21,370,411	0.000726	15,167	11	54.05
55	Radiology-Therapeutic	290,767	15,924,466	0.018259			55
56	Radioisotope	230,802	1,666,074	0.138530	21,384	2,962	56
60	Laboratory	1,141,523	242,725,738	0.004703	960,121	4,515	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	189,713	24,434,650	0.007764			63
65	Respiratory Therapy	193,690	25,143,488	0.007703	14,780	114	65
66	Physical Therapy	420,446	19,637,717	0.021410	139,194	2,980	66
69	Electrocardiology	565,017	63,447,452	0.008905	103,766	924	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	261,579	2,050,116	0.127592	7,812	997	70
71	Medical Supplies Charged to Patients	484,494	125,922,355	0.003848	68,474	263	71
72	Impl. Dev. Charged to Patients	497,811	88,846,228	0.005603			72
73	Drugs Charged to Patients	827,799	365,035,133	0.002268	2,278,441	5,168	73
74	Renal Dialysis	162,812	4,948,108	0.032904	16,332	537	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	123,010	2,151,088	0.057185			76.30
76.31	CORNEAL TRANSPLANTS	4,224	889,613	0.004748			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	313,063	3,161,062	0.099037			90
90.02	TRANSPLANT CLINIC	236,719	2,178,624	0.108655			90.02
90.03	BONE MARROW CLINIC	375,346	3,538,159	0.106085			90.03
90.04	TENECARE	595,654	36,340,576	0.016391			90.04
91	Emergency	982,783	103,400,569	0.009505	693,997	6,596	91
92	Observation Beds (Non-Distinct Part)		5,622,525				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,240,107	1,549,088,618		5,246,113	35,579	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic			36,911		36,911	36,911	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			3,915		3,915	3,915	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			3,915		3,915	3,915	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy			9,983		9,983	9,983	65
66	Physical Therapy			106,538		106,538	106,538	66
69	Electrocardiology			7,410		7,410	7,410	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			4,194		4,194	4,194	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			172,866		172,866	172,866	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	116,820,847			335,823			50
51	Recovery Room	15,669,663						51
53	Anesthesiology	22,063,240			167,690			53
54	Radiology-Diagnostic	219,917,132	0.000168	0.000168	420,828	71		54
54.03	ENDOSCOPY	16,183,584			2,304			54.03
54.05	PET IMAGING	21,370,411	0.000183	0.000183	15,167	3		54.05
55	Radiology-Therapeutic	15,924,466						55
56	Radioisotope	1,666,074	0.002350	0.002350	21,384	50		56
60	Laboratory	242,725,738			960,121		1,090	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	24,434,650						63
65	Respiratory Therapy	25,143,488	0.000397	0.000397	14,780	6		65
66	Physical Therapy	19,637,717	0.005425	0.005425	139,194	755		66
69	Electrocardiology	63,447,452	0.000117	0.000117	103,766	12	531	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	2,050,116			7,812			70
71	Medical Supplies Charged to Patients	125,922,355			68,474			71
72	Impl. Dev. Charged to Patients	88,846,228						72
73	Drugs Charged to Patients	365,035,133			2,278,441		1,237	73
74	Renal Dialysis	4,948,108			16,332			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,151,088						76.30
76.31	CORNEAL TRANSPLANTS	889,613						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,161,062						90
90.02	TRANSPLANT CLINIC	2,178,624						90.02
90.03	BONE MARROW CLINIC	3,538,159						90.03
90.04	TENETCARE	36,340,576						90.04
91	Emergency	103,400,569	0.000041	0.000041	693,997	28		91
92	Observation Beds (Non-Distinct Part)	5,622,525						92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,549,088,618			5,246,113	925	2,858	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.189300						50	
51	Recovery Room	0.308896						51	
53	Anesthesiology	0.055049						53	
54	Radiology-Diagnostic	0.071484						54	
54.03	ENDOSCOPY	0.202672						54.03	
54.05	PET IMAGING	0.044800						54.05	
55	Radiology-Therapeutic	0.150652						55	
56	Radioisotope	1.734337						56	
60	Laboratory	0.105740	1,090			115		60	
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Trans.	0.245236						63	
65	Respiratory Therapy	0.170846						65	
66	Physical Therapy	0.260720						66	
69	Electrocardiology	0.108621	531			58		69	
69.02	CARDIOVASCULAR LAB							69.02	
70	Electroencephalography	0.605683						70	
71	Medical Supplies Charged to Patients	0.225488						71	
72	Impl. Dev. Charged to Patients	0.332324						72	
73	Drugs Charged to Patients	0.120529	1,237		10,168	149	1,226	73	
74	Renal Dialysis	0.401308						74	
76	OTHER ANCILLARY SERVICES							76	
76.01	PSYCH THERAPY							76.01	
76.29	AIR RESCUE							76.29	
76.30	BONE MARROW	1.027279						76.30	
76.31	CORNEAL TRANSPLANTS	0.385912						76.31	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.704806						90	
90.02	TRANSPLANT CLINIC	1.160854						90.02	
90.03	BONE MARROW CLINIC	0.798258						90.03	
90.04	TENETCARE	0.068762						90.04	
91	Emergency	0.118695						91	
92	Observation Beds (Non-Distinct Part)	0.532665						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		2,858		10,168	322	1,226	200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		2,858		10,168	322	1,226	202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title v
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,649,555		4,649,555	69,733	66.68	11,645	776,489	30
31	Intensive Care Unit	360,214		360,214	3,832	94.00	749	70,406	31
31.01	6TH ICU	325,284		325,284	3,412	95.34	1,157	110,308	31.01
31.02	7TH ICU	342,570		342,570	3,648	93.91	883	82,923	31.02
31.03	8TH ICU	352,235		352,235	3,603	97.76	826	80,750	31.03
31.04	5TH ICU	408,330		408,330	4,261	95.83	831	79,635	31.04
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	912,983		912,983	11,247	81.18	3,012	244,514	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,351,171		7,351,171	99,736		19,103	1,445,025	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,127,202	116,820,847	0.018209	13,064,208	237,886	50
51	Recovery Room	430,223	15,669,663	0.027456	1,311,462	36,008	51
53	Anesthesiology	267,242	22,063,240	0.012113	2,559,408	31,002	53
54	Radiology-Diagnostic	1,215,340	219,917,132	0.005526	19,065,101	105,354	54
54.03	ENDOSCOPY	287,341	16,183,584	0.017755	912,670	16,204	54.03
54.05	PET IMAGING	15,507	21,370,411	0.000726	783,100	569	54.05
55	Radiology-Therapeutic	290,767	15,924,466	0.018259	297,377	5,430	55
56	Radioisotope	230,802	1,666,074	0.138530	204,693	28,356	56
60	Laboratory	1,141,523	242,725,738	0.004703	26,674,339	125,449	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	189,713	24,434,650	0.007764	3,504,861	27,212	63
65	Respiratory Therapy	193,690	25,143,488	0.007703	4,906,111	37,792	65
66	Physical Therapy	420,446	19,637,717	0.021410	2,579,179	55,220	66
69	Electrocardiology	565,017	63,447,452	0.008905	4,943,482	44,022	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	261,579	2,050,116	0.127592	222,201	28,351	70
71	Medical Supplies Charged to Patients	484,494	125,922,355	0.003848	18,836,581	72,483	71
72	Impl. Dev. Charged to Patients	497,811	88,846,228	0.005603	5,850,483	32,780	72
73	Drugs Charged to Patients	827,799	365,035,133	0.002268	53,441,330	121,205	73
74	Renal Dialysis	162,812	4,948,108	0.032904	628,069	20,666	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	123,010	2,151,088	0.057185	199,064	11,383	76.30
76.31	CORNEAL TRANSPLANTS	4,224	889,613	0.004748			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	313,063	3,161,062	0.099037			90
90.02	TRANSPLANT CLINIC	236,719	2,178,624	0.108655	9,217	1,001	90.02
90.03	BONE MARROW CLINIC	375,346	3,538,159	0.106085			90.03
90.04	TENECARE	595,654	36,340,576	0.016391			90.04
91	Emergency	982,783	103,400,569	0.009505	2,454,134	23,327	91
92	Observation Beds (Non-Distinct Part)	281,109	5,622,525	0.049997	119,131	5,956	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	12,521,216	1,549,088,618		162,566,201	1,067,656	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		130,643			130,643	30
31	Intensive Care Unit		7,522			7,522	31
31.01	6TH ICU		7,522			7,522	31.01
31.02	7TH ICU		7,522			7,522	31.02
31.03	8TH ICU		7,522			7,522	31.03
31.04	5TH ICU		7,522			7,522	31.04
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		32,213			32,213	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		200,466			200,466	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	69,733	1.87	11,645	21,776	30
31	Intensive Care Unit	3,832	1.96	749	1,468	31
31.01	6TH ICU	3,412	2.20	1,157	2,545	31.01
31.02	7TH ICU	3,648	2.06	883	1,819	31.02
31.03	8TH ICU	3,603	2.09	826	1,726	31.03
31.04	5TH ICU	4,261	1.77	831	1,471	31.04
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	11,247	2.86	3,012	8,614	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	99,736		19,103	39,419	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic			36,911		36,911	36,911	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			3,915		3,915	3,915	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			3,915		3,915	3,915	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy			9,983		9,983	9,983	65
66	Physical Therapy			106,538		106,538	106,538	66
69	Electrocardiology			7,410		7,410	7,410	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			4,194		4,194	4,194	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			172,866		172,866	172,866	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	116,820,847			13,064,208				50
51	Recovery Room	15,669,663			1,311,462				51
53	Anesthesiology	22,063,240			2,559,408				53
54	Radiology-Diagnostic	219,917,132	0.000168	0.000168	19,065,101	3,203			54
54.03	ENDOSCOPY	16,183,584			912,670				54.03
54.05	PET IMAGING	21,370,411	0.000183	0.000183	783,100	143			54.05
55	Radiology-Therapeutic	15,924,466			297,377				55
56	Radioisotope	1,666,074	0.002350	0.002350	204,693	481			56
60	Laboratory	242,725,738			26,674,339				60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	24,434,650			3,504,861				63
65	Respiratory Therapy	25,143,488	0.000397	0.000397	4,906,111	1,948			65
66	Physical Therapy	19,637,717	0.005425	0.005425	2,579,179	13,992			66
69	Electrocardiology	63,447,452	0.000117	0.000117	4,943,482	578			69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	2,050,116			222,201				70
71	Medical Supplies Charged to Patients	125,922,355			18,836,581				71
72	Impl. Dev. Charged to Patients	88,846,228			5,850,483				72
73	Drugs Charged to Patients	365,035,133			53,441,330				73
74	Renal Dialysis	4,948,108			628,069				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	2,151,088			199,064				76.30
76.31	CORNEAL TRANSPLANTS	889,613							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,161,062							90
90.02	TRANSPLANT CLINIC	2,178,624			9,217				90.02
90.03	BONE MARROW CLINIC	3,538,159							90.03
90.04	TENETCARE	36,340,576							90.04
91	Emergency	103,400,569	0.000041	0.000041	2,454,134	101			91
92	Observation Beds (Non-Distinct Part)	5,622,525			119,131				92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,549,088,618			162,566,201	20,446			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.189300		4,379,690		829,075	50	
51	Recovery Room	0.308896		807,956		249,574	51	
53	Anesthesiology	0.055049		759,886		41,831	53	
54	Radiology-Diagnostic	0.071484		15,132,643		1,081,742	54	
54.03	ENDOSCOPY	0.202672		998,705		202,410	54.03	
54.05	PET IMAGING	0.044800		1,407,246		63,045	54.05	
55	Radiology-Therapeutic	0.150652		2,133,370		321,396	55	
56	Radioisotope	1.734337		45,276		78,524	56	
60	Laboratory	0.105740		10,086,864		1,066,585	60	
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30	
63	Blood Storing, Processing & Trans.	0.245236		328,374		80,529	63	
65	Respiratory Therapy	0.170846		237,998		40,661	65	
66	Physical Therapy	0.260720		245,738		64,069	66	
69	Electrocardiology	0.108621		2,942,608		319,629	69	
69.02	CARDIOVASCULAR LAB						69.02	
70	Electroencephalography	0.605683		70,138		42,481	70	
71	Medical Supplies Charged to Patients	0.225488		4,205,729		948,341	71	
72	Impl. Dev. Charged to Patients	0.332324		2,408,750		800,485	72	
73	Drugs Charged to Patients	0.120529		8,710,955		1,049,923	73	
74	Renal Dialysis	0.401308		43,509		17,461	74	
76	OTHER ANCILLARY SERVICES						76	
76.01	PSYCH THERAPY						76.01	
76.29	AIR RESCUE						76.29	
76.30	BONE MARROW	1.027279		271		278	76.30	
76.31	CORNEAL TRANSPLANTS	0.385912		115,997		44,765	76.31	
76.97	CARDIAC REHABILITATION						76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.704806		340,531		240,008	90	
90.02	TRANSPLANT CLINIC	1.160854		22,790		26,456	90.02	
90.03	BONE MARROW CLINIC	0.798258		320,848		256,119	90.03	
90.04	TENECARE	0.068762		3,954,601		271,926	90.04	
91	Emergency	0.118695		15,396,375		1,827,473	91	
92	Observation Beds (Non-Distinct Part)	0.532665		848,244		451,830	92	
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)			75,945,092		10,416,616	200	
201	Less PBP Clinic Lab. Services-Program Only Charges						201	
202	Net Charges (line 200 - line 201)			75,945,092		10,416,616	202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	2,127,202	116,820,847	0.018209		50
51	Recovery Room	430,223	15,669,663	0.027456		51
53	Anesthesiology	267,242	22,063,240	0.012113		53
54	Radiology-Diagnostic	1,215,340	219,917,132	0.005526		54
54.03	ENDOSCOPY	287,341	16,183,584	0.017755		54.03
54.05	PET IMAGING	15,507	21,370,411	0.000726		54.05
55	Radiology-Therapeutic	290,767	15,924,466	0.018259		55
56	Radioisotope	230,802	1,666,074	0.138530		56
60	Laboratory	1,141,523	242,725,738	0.004703		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	189,713	24,434,650	0.007764		63
65	Respiratory Therapy	193,690	25,143,488	0.007703		65
66	Physical Therapy	420,446	19,637,717	0.021410		66
69	Electrocardiology	565,017	63,447,452	0.008905		69
69.02	CARDIOVASCULAR LAB					69.02
70	Electroencephalography	261,579	2,050,116	0.127592		70
71	Medical Supplies Charged to Patients	484,494	125,922,355	0.003848		71
72	Impl. Dev. Charged to Patients	497,811	88,846,228	0.005603		72
73	Drugs Charged to Patients	827,799	365,035,133	0.002268		73
74	Renal Dialysis	162,812	4,948,108	0.032904		74
76	OTHER ANCILLARY SERVICES					76
76.01	PSYCH THERAPY					76.01
76.29	AIR RESCUE					76.29
76.30	BONE MARROW	123,010	2,151,088	0.057185		76.30
76.31	CORNEAL TRANSPLANTS	4,224	889,613	0.004748		76.31
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	313,063	3,161,062	0.099037		90
90.02	TRANSPLANT CLINIC	236,719	2,178,624	0.108655		90.02
90.03	BONE MARROW CLINIC	375,346	3,538,159	0.106085		90.03
90.04	TENETCARE	595,654	36,340,576	0.016391		90.04
91	Emergency	982,783	103,400,569	0.009505		91
92	Observation Beds (Non-Distinct Part)		5,622,525			92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	12,240,107	1,549,088,618			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic			36,911		36,911	36,911	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			3,915		3,915	3,915	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			3,915		3,915	3,915	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy			9,983		9,983	9,983	65
66	Physical Therapy			106,538		106,538	106,538	66
69	Electrocardiology			7,410		7,410	7,410	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENECARE							90.04
91	Emergency			4,194		4,194	4,194	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			172,866		172,866	172,866	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	116,820,847							50
51	Recovery Room	15,669,663							51
53	Anesthesiology	22,063,240							53
54	Radiology-Diagnostic	219,917,132	0.000168	0.000168					54
54.03	ENDOSCOPY	16,183,584							54.03
54.05	PET IMAGING	21,370,411	0.000183	0.000183					54.05
55	Radiology-Therapeutic	15,924,466							55
56	Radioisotope	1,666,074	0.002350	0.002350					56
60	Laboratory	242,725,738							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Trans.	24,434,650							63
65	Respiratory Therapy	25,143,488	0.000397	0.000397					65
66	Physical Therapy	19,637,717	0.005425	0.005425					66
69	Electrocardiology	63,447,452	0.000117	0.000117					69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	2,050,116							70
71	Medical Supplies Charged to Patients	125,922,355							71
72	Impl. Dev. Charged to Patients	88,846,228							72
73	Drugs Charged to Patients	365,035,133							73
74	Renal Dialysis	4,948,108							74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	2,151,088							76.30
76.31	CORNEAL TRANSPLANTS	889,613							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	3,161,062							90
90.02	TRANSPLANT CLINIC	2,178,624							90.02
90.03	BONE MARROW CLINIC	3,538,159							90.03
90.04	TENETCARE	36,340,576							90.04
91	Emergency	103,400,569	0.000041	0.000041					91
92	Observation Beds (Non-Distinct Part)	5,622,525							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,549,088,618							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.189300						50	
51	Recovery Room	0.308896						51	
53	Anesthesiology	0.055049						53	
54	Radiology-Diagnostic	0.071484						54	
54.03	ENDOSCOPY	0.202672						54.03	
54.05	PET IMAGING	0.044800						54.05	
55	Radiology-Therapeutic	0.150652						55	
56	Radioisotope	1.734337						56	
60	Laboratory	0.105740						60	
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Trans.	0.245236						63	
65	Respiratory Therapy	0.170846						65	
66	Physical Therapy	0.260720						66	
69	Electrocardiology	0.108621						69	
69.02	CARDIOVASCULAR LAB							69.02	
70	Electroencephalography	0.605683						70	
71	Medical Supplies Charged to Patients	0.225488						71	
72	Impl. Dev. Charged to Patients	0.332324						72	
73	Drugs Charged to Patients	0.120529						73	
74	Renal Dialysis	0.401308						74	
76	OTHER ANCILLARY SERVICES							76	
76.01	PSYCH THERAPY							76.01	
76.29	AIR RESCUE							76.29	
76.30	BONE MARROW	1.027279						76.30	
76.31	CORNEAL TRANSPLANTS	0.385912						76.31	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.704806						90	
90.02	TRANSPLANT CLINIC	1.160854						90.02	
90.03	BONE MARROW CLINIC	0.798258						90.03	
90.04	TENECARE	0.068762						90.04	
91	Emergency	0.118695						91	
92	Observation Beds (Non-Distinct Part)	0.532665						92	
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)							200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)							202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	69,733	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	69,733	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	31,459	3
4	Semi-private room days (excluding swing-bed private room days)	34,058	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	49,532,472	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	49,532,472	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	96,259,419	28
29	Private room charges (excluding swing-bed charges)	51,755,788	29
30	Semi-private room charges (excluding swing-bed charges)	44,503,631	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.514573	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,645.18	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,306.70	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	338.48	34
35	Average per diem private room cost differential (line 34 x line 31)	174.17	35
36	Private room cost differential adjustment (line 3 x line 35)	5,479,214	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	44,053,258	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					631.74	38
39	Program general inpatient routine service cost (line 9 x line 38)						39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)						41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	6,081,033	3,832	1,586.91			43
43.01	6TH ICU	4,974,972	3,412	1,458.08			43.01
43.02	7TH ICU	5,525,101	3,648	1,514.56			43.02
43.03	8TH ICU	5,584,330	3,603	1,549.91			43.03
43.04	5TH ICU	6,113,416	4,261	1,434.74			43.04
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

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

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,216	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	69,733	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	69,733	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	31,459	3
4	Semi-private room days (excluding swing-bed private room days)	34,058	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	21,293	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)	9,588	14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	49,535,900	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	49,535,900	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	96,259,419	28
29	Private room charges (excluding swing-bed charges)	51,755,788	29
30	Semi-private room charges (excluding swing-bed charges)	44,503,631	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.514608	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,645.18	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,306.70	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	338.48	34
35	Average per diem private room cost differential (line 34 x line 31)	174.18	35
36	Private room cost differential adjustment (line 3 x line 35)	5,479,529	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	44,056,371	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					710.37	38
39	Program general inpatient routine service cost (line 9 x line 38)					15,125,908	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					15,125,908	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	6,084,297	3,832	1,587.76	1,653	2,624,567	43
43.01	6TH ICU	4,974,972	3,412	1,458.08	686	1,000,243	43.01
43.02	7TH ICU	5,525,101	3,648	1,514.56	1,244	1,884,113	43.02
43.03	8TH ICU	5,584,330	3,603	1,549.91	1,520	2,355,863	43.03
43.04	5TH ICU	6,113,416	4,261	1,434.74	1,489	2,136,328	43.04
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					46,955,350	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					72,082,372	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,101,655	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,176,963	51
52	Total Program excludable cost (sum of lines 50 and 51)					4,278,618	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					67,803,754	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,216	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					710.37	88
89	Observation bed cost (line 87 x line 88) (see instructions)					2,994,920	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	4,649,555	49,535,900	0.093862	2,994,920	281,109	90
91	Nursing School						91
92	Allied Health	130,643	49,535,900	0.002637	2,994,920	7,898	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,247	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,247	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	2,193	3
4	Semi-private room days (excluding swing-bed private room days)	9,054	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,543	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)	1,387	14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	9,669,931	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	9,669,931	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	20,377,857	28
29	Private room charges (excluding swing-bed charges)	4,415,026	29
30	Semi-private room charges (excluding swing-bed charges)	15,962,831	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.474531	31
32	Average private room per diem charge (line 29 ÷ line 3)	2,013.24	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,763.07	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	250.17	34
35	Average per diem private room cost differential (line 34 x line 31)	118.71	35
36	Private room cost differential adjustment (line 3 x line 35)	260,331	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	9,409,600	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	859.78	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,905,981	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	3,905,981	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	676,621	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	4,582,602	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	381,794	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	36,504	51
52	Total Program excludable cost (sum of lines 50 and 51)	418,298	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	4,164,304	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	69,733	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	69,733	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	31,459	3
4	Semi-private room days (excluding swing-bed private room days)	34,058	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,645	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	49,532,472	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	49,532,472	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	96,259,419	28
29	Private room charges (excluding swing-bed charges)	51,755,788	29
30	Semi-private room charges (excluding swing-bed charges)	44,503,631	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.514573	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,645.18	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,306.70	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	338.48	34
35	Average per diem private room cost differential (line 34 x line 31)	174.17	35
36	Private room cost differential adjustment (line 3 x line 35)	5,479,214	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	44,053,258	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					631.74	38
39	Program general inpatient routine service cost (line 9 x line 38)					7,356,612	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					7,356,612	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	6,081,033	3,832	1,586.91	749	1,188,596	43
43.01	6TH ICU	4,974,972	3,412	1,458.08	1,157	1,686,999	43.01
43.02	7TH ICU	5,525,101	3,648	1,514.56	883	1,337,356	43.02
43.03	8TH ICU	5,584,330	3,603	1,549.91	826	1,280,226	43.03
43.04	5TH ICU	6,113,416	4,261	1,434.74	831	1,192,269	43.04
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,318,913	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					38,360,971	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,231,316	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,088,102	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,319,418	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,216	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,247	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,247	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	2,193	3
4	Semi-private room days (excluding swing-bed private room days)	9,054	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,012	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	9,667,415	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	9,667,415	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	20,377,857	28
29	Private room charges (excluding swing-bed charges)	4,415,026	29
30	Semi-private room charges (excluding swing-bed charges)	15,962,831	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.474408	31
32	Average private room per diem charge (line 29 ÷ line 3)	2,013.24	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,763.07	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	250.17	34
35	Average per diem private room cost differential (line 34 x line 31)	118.68	35
36	Private room cost differential adjustment (line 3 x line 35)	260,265	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	9,407,150	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	836.41	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,519,267	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,519,267	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,519,267	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	253,128	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	253,128	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.189300			50
51	Recovery Room	0.308896			51
53	Anesthesiology	0.055049			53
54	Radiology-Diagnostic	0.071484			54
54.03	ENDOSCOPY	0.202672			54.03
54.05	PET IMAGING	0.044800			54.05
55	Radiology-Therapeutic	0.150652			55
56	Radioisotope	1.734337			56
60	Laboratory	0.105740			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.245236			63
65	Respiratory Therapy	0.170846			65
66	Physical Therapy	0.260720			66
69	Electrocardiology	0.108621			69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.605683			70
71	Medical Supplies Charged to Patients	0.225488			71
72	Impl. Dev. Charged to Patients	0.332324			72
73	Drugs Charged to Patients	0.120529			73
74	Renal Dialysis	0.401308			74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.027279			76.30
76.31	CORNEAL TRANSPLANTS	0.385912			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.704806			90
90.02	TRANSPLANT CLINIC	1.160854			90.02
90.03	BONE MARROW CLINIC	0.798258			90.03
90.04	TENECARE	0.068762			90.04
91	Emergency	0.118695			91
92	Observation Beds (Non-Distinct Part)	0.532665			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		31,868,752		30
31	Intensive Care Unit		5,785,601		31
31.01	6TH ICU		2,398,628		31.01
31.02	7TH ICU		4,290,399		31.02
31.03	8TH ICU		5,364,744		31.03
31.04	5TH ICU		5,283,033		31.04
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.189353	19,683,973	3,727,219	50
51	Recovery Room	0.308896	2,199,748	679,493	51
53	Anesthesiology	0.055049	3,868,040	212,932	53
54	Radiology-Diagnostic	0.071484	35,586,507	2,543,866	54
54.03	ENDOSCOPY	0.202672	1,983,425	401,985	54.03
54.05	PET IMAGING	0.044800	1,139,810	51,063	54.05
55	Radiology-Therapeutic	0.150652	326,245	49,149	55
56	Radioisotope	1.734337	449,209	779,080	56
60	Laboratory	0.105861	50,563,356	5,352,687	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.245503	5,979,158	1,467,901	63
65	Respiratory Therapy	0.170846	9,179,598	1,568,298	65
66	Physical Therapy	0.260720	5,947,701	1,550,685	66
69	Electrocardiology	0.108621	13,488,371	1,465,120	69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.605683	507,667	307,485	70
71	Medical Supplies Charged to Patients	0.225488	26,652,925	6,009,915	71
72	Impl. Dev. Charged to Patients	0.332324	19,063,785	6,335,353	72
73	Drugs Charged to Patients	0.120529	91,771,021	11,061,069	73
74	Renal Dialysis	0.401308	2,674,103	1,073,139	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.027279	340,836	350,134	76.30
76.31	CORNEAL TRANSPLANTS	0.385912	14,350	5,538	76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.704806	1,769	1,247	90
90.02	TRANSPLANT CLINIC	1.160854	29,918	34,730	90.02
90.03	BONE MARROW CLINIC	0.798258	173,875	138,797	90.03
90.04	TENETCARE	0.068762			90.04
91	Emergency	0.118756	10,973,158	1,303,128	91
92	Observation Beds (Non-Distinct Part)	0.532665	911,149	485,337	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		303,509,697	46,955,350	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		303,509,697		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	Subprovider - IPF		8,352,600		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.189353	335,823	63,589	50
51	Recovery Room	0.308896			51
53	Anesthesiology	0.055049	167,690	9,231	53
54	Radiology-Diagnostic	0.071484	420,828	30,082	54
54.03	ENDOSCOPY	0.202672	2,304	467	54.03
54.05	PET IMAGING	0.044800	15,167	679	54.05
55	Radiology-Therapeutic	0.150652			55
56	Radioisotope	1.734337	21,384	37,087	56
60	Laboratory	0.105861	960,121	101,639	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.245503			63
65	Respiratory Therapy	0.170846	14,780	2,525	65
66	Physical Therapy	0.260720	139,194	36,291	66
69	Electrocardiology	0.108621	103,766	11,271	69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.605683	7,812	4,732	70
71	Medical Supplies Charged to Patients	0.225488	68,474	15,440	71
72	Impl. Dev. Charged to Patients	0.332324			72
73	Drugs Charged to Patients	0.120529	2,278,441	274,618	73
74	Renal Dialysis	0.401308	16,332	6,554	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.027279			76.30
76.31	CORNEAL TRANSPLANTS	0.385912			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.704806			90
90.02	TRANSPLANT CLINIC	1.160854			90.02
90.03	BONE MARROW CLINIC	0.798258			90.03
90.04	TENETCARE	0.068762			90.04
91	Emergency	0.118756	693,997	82,416	91
92	Observation Beds (Non-Distinct Part)	0.532665			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		5,246,113	676,621	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		5,246,113		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		18,767,206		30
31	Intensive Care Unit		2,137,834		31
31.01	6TH ICU		3,363,647		31.01
31.02	7TH ICU		2,428,518		31.02
31.03	8TH ICU		2,394,611		31.03
31.04	5TH ICU		2,488,999		31.04
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.189300	13,064,208	2,473,055	50
51	Recovery Room	0.308896	1,311,462	405,105	51
53	Anesthesiology	0.055049	2,559,408	140,893	53
54	Radiology-Diagnostic	0.071484	19,065,101	1,362,850	54
54.03	ENDOSCOPY	0.202672	912,670	184,973	54.03
54.05	PET IMAGING	0.044800	783,100	35,083	54.05
55	Radiology-Therapeutic	0.150652	297,377	44,800	55
56	Radioisotope	1.734337	204,693	355,007	56
60	Laboratory	0.105740	26,674,339	2,820,545	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.245236	3,504,861	859,518	63
65	Respiratory Therapy	0.170846	4,906,111	838,189	65
66	Physical Therapy	0.260720	2,579,179	672,444	66
69	Electrocardiology	0.108621	4,943,482	536,966	69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.605683	222,201	134,583	70
71	Medical Supplies Charged to Patients	0.225488	18,836,581	4,247,423	71
72	Impl. Dev. Charged to Patients	0.332324	5,850,483	1,944,256	72
73	Drugs Charged to Patients	0.120529	53,441,330	6,441,230	73
74	Renal Dialysis	0.401308	628,069	252,049	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.027279	199,064	204,494	76.30
76.31	CORNEAL TRANSPLANTS	0.385912			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.704806			90
90.02	TRANSPLANT CLINIC	1.160854	9,217	10,700	90.02
90.03	BONE MARROW CLINIC	0.798258			90.03
90.04	TENETCARE	0.068762			90.04
91	Emergency	0.118695	2,454,134	291,293	91
92	Observation Beds (Non-Distinct Part)	0.532665	119,131	63,457	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		162,566,201	24,318,913	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		162,566,201		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	Subprovider - IPF		6,135,693		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.189300			50
51	Recovery Room	0.308896			51
53	Anesthesiology	0.055049			53
54	Radiology-Diagnostic	0.071484			54
54.03	ENDOSCOPY	0.202672			54.03
54.05	PET IMAGING	0.044800			54.05
55	Radiology-Therapeutic	0.150652			55
56	Radioisotope	1.734337			56
60	Laboratory	0.105740			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.245236			63
65	Respiratory Therapy	0.170846			65
66	Physical Therapy	0.260720			66
69	Electrocardiology	0.108621			69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.605683			70
71	Medical Supplies Charged to Patients	0.225488			71
72	Impl. Dev. Charged to Patients	0.332324			72
73	Drugs Charged to Patients	0.120529			73
74	Renal Dialysis	0.401308			74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.027279			76.30
76.31	CORNEAL TRANSPLANTS	0.385912			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.704806			90
90.02	TRANSPLANT CLINIC	1.160854			90.02
90.03	BONE MARROW CLINIC	0.798258			90.03
90.04	TENECARE	0.068762			90.04
91	Emergency	0.118695			91
92	Observation Beds (Non-Distinct Part)	0.532665			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	40,842	38	710.37	26	18,470	1	
2	Intensive Care Unit		43	1,587.76			2	
2.01	6TH ICU		43.0	1,458.08			2.01	
			1					
2.02	7TH ICU	19,129	43.0	1,514.56	2	3,029	2.02	
			2					
2.03	8TH ICU		43.0	1,549.91			2.03	
			3					
2.04	5TH ICU		43.0	1,434.74			2.04	
			4					
3	Coronary Care Unit		44				3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	Other Special Care (specify)		47				6	
7	TOTAL (sum of lines 1-6)	59,971			28	21,499	7	

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.189300	290,131	54,922	8
9	Recovery Room	51	0.308896	22,143	6,840	9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.055049	64,028	3,525	11
12	Radiology-Diagnostic	54	0.071484	964,890	68,974	12
12.03	ENDOSCOPY	54.0	0.202672	66,884	13,556	12.03
		3				
12.05	PET IMAGING	54.0	0.044800	20,402	914	12.05
		5				
13	Radiology-Therapeutic	55	0.150652			13
14	Radioisotope	56	1.734337	97,362	168,859	14
15	CT Scan	57				15
16	MRI	58				16
17	Cardiac Catheterization	59				17
18	Laboratory	60	0.105740	1,631,202	172,483	18
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0				18.02
		2				
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3				20.30
		0				
21	Blood Storing, Processing & Trans.	63	0.245236	5,384	1,320	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.170846	142	24	23
24	Physical Therapy	66	0.260720	6,707	1,749	24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.108621	1,435,133	155,886	27
27.02	CARDIOVASCULAR LAB	69.0				27.02
		2				
28	Electroencephalography	70	0.605683			28
29	Medical Supplies Charged to Patients	71	0.225488	640,284	144,376	29
30	Impl. Dev. Charged to Patients	72	0.332324			30
31	Drugs Charged to Patients	73	0.120529	772,489	93,107	31
32	Renal Dialysis	74	0.401308	13,152	5,278	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SERVICES	76				34
34.01	PSYCH THERAPY	76.0				34.01
		1				
34.29	AIR RESCUE	76.2				34.29
		9				

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
34.30	BONE MARROW	76.3 0	1.027279			34.30
34.31	CORNEAL TRANSPLANTS	76.3 1	0.385912			34.31
34.97	CARDIAC REHABILITATION	76.9 7				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.704806			37
37.02	TRANSPLANT CLINIC	90.0 2	1.160854			37.02
37.03	BONE MARROW CLINIC	90.0 3	0.798258			37.03
37.04	TENETCARE	90.0 4	0.068762			37.04
38	Emergency	91	0.118695			38
39	Observation Beds (Non-Distinct Part)	92	0.532665	2,058	1,096	39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			6,032,391	892,909	41

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		26		42
43	Intensive Care Unit	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02		2		43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			28		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)	2,058	25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	2,058				55

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	914,408		6,092,362		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	5,278,781		5,278,781		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	6,193,189		11,371,143		61
62	Total Usable Organs (see instructions)		37			62
63	Medicare Usable Organs (see instructions)		28			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.756757			64
65	Medicare Cost/Charges (see instructions)	4,686,739		8,605,192		65
66	Revenue for Organs Sold	221,821		626,765		66
67	Subtotal (line 65 minus line 66)	4,464,918		7,978,427		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	4,464,918		7,978,427		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	7	2		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		29		73
74	Total (sum of lines 70 thru 73)	7	31		74
75	Organs Transplanted	6	29	2,323,935	75
76	Organs Sold to Other Hospitals	1		108,019	76
77	Organs Sold to OPOs		2	30,937	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	7	31		84

- (1) Organs procured outside your center by a procurement team from your center are not included in the count.
- (2) Organs procured outside your center by a procurement team from your center are included in the count.

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)
		1	D	2	3		
1	Adults & Pediatrics	3,412	38	710.37			1
2	Intensive Care Unit		43	1,587.76			2
2.01	6TH ICU		43.0	1,458.08			2.01
			1				
2.02	7TH ICU		43.0	1,514.56			2.02
			2				
2.03	8TH ICU		43.0	1,549.91			2.03
			3				
2.04	5TH ICU		43.0	1,434.74			2.04
			4				
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	3,412					7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
		C	1		
8	Operating Room	50	0.189300	6,356	1,203
9	Recovery Room	51	0.308896	3,489	1,078
10	Delivery Room & Labor Room	52			
11	Anesthesiology	53	0.055049	14,154	779
12	Radiology-Diagnostic	54	0.071484	793,670	56,735
12.03	ENDOSCOPY	54.0	0.202672	50,757	10,287
		3			
12.05	PET IMAGING	54.0	0.044800	14,185	635
		5			
13	Radiology-Therapeutic	55	0.150652		
14	Radioisotope	56	1.734337	19,278	33,435
15	CT Scan	57			
16	MRI	58			
17	Cardiac Catheterization	59			
18	Laboratory	60	0.105740	841,083	88,936
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0			
		2			
19	PBP Clinical Lab Services-Prgm Only	61			
20	Whole Blood & Packed Red Blood Cells	62			
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3			
		0			
21	Blood Storing, Processing & Trans.	63	0.245236	8,134	1,995
22	Intravenous Therapy	64			
23	Respiratory Therapy	65	0.170846	296	51
24	Physical Therapy	66	0.260720		
25	Occupational Therapy	67			
26	Speech Pathology	68			
27	Electrocardiology	69	0.108621	766,319	83,238
27.02	CARDIOVASCULAR LAB	69.0			
		2			
28	Electroencephalography	70	0.605683		
29	Medical Supplies Charged to Patients	71	0.225488	198,755	44,817
30	Impl. Dev. Charged to Patients	72	0.332324		
31	Drugs Charged to Patients	73	0.120529	476,880	57,478
32	Renal Dialysis	74	0.401308		
33	ASC (Non-Distinct Part)	75			
34	OTHER ANCILLARY SERVICES	76			
34.01	PSYCH THERAPY	76.0			
		1			
34.29	AIR RESCUE	76.2			
		9			

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
34.30	BONE MARROW	76.3 0	1.027279			34.30
34.31	CORNEAL TRANSPLANTS	76.3 1	0.385912			34.31
34.97	CARDIAC REHABILITATION	76.9 7				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.704806			37
37.02	TRANSPLANT CLINIC	90.0 2	1.160854			37.02
37.03	BONE MARROW CLINIC	90.0 3	0.798258			37.03
37.04	TENETCARE	90.0 4	0.068762			37.04
38	Emergency	91	0.118695			38
39	Observation Beds (Non-Distinct Part)	92	0.532665	2,256	1,202	39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			3,195,612	381,869	41

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)					48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)	2,256	25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	2,256				55

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	381,869		3,199,024		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,039,383		3,039,383		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,421,252		6,238,407		61
62	Total Usable Organs (see instructions)		26			62
63	Medicare Usable Organs (see instructions)		7			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.269231			64
65	Medicare Cost/Charges (see instructions)	921,107		1,679,573		65
66	Revenue for Organs Sold	98,433		435,490		66
67	Subtotal (line 65 minus line 66)	822,674		1,244,083		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	822,674		1,244,083		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)				70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		26		73
74	Total (sum of lines 70 thru 73)		26		74
75	Organs Transplanted		26	10,186,241	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs				77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		26		84

- (1) Organs procured outside your center by a procurement team from your center are not included in the count.
- (2) Organs procured outside your center by a procurement team from your center are included in the count.

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)
		1	D	2	3		
1	Adults & Pediatrics		38	710.37			1
2	Intensive Care Unit		43	1,587.76			2
2.01	6TH ICU		43.0	1,458.08			2.01
			1				
2.02	7TH ICU		43.0	1,514.56			2.02
			2				
2.03	8TH ICU		43.0	1,549.91			2.03
			3				
2.04	5TH ICU		43.0	1,434.74			2.04
			4				
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
		C	1		
8	Operating Room	50	0.189300		8
9	Recovery Room	51	0.308896		9
10	Delivery Room & Labor Room	52			10
11	Anesthesiology	53	0.055049		11
12	Radiology-Diagnostic	54	0.071484	871	62
12.03	ENDOSCOPY	54.0	0.202672		12.03
		3			
12.05	PET IMAGING	54.0	0.044800		12.05
		5			
13	Radiology-Therapeutic	55	0.150652		13
14	Radioisotope	56	1.734337		14
15	CT Scan	57			15
16	MRI	58			16
17	Cardiac Catheterization	59			17
18	Laboratory	60	0.105740	3,366	356
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0			18.02
		2			
19	PBP Clinical Lab Services-Prgm Only	61			19
20	Whole Blood & Packed Red Blood Cells	62			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3			20.30
		0			
21	Blood Storing, Processing & Trans.	63	0.245236		21
22	Intravenous Therapy	64			22
23	Respiratory Therapy	65	0.170846	12	2
24	Physical Therapy	66	0.260720		24
25	Occupational Therapy	67			25
26	Speech Pathology	68			26
27	Electrocardiology	69	0.108621	5,502	598
27.02	CARDIOVASCULAR LAB	69.0			27.02
		2			
28	Electroencephalography	70	0.605683		28
29	Medical Supplies Charged to Patients	71	0.225488	1,226	276
30	Impl. Dev. Charged to Patients	72	0.332324		30
31	Drugs Charged to Patients	73	0.120529	2,189	264
32	Renal Dialysis	74	0.401308		32
33	ASC (Non-Distinct Part)	75			33
34	OTHER ANCILLARY SERVICES	76			34
34.01	PSYCH THERAPY	76.0			34.01
		1			
34.29	AIR RESCUE	76.2			34.29
		9			

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

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
34.30	BONE MARROW	76.3 0	1.027279	2	3	34.30
34.31	CORNEAL TRANSPLANTS	76.3 1	0.385912			34.31
34.97	CARDIAC REHABILITATION	76.9 7				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.704806			37
37.02	TRANSPLANT CLINIC	90.0 2	1.160854			37.02
37.03	BONE MARROW CLINIC	90.0 3	0.798258			37.03
37.04	TENETCARE	90.0 4	0.068762			37.04
38	Emergency	91	0.118695			38
39	Observation Beds (Non-Distinct Part)	92	0.532665			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			13,166	1,558	41

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)					48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	1,558		13,166		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	62,866		62,866		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	64,424		76,032		61
62	Total Usable Organs (see instructions)		1			62
63	Medicare Usable Organs (see instructions)					63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)					64
65	Medicare Cost/Charges (see instructions)					65
66	Revenue for Organs Sold					66
67	Subtotal (line 65 minus line 66)					67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)					69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)				70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		1		73
74	Total (sum of lines 70 thru 73)		1		74
75	Organs Transplanted		1	200,788	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs				77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		1		84

- (1) Organs procured outside your center by a procurement team from your center are not included in the count.
- (2) Organs procured outside your center by a procurement team from your center are included in the count.

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	14,626,485			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	29,803,067			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	4,522,838			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	13,387,876			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	276.21			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	221.45			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	36.00			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	257.45			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	266.94			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	257.45			12
13	Total allowable FTE count for the prior year	257.62			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	259.29			14
15	Sum of lines 12 through 14 divided by 3	258.12			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	258.12			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.934506			19
20	Prior year resident to bed ratio (see instructions)	0.929499			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.929499			21
22	IME payment adjustment (see instructions)	23,805,054			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)	1.73			23
24	IME FTE resident count over cap (see instructions)	9.49			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	1.73			25
26	Resident to bed ratio (divide line 25 by line 4)	0.006263			26
27	IME payments adjustment factor (see instructions)	0.001671			27
28	IME add-on adjustment amount (see instructions)	96,613			28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	23,901,667			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1124			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2279			31
32	Sum of lines 30 and 31	0.3403			32
33	Allowable disproportionate share percentage (see instructions)	0.1729			33
34	Disproportionate share adjustment (see instructions)	1,920,468			34
		Prior to October 1	On or after October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,247,583	4,291,823		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,753,989	2,857,294		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,611,283			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	79,385,808			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	79,385,808			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,360,772			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	11,880,407			52
53	Nursing and allied health managed care payment	68,567			53
54	Special add-on payments for new technologies	54,877			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	5,287,592			55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).	52,943			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	46,462			58
59	Total (sum of amounts on lines 49 through 58)	102,137,428			59
60	Primary payer payments	266,671			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	101,870,757			61
62	Deductibles billed to program beneficiaries	3,664,698			62
63	Coinsurance billed to program beneficiaries	508,936			63
64	Allowable bad debts (see instructions)	2,165,918			64
65	Adjusted reimbursable bad debts (see instructions)	1,407,847			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,552,379			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	99,104,970			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-2,409			70.93
70.94	HRR adjustment amount (see instructions)	-66,652			70.94
70.99	HAC adjustment amount (see instructions)	600,264			70.99
71	Amount due provider (see instructions)	98,435,645			71
71.01	Sequestration adjustment (see instructions)	1,968,713			71.01
72	Interim payments	96,858,959			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-392,027			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	14,626,485	14,626,485			14,626,485	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	29,803,067		29,803,067		29,803,067	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	4,522,838	1,684,918	2,837,920		4,522,838	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	13,387,876	4,131,604	9,256,272		13,387,876	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.929499	0.929499	0.929499			5
6	IME payment adjustment	23,805,054	7,723,230	16,081,824		23,805,054	6
6.01	IME payment adjustment for managed care						6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor	0.001671	0.001671	0.001671			7
8	IME add-on adjustment amount	96,613	31,345	65,268		96,613	8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	23,901,667	7,754,575	16,147,092		23,901,667	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.1729	0.1729	0.1729	0.1729	0.1729	10
11	Disproportionate share adjustment	1,920,468	632,230	1,288,238		1,920,468	11
11.01	Uncompensated care payments	4,611,283	1,753,989	2,857,294		4,611,283	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	79,385,808	26,452,197	52,933,611		79,385,808	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	79,385,808	26,452,197	52,933,611		79,385,808	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	5,360,772	1,778,034	3,582,738		5,360,772	16
17	Special add-on payments for new technologies	54,877		54,877		54,877	17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)	5,287,592	1,767,362	3,520,230		5,287,592	17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		29,997,593	60,091,456		90,089,049	19
20	Capital DRG other than outlier	3,523,089	1,161,457	2,361,632		3,523,089	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	269,556	99,612	169,944		269,556	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	37.3800	37.3800	37.3800			22
23	Indirect medical education adjustment	1,316,931	434,153	882,778		1,316,931	23
24	Allowable disproportionate share percentage	0.0713	0.0713	0.0713			24
25	Disproportionate share adjustment	251,196	82,812	168,384		251,196	25
26	Total prospective capital payments	5,360,772	1,778,034	3,582,738		5,360,772	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment	-2,409	15,020	-17,429		-2,409	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-66,652	-19,014	-47,638		-66,652	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			600,264		600,264	32

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0105

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	55,768			1
2	Medical and other services reimbursed under OPSS (see instructions)	18,868,881			2
3	PPS payments	15,435,966			3
4	Outlier payment (see instructions)	197,509			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	6,236			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	55,768			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	468,016			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	468,016			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	468,016			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	412,248			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	55,768			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	15,639,711			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	68,090			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,081,490			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	12,545,899			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	2,752,222			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	15,298,121			30
31	Primary payer payments	9,058			31
32	Subtotal (line 30 minus line 31)	15,289,063			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	686,673			34
35	Adjusted reimbursable bad debts (see instructions)	446,337			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	418,475			36
37	Subtotal (see instructions)	15,735,400			37
38	MSP-LCC reconciliation amount from PS&R	-137			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	15,735,537			40
40.01	Sequestration adjustment (see instructions)	314,711			40.01
41	Interim payments	15,357,811			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	63,015			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	1,226			1
2	Medical and other services reimbursed under OPPS (see instructions)	322			2
3	PPS payments	1,258			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	1,226			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	10,168			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	10,168			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	10,168			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	8,942			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	1,226			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,258			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	20			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	2,464			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	2,464			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	2,464			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	2,464			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	2,464			40
40.01	Sequestration adjustment (see instructions)	49			40.01
41	Interim payments	2,409			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	6			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-0105

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		97,123,410		15,357,811	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01	04/29/2015	52,062		3.01
		.02				3.02
		Program				3.03
		to				3.04
		Provider				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51	02/07/2015	316,513		3.51
		Provider				3.52
		to				3.53
		Program				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		-264,451		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			96,858,959		4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
		Program				5.03
		to				5.04
		Provider				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		Provider				5.52
		to				5.53
		Program				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-S105

**WORKSHEET E-1
PART I**

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		3,564,134		2,409
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01	03/16/2015	28,943	3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		28,943	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			3,593,077	2,409
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
 applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	15,094	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	27,885	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	9,132	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	84,273	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,743,094,274	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	53,368,180	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	1,084,948	8
9	Sequestration adjustment amount (see instructions)	21,699	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	1,063,249	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	Initial/interim HIT payment(s)	997,031	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	66,218	32

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

**WORKSHEET E-3
PART II**

Check Hospital
Applicable Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	3,651,648	1
2	Net IPF PPS Outlier payment	23,062	2
3	Net IPF PPS ECT payment	75,624	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	6.12	4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	5.46	6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)	5.46	8
9	Average daily census (see instructions)	30,813,699	9
10	Teaching adjustment factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}	0.087644	10
11	Teaching adjustment (line 1 multiplied by line 10)	320,045	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	4,070,379	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	4,070,379	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	4,070,379	18
19	Deductibles	274,264	19
20	Subtotal (line 18 minus line 19)	3,796,115	20
21	Coinsurance	133,527	21
22	Subtotal (line 20 minus line 21)	3,662,588	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	123,081	23
24	Adjusted reimbursable bad debts (see instructions)	80,003	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	98,818	25
26	Subtotal (sum of lines 22 and 24)	3,742,591	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	13,918	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	3,756,509	31
31.01	Sequestration adjustment (see instructions)	75,130	31.01
32	Interim payments	3,593,077	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	88,302	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Worksheet E-3, Part II, line 2 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the time value of money (see instructions)		52
53	Time value of money (see instructions)		53

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0105

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/MR TEFRA
 Boxes: SNF Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	38,360,971		1
2	Medical and other services		10,416,616	2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	38,360,971	10,416,616	4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	38,360,971	10,416,616	7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	20,905,040		8
9	Ancillary service charges	162,566,201	75,945,092	9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	183,471,241	75,945,092	12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	183,471,241	75,945,092	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	145,110,270	65,528,476	17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	38,360,971	10,416,616	21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	38,360,971	10,416,616	29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	38,360,971	10,416,616	31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	38,360,971	10,416,616	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	38,360,971	10,416,616	38
39	Direct graduate medical education payments (from Wkst. E-4)	8,035,134		39
40	Total amount payable to the provider (sum of lines 38 and 39)	46,396,105	10,416,616	40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	46,396,105	10,416,616	42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX Subprovider IPF ICF/MR TEFRA
 Boxes: SNF Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	2,519,267		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	2,519,267		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	2,519,267		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges	6,135,693		8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	6,135,693		12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	6,135,693		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	3,616,426		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	2,519,267		21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	2,519,267		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,519,267		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,519,267		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	2,519,267		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	2,519,267		40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	2,519,267		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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

WORKSHEET E-4

Check [XX] Title V
Applicable [] Title XVIII
Box: [] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	10
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21
22	Allowable additional direct GME FTE resident count (see instructions)			22
23	Enter the locality adjustment national average per resident amount (see instructions)			23
24	Multiply line 22 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)			26
27	Total inpatient days (see instructions)	95,520		27
28	Ratio of inpatient days to total inpatient days	0.000000	0.000000	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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

WORKSHEET E-4

Check [] Title V
 Applicable [XX] Title XVIII
 Box: [] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			227.61	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			32.92	4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			260.53	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			282.98	6
7	Enter the lesser of line 5 or line 6			260.53	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	67.61	180.63	248.24	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	62.25	166.30	228.55	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	62.25	166.30		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	68.42	161.66		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	66.74	164.04		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	65.80	164.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	65.80	164.00		17
18	Per resident amount	139,527.30	139,972.07		18
19	Approved amount for resident costs	9,180,896	22,955,419	32,136,315	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			23.85	20
21	Direct GME FTE unweighted resident count over cap (see instructions)			22.45	21
22	Allowable additional direct GME FTE resident count (see instructions)			19.69	22
23	Enter the locality adjustment national average per resident amount (see instructions)			100,789.40	23
24	Multiply line 22 times line 23			1,984,543	24
25	Total direct GME amount (sum of lines 19 and 24)			34,120,858	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	32,428	9,940		26
27	Total inpatient days (see instructions)	95,520	95,520		27
28	Ratio of inpatient days to total inpatient days	0.339489	0.104062		28
29	Program direct GME amount	11,583,656	3,550,685		29
30	Reduction for direct GME payments for Medicare Advantage		501,712		30
31	Net Program direct GME amount			14,632,629	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,948,108	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)			76,664,974	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			5,287,592	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			266,671	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			81,685,895	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			18,932,433	42
43	Primary payer payments (see instructions)			9,058	43
44	Total Part B reasonable cost (line 42 minus line 43)			18,923,375	44
45	Total reasonable cost (sum of lines 41 and 44)			100,609,270	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.811912	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.188088	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			14,632,629	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			11,880,407	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			2,752,222	50

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

WORKSHEET E-4

Check [] Title V
 Applicable [] Title XVIII
 Box: [XX] Title XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			227.61	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			32.92	4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			260.53	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			282.98	6
7	Enter the lesser of line 5 or line 6			260.53	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	67.61	180.63	248.24	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	62.25	166.30	228.55	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	62.25	166.30		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	68.42	161.66		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	66.74	164.04		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	65.80	164.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	65.80	164.00		17
18	Per resident amount	139,527.30	139,972.07		18
19	Approved amount for resident costs	9,180,896	22,955,419	32,136,315	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			23.85	20
21	Direct GME FTE unweighted resident count over cap (see instructions)			22.45	21
22	Allowable additional direct GME FTE resident count (see instructions)			19.69	22
23	Enter the locality adjustment national average per resident amount (see instructions)			100,789.40	23
24	Multiply line 22 times line 23			1,984,543	24
25	Total direct GME amount (sum of lines 19 and 24)			34,120,858	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	19,103	3,949		26
27	Total inpatient days (see instructions)	95,520	95,520		27
28	Ratio of inpatient days to total inpatient days	0.199990	0.041342		28
29	Program direct GME amount	6,823,830	1,410,625		29
30	Reduction for direct GME payments for Medicare Advantage		199,321		30
31	Net Program direct GME amount			8,035,134	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			8,035,134	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	4,044				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	212,303,443				4
5	Other receivables	13,052,742				5
6	Allowances for uncollectible notes and accounts receivable	-135,660,542				6
7	Inventory	8,589,182				7
8	Prepaid expenses	1,821,776				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	100,110,645				11
FIXED ASSETS						
12	Land	2,947,119				12
13	Land improvements	3,475,498				13
14	Accumulated depreciation	-3,080,187				14
15	Buildings	145,740,095				15
16	Accumulated depreciation	-55,171,783				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	10,584,535				19
20	Accumulated depreciation	-1,313,484				20
21	Audomobiles and trucks	19,385				21
22	Accumulated depreciation	-19,385				22
23	Major movable equipment	148,002,270				23
24	Accumulated depreciation	-114,776,463				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	23,380				29
30	Total fixed assets (sum of lines 12-29)	136,430,980				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	177,239,000				34
35	Total other assets (sum of lines 31-34)	177,239,000				35
36	Total assets (sum of lines 11, 30 and 35)	413,780,625				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	28,035,439				37
38	Salaries, wages and fees payable	7,665,323				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,012,588				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,489,537				44
45	Total current liabilities (sum of lines 37 thru 44)	39,202,887				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	241,162,424				47
48	Unsecured loans					48
49	Other long term liabilities					49
50	Total long term liabilities (sum of lines 46 thru 49)	241,162,424				50
51	Total liabilities (sum of lines 45 and 50)	280,365,311				51
CAPITAL ACCOUNTS						
52	General fund balance	133,415,314				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	133,415,314				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	413,780,625				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		133,283,529		1
2	Net income (loss) (from Worksheet G-3, line 29)		-17,506,049		2
3	Total (sum of line 1 and line 2)		115,777,480		3
4	Additions (credit adjustments) (specify)				4
5	INTERCOMPANY	17,637,805			5
6	RECON ITEM	29			6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)		17,637,834		10
11	Subtotal (line 3 plus line 10)		133,415,314		11
12	Deductions (debit adjustments) (specify)				12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		133,415,314		19

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				1
2	Net income (loss) (from Worksheet G-3, line 29)				2
3	Total (sum of line 1 and line 2)				3
4	Additions (credit adjustments) (specify)				4
5	INTERCOMPANY				5
6	RECON ITEM				6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)				11
12	Deductions (debit adjustments) (specify)				12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2014 To: 05/31/2015	Run Date: 10/19/2015 Run Time: 18:44 Version: 2015.03 (09/23/2015)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	96,259,419		96,259,419	1
2	Subprovider IPF	20,377,857		20,377,857	2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	116,637,276		116,637,276	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	13,270,234		13,270,234	11
11.01	6TH ICU	11,978,163		11,978,163	11.01
11.02	7TH ICU	12,420,033		12,420,033	11.02
11.03	8TH ICU	12,570,128		12,570,128	11.03
11.04	5TH ICU	15,273,590		15,273,590	11.04
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	65,512,148		65,512,148	16
17	Total inpatient routine care services (sum of lines 10 and 16)	182,149,424		182,149,424	17
18	Ancillary services	982,665,554		982,665,554	18
19	Outpatient services		596,139,478	596,139,478	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,164,814,978	596,139,478	1,760,954,456	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		424,659,839	29
30	Add (specify)			30
31		23,506		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		23,506	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		424,683,345	43

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,760,954,456	1
2	Less contractual allowances and discounts on patients' accounts	1,362,679,594	2
3	Net patient revenues (line 1 minus line 2)	398,274,862	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	424,683,345	4
5	Net income from service to patients (line 3 minus line 4)	-26,408,483	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	390,981	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	73,563	10
11	Rebates and refunds of expenses	12,485	11
12	Parking lot receipts	385,073	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients	45,744	17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	87,406	19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	3,428,545	22
23	Governmental appropriations		23
24	Other (specify)	3,458,067	24
24.0		1,020,570	24.0
2			2
25	Total other income (sum of lines 6-24)	8,902,434	25
26	Total (line 5 plus line 25)	-17,506,049	26
29	Net income (or loss) for the period (line 26 minus line 28)	-17,506,049	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0105

WORKSHEET L

Check Title V Hospital PPS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	3,523,089	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	269,556	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	230.88	3
4	Number of interns & residents (see instructions)	259.85	4
5	Indirect medical education percentage (see instructions)	37.38	5
6	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	1,316,931	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1124	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2279	8
9	Sum of lines 7 and 8	0.3403	9
10	Allowable disproportionate share percentage (see instructions)	0.0713	10
11	Disproportionate share adjustment (line 10 times column 1, sum of lines 1 and 1.01)	251,196	11
12	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	5,360,772	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
16.01	QUALITY ASSURANCE						16.01
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
31.01	6TH ICU						31.01
31.02	7TH ICU						31.02
31.03	8TH ICU						31.03
31.04	5TH ICU						31.04
40	Subprovider - IPF						40
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.03	ENDOSCOPY						54.03
54.05	PET IMAGING						54.05
55	Radiology-Therapeutic						55
56	Radioisotope						56
60	Laboratory						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW						76.30
76.31	CORNEAL TRANSPLANTS						76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.02	TRANSPLANT CLINIC						90.02
90.03	BONE MARROW CLINIC						90.03
90.04	TENETCARE						90.04
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202