

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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. ☐ Electronically filed cost report 2. ☒ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☐ Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 11/30/2018 Time: 12:30	
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL 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 BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2017 and ending 06/30/2018, 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.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		2,804,499	-108,930			1
2	SUBPROVIDER - IPF		17,703	-5			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		2,822,202	-108,935			200

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 1740 W TAYLOR ST	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60612	County: COOK

Hospital and Hospital-Based Component Identification:

							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	BOARD OF TRUSTEES OF THE UNIVERSITY	14-0150	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	BOT FOR THE UOFI - PSYCH	14-S150	16974	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	UIH	14-2316	16974		01 / 01 / 2004				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2017	To: 06 / 30 / 2018	20
21	Type of control (see instructions)	10		21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	11,076	1,020	95		34,547	988	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 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.							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 is in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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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)(i) or (ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
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	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	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	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
56	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	Y			60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	1	60.01
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the IME FTE unweighted count. Enter in column 4, the 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. Enter in column 4 direct the 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 through 67. (see instructions)	Y			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.01	272.42	0.014506	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		FAMILY PRACTICE	1350	0.08	15.66	0.005083	65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.62	328.15	0.001886	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67

Inpatient Psychiatric Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.			86
87	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N		87

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers

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

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.	1	2	111

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-L, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118
118.01	List amounts of malpractice premiums and paid losses:	Premiums 9,038,851	Paid Losses 1,811	Self Insurance 9,038,851
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.	N		121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N		122

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 in column 2.	01 / 01 / 1980		126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.	01 / 29 / 1998		128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.	01 / 01 / 1980		130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.	10 / 01 / 2004	05 / 13 / 2014	132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date 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

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

If this facility is part of a chain organization, enter the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

141	Name:	Contractor's Name:	Contractor's Number:	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	N	Y	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			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
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	06 / 01 / 2017	08 / 29 / 2017		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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		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	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	12/15/2018	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see 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		Y	
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

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

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2018	Y	11/01/2018	17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	Y		Y		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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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

	Y/N	Date	
	1	2	
Home Office Costs			
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: CYNTHIA	Last name: SCHMIEGELT	Title: DIRECTOR OF HOSPITAL REIMB
42	Employer: UNIVERSITY OF ILLINOIS HOSPITAL		
43	Phone number: 3124138414	E-mail Address: CSCHMIEG@UIC.EDU	

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

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	303	110,595			15,211	4,503	67,977	1
2	HMO and other (see instructions)						8,861	36,650		2
3	HMO IPF Subprovider							3,950		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)		303	110,595			15,211	4,503	67,977	7
8	Intensive Care Unit	31	42	15,330			3,983	744	13,342	8
8.01	PEDS ICU	31.01	18	6,570			18	384	1,779	8.01
8.02	NEONATAL ICU	31.02	52	18,980				3,635	9,121	8.02
9	Coronary Care Unit	32	19	6,935			1,739	408	5,859	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						1,402	3,490	13
14	Total (see instructions)		434	158,410			20,951	11,076	101,568	14
15	CAH Visits									15
16	Subprovider - IPF	40	53	19,345			1,678	3,883	12,525	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)		487							27
28	Observation Bed Days							444	6,721	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		8	2,920				171	1,611	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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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)					3,380	2,326	19,291	1
2	HMO and other (see instructions)						7,092		2
3	HMO IPF Subprovider						412		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	PEDS ICU								8.01
8.02	NEONATAL ICU								8.02
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)	493.14	4,263.49			3,380	2,326	19,291	14
15	CAH Visits								15
16	Subprovider - IPF	6.30	82.45			142	157	974	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)	499.44	4,345.94						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

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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	316,875,265	8,626,183	325,501,448	8,299,102.77	39.22	1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetest Part B		854,859		854,859	10,536.00	81.14	3
4 Physician-Part A - Administrative		1,052,550		1,052,550	8,234.00	127.83	4
4.01 Physician-Part A - Teaching							4.01
5 Physician-Part B		5,402,312		5,402,312	85,670.00	63.06	5
6 Non-physician-Part B							6
7 Interns & residents (in an approved program)	21	20,934,133	8,626,183	29,560,316	1,068,469.50	27.67	7
7.01 Contracted interns & residents (in an approved program)			226,811	226,811	7,280.00	31.16	7.01
8 Home office and/or related organization personnel							8
9 SNF	44						9
10 Excluded area salaries (see instructions)		13,602,388	-99,604	13,502,784	354,234.00	38.12	10
OTHER WAGES & RELATED COSTS							
11 Contract labor (see instructions)		11,816,345		11,816,345	202,732.12	58.29	11
12 Contract management and administrative services		197,270		197,270	2,565.00	76.91	12
13 Contract labor: Physician-Part A - Administrative							13
14 Home office salaries & wage-related costs							14
14.01 Home office salaries							14.01
14.02 Related organization salaries							14.02
15 Home office: Physician Part A - Administrative		1,958,589		1,958,589	13,152.00	148.92	15
16 Home office & Contract Physicians Part A - Teaching		15,193,214		15,193,214	111,713.00	136.00	16
WAGE-RELATED COSTS							
17 Wage-related costs (core)(see instructions)		242,481,984		242,481,984			17
18 Wage-related costs (other)(see instructions)							18
19 Excluded areas		11,696,743		11,696,743			19
20 Non-physician anesthetist Part A							20
21 Non-physician anesthetist Part B		591,023		591,023			21
22 Physician Part A - Administrative		663,731		663,731			22
22.01 Physician Part A - Teaching							22.01
23 Physician Part B		3,392,666		3,392,666			23
24 Wage-related costs (RHC/FQHC)							24
25 Interns & residents (in an approved program)		29,942,927		29,942,927			25
25.50 Home office wage-related							25.50
25.51 Related organization wage-related							25.51
25.52 Home office: Physician Part A - Administrative - wage-related		1,762,038		1,762,038			25.52
25.53 Home office & Contract Physicians Part A - Teaching - wage-related		13,668,528		13,668,528			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26 Employee Benefits Department		1,935,991	14,963	1,950,954	43,980.65	44.36	26
27 Administrative & General		52,136,809	-1,012,676	51,124,133	1,166,061.95	43.84	27
28 Administrative & General under contract (see instructions)		681,739		681,739	4,822.00	141.38	28
29 Maintenance & Repairs		921,497		921,497	20,887.97	44.12	29
30 Operation of Plant							30
31 Laundry & Linen Service							31
32 Housekeeping		2,509		2,509	61.49	40.80	32
33 Housekeeping under contract (see instructions)		6,237,174		6,237,174	332,302.00	18.77	33
34 Dietary		3,680,006	-125,571	3,554,435	175,510.86	20.25	34
35 Dietary under contract (see instructions)							35
36 Cafeteria		3,141		3,141	72.50	43.32	36
37 Maintenance of Personnel							37
38 Nursing Administration		5,601,530	-378,382	5,223,148	121,498.39	42.99	38
39 Central Services and Supply		3,054,652	4,635	3,059,287	113,079.59	27.05	39
40 Pharmacy		3,299,709	-666,529	2,633,180	101,913.26	25.84	40
41 Medical Records & Medical Records Library		3,208,460	16,485	3,224,945	110,471.61	29.19	41
42 Social Service		5,880,941	-321,014	5,559,927	195,912.66	28.38	42
43 Other General Service		3,352,313	-103,037	3,249,276	61,127.78	53.16	43

Part III - Hospital Wage Index Summary

1 Net salaries (see instructions)		296,602,874	-226,811	296,376,063	7,464,271.27	39.71	1
2 Excluded area salaries (see instructions)		13,602,388	-99,604	13,502,784	354,234.00	38.12	2
3 Subtotal salaries (line 1 minus line 2)		283,000,486	-127,207	282,873,279	7,110,037.27	39.79	3
4 Subtotal other wages & related costs (see instructions)		13,972,204		13,972,204	218,449.12	63.96	4
5 Subtotal wage-related costs (see instructions)		244,907,753		244,907,753		86.58%	5
6 Total (sum of lines 3 through 5)		541,880,443	-127,207	541,753,236	7,328,486.39	73.92	6
7 Total overhead cost (see instructions)		89,996,471	-2,571,126	87,425,345	2,447,702.71	35.72	7

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HOSPITAL WAGE RELATED COSTS**WORKSHEET S-3****Part IV - Wage Related Cost****PART IV****Part A - Core List**

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		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)	172,741,691	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)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)	107,273,190	8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	527,114	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	865,304	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	553,273	17
18	Medicare Taxes - Employers Portion Only	3,837,160	18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	3,371,342	23
24	Total Wage Related cost (Sum of lines 1-23)	289,169,074	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3
PART V****Part V - Contract Labor and Benefit Cost****Hospital and Hospital-Based Component Identification:**

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

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

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	128				3	22	1
2	Number of times per week patient receives dialysis	3.00						2
3	Average patient dialysis time including setup	4.50						3
4	CAPD exchanges per day				4		4	4
5	Number of days in year dialysis furnished	312						5
6	Number of stations	24						6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	0.93						8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

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

TRANSPLANT INFORMATION

11	Number of patients on transplant list	77	11
12	Number of patients transplanted during the cost reporting period	15	12

EPOETIN

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

ARANESP

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

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

21	MCP X	INITIAL METHOD	
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Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ARANESP	230,330		151,351		22
22.01		EPOGEN	58,836		9,188		22.01

LOW VOLUME		CCN	Treatments			
		1	2			
23	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18 and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)					23

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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)	0.334348	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	315,598,881	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 and/or supplemental payments from Medicaid?	N	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid	22,672,454	5
6	Medicaid charges	967,717,710	6
7	Medicaid cost (line 1 times line 6)	323,554,481	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	1,413,576	9
10	Stand-alone SCHIP charges	9,188,287	10
11	Stand-alone SCHIP cost (line 1 times line 10)	3,072,085	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.	1,658,509	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)	890,659	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	22,790,526	14
15	State or local indigent care program cost (line 1 times line 14)	7,619,967	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.	6,729,308	16

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundnig charity care		17
18	Government grants, appropriations of transfers for support of hospital operations	37,595,400	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	8,387,817	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	43,166,711	763,017	43,929,728	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,432,703	763,017	15,195,720	21
22	Payments received from patients for amounts previously written off as charity care	31,859	3,475	35,334	22
23	Cost of charity care (line 21 minus line 22)	14,400,844	759,542	15,160,386	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, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	26,308,488	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,186,248	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,824,996	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	24,483,492	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	8,824,755	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	23,985,141	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	32,372,958	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- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				8,923,369	8,923,369		8,923,369	1
2	00200	Cap Rel Costs-Mvble Equip				16,941,125	16,941,125	-3,707,126	13,233,999	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,935,991	789,238	2,725,229	317,840,341	320,565,570	158,233	320,723,803	4
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GEN	39,287,197	478,052,789	517,339,986	-351,563,970	165,776,016	-61,702,051	104,073,965	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	7,725,249	2,687,219	10,412,468	-260,102	10,152,366	-166,011	9,986,355	5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	5,124,363	15,112,403	20,236,766	-17,551	20,219,215	-6,308	20,212,907	5.03
6	00600	Maintenance & Repairs	921,497	17,788,612	18,710,109	-20,282	18,689,827	-273,165	18,416,662	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping	2,509	6,763,374	6,765,883	-65,430	6,700,453	-2,057,822	4,642,631	9
10	01000	Dietary	3,680,006	3,105,550	6,785,556	-126,270	6,659,286	-1,931,065	4,728,221	10
11	01100	Cafeteria	3,141		3,141		3,141		3,141	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	5,601,530	980,415	6,581,945	-556,820	6,025,125	-8,281	6,016,844	13
14	01400	Central Services & Supply	3,054,652	7,264,641	10,319,293	-1,950,759	8,368,534		8,368,534	14
15	01500	Pharmacy	3,299,709	39,837,711	43,137,420	-29,414,578	13,722,842	-4,835,981	8,886,861	15
16	01600	Medical Records & Library	3,208,460	1,257,094	4,465,554	16,445	4,481,999	-150,248	4,331,751	16
17	01700	Social Service	5,469,227	470,128	5,939,355	-334,090	5,605,265	-103,104	5,502,161	17
17.01	01701	PALLIATIVE CARE	411,714	21,273	432,987	12,279	445,266	-226,044	219,222	17.01
18	01850	UTILMGMT / DSCH PLANNING	3,352,313	200,490	3,552,803	-111,430	3,441,373		3,441,373	18
19	01900	Nonphysician Anesthetists								19
21	02100	I&R Services-Salary & Fringes Apprvd	20,934,133	-198,483	20,735,650	8,846,423	29,582,073		29,582,073	21
22	02200	I&R Services-Other Prgm Costs Apprvd	831,795	1,402,040	2,233,835	-433,328	1,800,507	15,193,332	16,993,839	22
23	02300	PARAMED ED PRGM-(SPECIFY)				1,845,902	1,845,902	268,835	2,114,737	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	47,239,307	5,746,806	52,986,113	1,697,194	54,683,307	-1,543,091	53,140,216	30
31	03100	Intensive Care Unit	14,170,812	3,017,106	17,187,918	-1,223,710	15,964,208	-2,670	15,961,538	31
31.01	02080	PEDS ICU	3,246,365	269,740	3,516,105	-123,883	3,392,222	-1,257	3,390,965	31.01
31.02	02060	NEONATAL ICU	8,738,727	643,679	9,382,406	-456,947	8,925,459	-342	8,925,117	31.02
32	03200	Coronary Care Unit	7,504,985	1,363,459	8,868,444	-790,978	8,077,466		8,077,466	32
40	04000	Subprovider - IPF	7,284,663	408,667	7,693,330	528	7,693,858	-138	7,693,720	40
43	04300	Nursery				1,058,717	1,058,717		1,058,717	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	13,812,018	45,134,435	58,946,453	-41,495,641	17,450,812	-272,964	17,177,848	50
51	05100	Recovery Room	3,920,834	368,201	4,289,035	-212,282	4,076,753		4,076,753	51
52	05200	Delivery Room & Labor Room	12,748,159	2,493,180	15,241,339	-6,025,964	9,215,375	-1,090,243	8,125,132	52
53	05300	Anesthesiology	1,521,835	2,410,821	3,932,656	-2,061,559	1,871,097	-854,859	1,016,238	53
54	05400	Radiology-Diagnostic	6,308,386	775,695	7,084,081	-3,749,633	3,334,448	-1,473	3,332,975	54
54.01	03630	RADIO ULTRASOUND	809,394	83,735	893,129	144,845	1,037,974		1,037,974	54.01
54.02	03650	RADIO ANGIOGRAPHY	1,582,280	4,908,493	6,490,773	-3,758,711	2,732,062	-199,689	2,532,373	54.02
54.03	05401	RADIO WEST HARRISON	433,501	471,772	905,273	141,923	1,047,196	-1,968	1,045,228	54.03
54.04	05402	RADIO MILE SQUARE	194,147	47,824	241,971	25,806	267,777		267,777	54.04
55	05500	Radiology-Therapeutic	1,575,541	4,093,577	5,669,118	21,532	5,690,650	-1,082,933	4,607,717	55
56	05600	Radioisotope	345,492	780,019	1,125,511	7,096	1,132,607		1,132,607	56
57	05700	CT Scan	1,202,565	480,133	1,682,698	850,457	2,533,155		2,533,155	57
58	05800	MRI	1,692,839	354,444	2,047,283	544,712	2,591,995		2,591,995	58
59	05900	Cardiac Catheterization	946,310	2,661,555	3,607,865	-2,552,439	1,055,426		1,055,426	59
60	06000	Laboratory	11,128,606	17,878,858	29,007,464	-3,522,187	25,485,277	-1,987	25,483,290	60
60.01	03420	LAB TISSUE TYPING	332,489	884,329	1,216,818	-5,455	1,211,363		1,211,363	60.01
60.02	06001	LAB OUTREACH	1,784,024	2,407,791	4,191,815	3,580,955	7,772,770	-74,667	7,698,103	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		7,214,179	7,214,179		7,214,179	-160,189	7,053,990	63
64	06400	Intravenous Therapy	254,139	255,949	510,088	-250,787	259,301		259,301	64
65	06500	Respiratory Therapy	3,188,695	579,805	3,768,500	-490,704	3,277,796		3,277,796	65
66	06600	Physical Therapy	1,936,408	106,954	2,043,362	-15,648	2,027,714	-17,622	2,010,092	66
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	119,727	717,648	837,375	-626,062	211,313		211,313	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	489,284	113,096	602,380	-357	602,023		602,023	66.02
66.03	06603	PHYSICAL THERAPY-OCC	2,239,464	20,585	2,260,049	29,339	2,289,388	-1,891	2,287,497	66.03
67	06700	Occupational Therapy	1,355,370	41,393	1,396,763	-18,842	1,377,921	-11,481	1,366,440	67
67.01	06701	OCCUPATIONAL THERAPY-OCC	445,641	8,560	454,201	-4,482	449,719		449,719	67.01
68	06800	Speech Pathology	473,983	-12,569	461,414		461,414		461,414	68
69	06900	Electrocardiology	213,156	8,268	221,424	-2,851	218,573		218,573	69
70	07000	Electroencephalography	313,595	101,981	415,576	-20,162	395,414		395,414	70
71	07100	Medical Supplies Charged to Patients				64,946,768	64,946,768	-1,890,942	63,055,826	71
73	07300	Drugs Charged to Patients				69,519,698	69,519,698		69,519,698	73
74	07400	Renal Dialysis	3,431,218	1,926,523	5,357,741	55,905	5,413,646		5,413,646	74
76	03950	OTHER ANCILLARY SVC								76
76.01	03340	GASTROENTEROLOGY	2,207,577	1,966,690	4,174,267	-1,344,347	2,829,920		2,829,920	76.01
76.02	03951	BONE MARROW TRANSPLANT	741,368	1,069,418	1,810,786	-4,096	1,806,690	-84,716	1,721,974	76.02
76.03	03140	CARDIAC SERVICES	1,960,180	2,506,665	4,466,845	-2,381,532	2,085,313		2,085,313	76.03

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
76.04	03952	TELEMEDCINE PROGRAM		10,476,168	10,476,168	-9,655,152	821,016	254,614	1,075,630	76.04
76.05	03953	SLEEP LAB WEST HARRISON	321,235	1,120,589	1,441,824	-1,804	1,440,020	-28,490	1,411,530	76.05
76.06	03954	SICKLE CELL	991,334	94,450	1,085,784	-10,559	1,075,225	-112,974	962,251	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD		6,296	6,296	33,741	40,037		40,037	76.07
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	114,031	42,118	156,149	-32,499	123,650		123,650	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	21,685,161	28,837,571	50,522,732	-24,941,421	25,581,311	-1,153,114	24,428,197	90
91	09100	Emergency	8,702,234	2,653,430	11,355,664	-1,031,029	10,324,635	-2,842	10,321,793	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	OCC EEI	2,692,806	4,122,794	6,815,600	-3,458,081	3,357,519	-1,247	3,356,272	93.01
93.02	04952	OCC PSYCH	1,055,584	89,235	1,144,819	-21,432	1,123,387	-124,839	998,548	93.02
93.03	04951	OCC ADOLESCENTS	2,258,585	858,402	3,116,987	-702,015	2,414,972	96	2,415,068	93.03
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	3,176,715	3,660,468	6,837,183	-625,164	6,212,019	-39,422	6,172,597	105
107	10700	Liver Acquisition	509,106	1,577,554	2,086,660	-166,676	1,919,984	1,933	1,921,917	107
109	10900	Pancreas Acquisition	14,072	757,385	771,457	30,457	801,914	4,564	806,478	109
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)		48,989	48,989	12,556	61,545	-9,525	52,020	112
118		SUBTOTALS (sum of lines 1-117)	314,257,433	744,189,407	1,058,446,840	488,412	1,058,935,252	-68,053,174	990,882,078	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		205	205		205	205	410	190
191	19100	Research	487,513	69,307	556,820	-2,993	553,827	-299	553,528	191
192	19200	Physicians' Private Offices	1,862,361	2,268,763	4,131,124	17,101	4,148,225	-2,318	4,145,907	192
192.01	19201	PILSEN-OFFSITE CLINIC	267,958	766,677	1,034,635	-502,520	532,115	-29,970	502,145	192.01
194	07950	OUTPATIENT PHARMACY		23,568,136	23,568,136		23,568,136		23,568,136	194
200		TOTAL (sum of lines 118-199)	316,875,265	770,862,495	1,087,737,760		1,087,737,760	-68,085,556	1,019,652,204	200

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	WOMENS HEALTH	A	Adults & Pediatrics	30	3,521,783	445,957	1
2	WOMENS HEALTH	A	Nursery	43	939,722	118,995	2
500	Total reclassifications				4,461,505	564,952	500
	Code Letter - A						
1	CHARGEABLE MED SPLS	B	Medical Supplies Charged to P	71		64,946,768	1
2	CHARGEABLE MED SPLS	B					2
3	CHARGEABLE MED SPLS	B					3
4	CHARGEABLE MED SPLS	B					4
5	CHARGEABLE MED SPLS	B					5
6	CHARGEABLE MED SPLS	B					6
7	CHARGEABLE MED SPLS	B					7
8	CHARGEABLE MED SPLS	B					8
9	CHARGEABLE MED SPLS	B					9
10	CHARGEABLE MED SPLS	B					10
11	CHARGEABLE MED SPLS	B					11
12	CHARGEABLE MED SPLS	B					12
13	CHARGEABLE MED SPLS	B					13
14	CHARGEABLE MED SPLS	B					14
15	CHARGEABLE MED SPLS	B					15
16	CHARGEABLE MED SPLS	B					16
17	CHARGEABLE MED SPLS	B					17
18	CHARGEABLE MED SPLS	B					18
19	CHARGEABLE MED SPLS	B					19
20	CHARGEABLE MED SPLS	B					20
21	CHARGEABLE MED SPLS	B					21
22	CHARGEABLE MED SPLS	B					22
23	CHARGEABLE MED SPLS	B					23
24	CHARGEABLE MED SPLS	B					24
25	CHARGEABLE MED SPLS	B					25
26	CHARGEABLE MED SPLS	B					26
27	CHARGEABLE MED SPLS	B					27
28	CHARGEABLE MED SPLS	B					28
29	CHARGEABLE MED SPLS	B					29
30	CHARGEABLE MED SPLS	B					30
31	CHARGEABLE MED SPLS	B					31
32	CHARGEABLE MED SPLS	B					32
33	CHARGEABLE MED SPLS	B					33
34	CHARGEABLE MED SPLS	B					34
35	CHARGEABLE MED SPLS	B					35
36	CHARGEABLE MED SPLS	B					36
37	CHARGEABLE MED SPLS	B					37
38	CHARGEABLE MED SPLS	B					38
39	CHARGEABLE MED SPLS	B					39
40	CHARGEABLE MED SPLS	B					40
41	CHARGEABLE MED SPLS	B					41
42	CHARGEABLE MED SPLS	B					42
43	CHARGEABLE MED SPLS	B					43
44	CHARGEABLE MED SPLS	B					44
45	CHARGEABLE MED SPLS	B					45
46	CHARGEABLE MED SPLS	B					46
47	CHARGEABLE MED SPLS	B					47
48	CHARGEABLE MED SPLS	B					48
49	CHARGEABLE MED SPLS	B					49
50	CHARGEABLE MED SPLS	B					50
51	CHARGEABLE MED SPLS	B					51
52	CHARGEABLE MED SPLS	B					52
53	CHARGEABLE MED SPLS	B					53
54	CHARGEABLE MED SPLS	B					54
55	CHARGEABLE MED SPLS	B					55
56	CHARGEABLE MED SPLS	B					56
57	CHARGEABLE MED SPLS	B					57
500	Total reclassifications					64,946,768	500
	Code Letter - B						
1	CHARGEABLE DRUGS	C	Drugs Charged to Patients	73		69,519,698	1
2	CHARGEABLE DRUGS	C	Renal Dialysis	74		289,167	2
3	CHARGEABLE DRUGS	C					3
4	CHARGEABLE DRUGS	C					4
5	CHARGEABLE DRUGS	C					5
6	CHARGEABLE DRUGS	C					6
7	CHARGEABLE DRUGS	C					7
8	CHARGEABLE DRUGS	C					8
9	CHARGEABLE DRUGS	C					9
10	CHARGEABLE DRUGS	C					10
11	CHARGEABLE DRUGS	C					11

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
12	CHARGEABLE DRUGS	C					12
13	CHARGEABLE DRUGS	C					13
14	CHARGEABLE DRUGS	C					14
15	CHARGEABLE DRUGS	C					15
16	CHARGEABLE DRUGS	C					16
17	CHARGEABLE DRUGS	C					17
18	CHARGEABLE DRUGS	C					18
19	CHARGEABLE DRUGS	C					19
20	CHARGEABLE DRUGS	C					20
21	CHARGEABLE DRUGS	C					21
22	CHARGEABLE DRUGS	C					22
23	CHARGEABLE DRUGS	C					23
24	CHARGEABLE DRUGS	C					24
25	CHARGEABLE DRUGS	C					25
26	CHARGEABLE DRUGS	C					26
27	CHARGEABLE DRUGS	C					27
28	CHARGEABLE DRUGS	C					28
29	CHARGEABLE DRUGS	C					29
30	CHARGEABLE DRUGS	C					30
31	CHARGEABLE DRUGS	C					31
32	CHARGEABLE DRUGS	C					32
33	CHARGEABLE DRUGS	C					33
34	CHARGEABLE DRUGS	C					34
35	CHARGEABLE DRUGS	C					35
36	CHARGEABLE DRUGS	C					36
37	CHARGEABLE DRUGS	C					37
38	CHARGEABLE DRUGS	C					38
39	CHARGEABLE DRUGS	C					39
40	CHARGEABLE DRUGS	C					40
41	CHARGEABLE DRUGS	C					41
42	CHARGEABLE DRUGS	C					42
43	CHARGEABLE DRUGS	C					43
500	Total reclassifications					69,808,865	500
	Code Letter - C						
1	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	572,000		1
2	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,273,902	2
500	Total reclassifications				572,000	1,273,902	500
	Code Letter - D						
1	RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	177,008	25,723	1
2	RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	659,290	95,807	2
3	RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	167,480	24,338	3
4	RADIOLOGY ADMIN & NURSING	E	RADIO MILE SQUARE	54.04	23,588	3,428	4
5	RADIOLOGY ADMIN & NURSING	E	Radiology-Therapeutic	55	248,575	36,123	5
6	RADIOLOGY ADMIN& NURSING	E	Radioisotope	56	72,287	10,505	6
7	RADIOLOGY ADMIN & NURSING	E	CT Scan	57	1,075,865	156,344	7
8	RADIOLOGY ADMIN & NURSING	E	MRI	58	717,460	104,261	8
500	Total reclassifications				3,141,553	456,529	500
	Code Letter - E						
1	DEPRECIATION-BLDG	F	Cap Rel Costs-Bldg & Fixt	1		8,923,369	1
2	DEPRECIATION-EQUIP	F	Cap Rel Costs-Mvble Equip	2		12,575,310	2
3	AMORTIZATION BOND DSCT	F	Cap Rel Costs-Mvble Equip	2		250,733	3
4	INTEREST ON INDEBTEDNESS	F	Cap Rel Costs-Mvble Equip	2		4,119,218	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		16,198	5
500	Total reclassifications					25,884,828	500
	Code Letter - F						
1	BENEFIT EXPENSE	G	Employee Benefits Department	4		323,092,115	1
500	Total reclassifications					323,092,115	500
	Code Letter - G						
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	176,733		1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	125,782		2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	1,310,726		3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	631,313		4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	195,913		5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	43,092		6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	21,259		7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					9
10	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					10
500	Total reclassifications				2,504,818		500
	Code Letter - H						

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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	GLUCOSE MGMT	I	Adults & Pediatrics	30	8,170	145
2	GLUCOSE MGMT	I	Intensive Care Unit	31	1,604	28
3	GLUCOSE MGMT	I	PEDS ICU	31.01	214	4
4	GLUCOSE MGMT	I	Coronary Care Unit	32	704	12
5	GLUCOSE MGMT	I	Subprovider - IPF	40	1,505	27
500	Total reclassifications				12,197	216
	Code Letter - I					
1	TELEMEDICINE PERSONNEL	J	TELEMEDICINE PROGRAM	76.04		91,300
500	Total reclassifications					91,300
	Code Letter - J					
1	OUTREACH LAB	K	LAB OUTREACH	60.02	1,139,977	2,440,738
2	OUTREACH LAB	K				
500	Total reclassifications				1,139,977	2,440,738
	Code Letter - K					
1	MOU COSTS NOT IN LINE 5.01	L	MEDICAL CENTER ALL OTHER ADMI	5.01		1,510,458
2	MOU COSTS NOT IN LINE 5.01	L				
3	MOU COSTS NOT IN LINE 5.01	L				
4	MOU COSTS NOT IN LINE 5.01	L				
5	MOU COSTS NOT IN LINE 5.01	L				
500	Total reclassifications					1,510,458
	Code Letter - L					
1	TRANSPLANT DIRECTORS	M	Kidney Acquisition	105	12,147	
2	TRANSPLANT DIRECTORS	M	Liver Acquisition	107	675	
3	TRANSPLANT DIRECTORS	M	Pancreas Acquisition	109	675	
500	Total reclassifications				13,497	
	Code Letter - M					
1	RESIDENT BILLING BENEFITS	N	I&R Services-Salary & Fringes	21	8,626,183	
500	Total reclassifications				8,626,183	
	Code Letter - N					
1	RAPID RESPONSE TEAM	O	Adults & Pediatrics	30	307,335	38,225
2	RAPID RESPONSE TEAM	O	Intensive Care Unit	31	60,321	7,503
3	RAPID RESPONSE TEAM	O	Coronary Care Unit	32	26,490	3,295
500	Total reclassifications				394,146	49,023
	Code Letter - O					
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	MEDICAL CENTER ALL OTHER ADMI	5.01	2,213	
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Clinic	90	89,360	
3	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Kidney Acquisition	105	6,086	
500	Total reclassifications				97,659	
	Code Letter - P					
1	AMBULATORY HEART CENTER	Q	HEART CENTER-ROOSEVELT RD	76.07	33,059	954
2	AMBULATORY HEART CENTER	Q				
500	Total reclassifications				33,059	954
	Code Letter - Q					
1	TERM PAY OUT	S	Employee Benefits Department	4	14,963	
2	TERM PAY OUT	S	MEDICAL CENTER ALL OTHER ADMI	5.01	241,313	
3	TERM PAY OUT	S	HOSPITAL ADMIN & GENERAL	5.02	29,603	
4	TERM PAY OUT	S	AMBULATORY ADMIN & GENERAL	5.03	8,290	
5	TERM PAY OUT	S	Dietary	10	4,199	
6	TERM PAY OUT	S	Nursing Administration	13	27,961	
7	TERM PAY OUT	S	Central Services & Supply	14	4,635	
8	TERM PAY OUT	S	Pharmacy	15	3,130	
9	TERM PAY OUT	S	Medical Records & Library	16	16,485	
10	TERM PAY OUT	S	Social Service	17	35,703	
11	TERM PAY OUT	S	PALLATIVE CARE	17.01	12,392	
12	TERM PAY OUT	S	I&R Services-Other Prgm Costs	22	31,677	
13	TERM PAY OUT	S	Adults & Pediatrics	30	95,548	
14	TERM PAY OUT	S	Intensive Care Unit	31	98,531	
15	TERM PAY OUT	S	PEDS ICU	31.01	25,433	
16	TERM PAY OUT	S	NEONATAL ICU	31.02	31,032	
17	TERM PAY OUT	S	Coronary Care Unit	32	86,518	
18	TERM PAY OUT	S	Subprovider - IPF	40	43,361	
19	TERM PAY OUT	S	Operating Room	50	59,707	
20	TERM PAY OUT	S	Recovery Room	51	832	
21	TERM PAY OUT	S	Delivery Room & Labor Room	52	25,644	
22	TERM PAY OUT	S	Anesthesiology	53	18,423	
23	TERM PAY OUT	S	Radiology-Diagnostic	54	19,688	
24	TERM PAY OUT	S	RADIO ANGIOGRAPHY	54.02	2,990	

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
25	TERM PAY OUT	S	CT Scan	57	7,615		25
26	TERM PAY OUT	S	Cardiac Catheterization	59	7,155		26
27	TERM PAY OUT	S	Laboratory	60	95,498		27
28	TERM PAY OUT	S	LAB OUTREACH	60.02	240		28
29	TERM PAY OUT	S	Respiratory Therapy	65	23,697		29
30	TERM PAY OUT	S	Physical Therapy	66	11,563		30
31	TERM PAY OUT	S	PHYSICAL THERAPY MAXWELL ST	66.02	2,272		31
32	TERM PAY OUT	S	PHYSICAL THERAPY-OCC	66.03	37,609		32
33	TERM PAY OUT	S	Occupational Therapy	67	1,143		33
34	TERM PAY OUT	S	OCCUPATIONAL THERAPY-OCC	67.01	998		34
35	TERM PAY OUT	S	Renal Dialysis	74	35,605		35
36	TERM PAY OUT	S	GASTROENTEROLOGY	76.01	1,067		36
37	TERM PAY OUT	S	CARDIAC SERVICES	76.03	40,271		37
38	TERM PAY OUT	S	SICKLE CELL	76.06	21,571		38
39	TERM PAY OUT	S	Clinic	90	104,683		39
40	TERM PAY OUT	S	Emergency	91	9,925		40
41	TERM PAY OUT	S	OCC EEI	93.01	18,188		41
42	TERM PAY OUT	S	OCC PSYCH	93.02	942		42
43	TERM PAY OUT	S	OCC ADOLESCENTS	93.03	1,704		43
44	TERM PAY OUT	S	Kidney Acquisition	105	25,755		44
45	TERM PAY OUT	S	Research	191	5,221		45
46	TERM PAY OUT	S	Physicians' Private Offices	192	17,101		46
500	Total reclassifications				1,407,881		500
	Code Letter - S						
1	RADIATION ONCOLOGY RESIDENTS	T	I&R Services-Salary & Fringes	21		226,811	1
500	Total reclassifications					226,811	500
	Code Letter - T						
1	TUITION-U OF I	V	Employee Benefits Department	4		3,359,446	1
2	TUITION-U OF I	V	Adults & Pediatrics	30		250	2
3	TUITION-U OF I	V					3
4	TUITION-U OF I	V					4
5	TUITION-U OF I	V					5
6	TUITION-U OF I	V					6
7	TUITION-U OF I	V					7
8	TUITION-U OF I	V					8
9	TUITION-U OF I	V					9
10	TUITION-U OF I	V					10
11	TUITION-U OF I	V					11
12	TUITION-U OF I	V					12
13	TUITION-U OF I	V					13
14	TUITION-U OF I	V					14
15	TUITION-U OF I	V					15
16	TUITION-U OF I	V					16
17	TUITION-U OF I	V					17
18	TUITION-U OF I	V					18
19	TUITION-U OF I	V					19
20	TUITION-U OF I	V					20
21	TUITION-U OF I	V					21
22	TUITION-U OF I	V					22
23	TUITION-U OF I	V					23
24	TUITION-U OF I	V					24
25	TUITION-U OF I	V					25
26	TUITION-U OF I	V					26
27	TUITION-U OF I	V					27
28	TUITION-U OF I	V					28
29	TUITION-U OF I	V					29
500	Total reclassifications					3,359,696	500
	Code Letter - V						
	GRAND TOTAL (Increases)				22,404,475	493,707,155	

(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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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	WOMENS HEALTH	A	Delivery Room & Labor Room	52	4,461,505	564,952		1
2	WOMENS HEALTH	A						2
500	Total reclassifications				4,461,505	564,952		500
	Code letter - A							
1	CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		23,228		1
2	CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		13,834		2
3	CHARGEABLE MED SPLS	B	Maintenance & Repairs	6		9,779		3
4	CHARGEABLE MED SPLS	B	Housekeeping	9		65,430		4
5	CHARGEABLE MED SPLS	B	Dietary	10		69		5
6	CHARGEABLE MED SPLS	B	Nursing Administration	13		45,780		6
7	CHARGEABLE MED SPLS	B	Central Services & Supply	14		193,023		7
8	CHARGEABLE MED SPLS	B	Pharmacy	15		791,007		8
9	CHARGEABLE MED SPLS	B	Social Service	17		394		9
10	CHARGEABLE MED SPLS	B	PALLIATIVE CARE	17.01		113		10
11	CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		8,393		11
12	CHARGEABLE MED SPLS	B	Adults & Pediatrics	30		2,099,390		12
13	CHARGEABLE MED SPLS	B	Intensive Care Unit	31		1,193,336		13
14	CHARGEABLE MED SPLS	B	PEDS ICU	31.01		135,715		14
15	CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		464,460		15
16	CHARGEABLE MED SPLS	B	Coronary Care Unit	32		789,688		16
17	CHARGEABLE MED SPLS	B	Subprovider - IPF	40		42,073		17
18	CHARGEABLE MED SPLS	B	Operating Room	50		41,424,691		18
19	CHARGEABLE MED SPLS	B	Recovery Room	51		173,855		19
20	CHARGEABLE MED SPLS	B	Delivery Room & Labor Room	52		944,254		20
21	CHARGEABLE MED SPLS	B	Anesthesiology	53		1,885,752		21
22	CHARGEABLE MED SPLS	B	Radiology-Diagnostic	54		145,016		22
23	CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		48,376		23
24	CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,281,490		24
25	CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		15,311		25
26	CHARGEABLE MED SPLS	B	RADIO MILE SQUARE	54.04		1,210		26
27	CHARGEABLE MED SPLS	B	Radiology-Therapeutic	55		30,817		27
28	CHARGEABLE MED SPLS	B	Radioisotope	56		5,044		28
29	CHARGEABLE MED SPLS	B	CT Scan	57		265,978		29
30	CHARGEABLE MED SPLS	B	MRI	58		127,787		30
31	CHARGEABLE MED SPLS	B	Cardiac Catheterization	59		2,459,629		31
32	CHARGEABLE MED SPLS	B	Laboratory	60		39,876		32
33	CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		106		33
34	CHARGEABLE MED SPLS	B	Intravenous Therapy	64		250,768		34
35	CHARGEABLE MED SPLS	B	Respiratory Therapy	65		457,339		35
36	CHARGEABLE MED SPLS	B	Physical Therapy	66		15,734		36
37	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY MAXWELL ST	66.02		2,354		37
38	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY-OCC	66.03		4,051		38
39	CHARGEABLE MED SPLS	B	Occupational Therapy	67		12,634		39
40	CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY-OCC	67.01		3,210		40
41	CHARGEABLE MED SPLS	B	Electrocardiology	69		2,851		41
42	CHARGEABLE MED SPLS	B	Electroencephalography	70		17,487		42
43	CHARGEABLE MED SPLS	B	Renal Dialysis	74		235,669		43
44	CHARGEABLE MED SPLS	B	GASTROENTEROLOGY	76.01		1,318,413		44
45	CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		797		45
46	CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		2,394,998		46
47	CHARGEABLE MED SPLS	B	SLEEP LAB WEST HARRISON	76.05		1,804		47
48	CHARGEABLE MED SPLS	B	SICKLE CELL	76.06		22,962		48
49	CHARGEABLE MED SPLS	B	HEART CENTER-ROOSEVELT RD	76.07		272		49
50	CHARGEABLE MED SPLS	B	HYPERBARIC OXYGEN THERAPY	76.98		813		50
51	CHARGEABLE MED SPLS	B	Clinic	90		1,371,951		51
52	CHARGEABLE MED SPLS	B	Emergency	91		894,637		52
53	CHARGEABLE MED SPLS	B	OCC EEI	93.01		101,818		53
54	CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		9,005		54
55	CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		84,440		55
56	CHARGEABLE MED SPLS	B	Research	191		7,003		56
57	CHARGEABLE MED SPLS	B	PILSEN-OFFSITE CLINIC	192.01		10,854		57
500	Total reclassifications					64,946,768		500
	Code letter - B							
1	CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		243,583		1
2	CHARGEABLE DRUGS	C	AMBULATORY ADMIN & GENERAL	5.03		57		2
3	CHARGEABLE DRUGS	C	Maintenance & Repairs	6		3		3
4	CHARGEABLE DRUGS	C	Central Services & Supply	14		1,762,371		4
5	CHARGEABLE DRUGS	C	Pharmacy	15		26,681,627		5
6	CHARGEABLE DRUGS	C	Adults & Pediatrics	30		519,401		6
7	CHARGEABLE DRUGS	C	Intensive Care Unit	31		198,361		7
8	CHARGEABLE DRUGS	C	PEDS ICU	31.01		11,408		8
9	CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		23,519		9
10	CHARGEABLE DRUGS	C	Coronary Care Unit	32		118,309		10

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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
11	CHARGEABLE DRUGS	C	Subprovider - IPF	40		2,042		11
12	CHARGEABLE DRUGS	C	Operating Room	50		130,657		12
13	CHARGEABLE DRUGS	C	Recovery Room	51		38,925		13
14	CHARGEABLE DRUGS	C	Delivery Room & Labor Room	52		65,349		14
15	CHARGEABLE DRUGS	C	Anesthesiology	53		194,230		15
16	CHARGEABLE DRUGS	C	Radiology-Diagnostic	54		19,034		16
17	CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		9,510		17
18	CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		235,308		18
19	CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		34,584		19
20	CHARGEABLE DRUGS	C	Radiology-Therapeutic	55		5,538		20
21	CHARGEABLE DRUGS	C	Radioisotope	56		70,652		21
22	CHARGEABLE DRUGS	C	CT Scan	57		123,389		22
23	CHARGEABLE DRUGS	C	MRI	58		149,222		23
24	CHARGEABLE DRUGS	C	Cardiac Catheterization	59		99,965		24
25	CHARGEABLE DRUGS	C	Laboratory	60		368		25
26	CHARGEABLE DRUGS	C	Intravenous Therapy	64		19		26
27	CHARGEABLE DRUGS	C	Respiratory Therapy	65		56,862		27
28	CHARGEABLE DRUGS	C	Physical Therapy	66		147		28
29	CHARGEABLE DRUGS	C	Renal Dialysis	74		158,880		29
30	CHARGEABLE DRUGS	C	GASTROENTEROLOGY	76.01		27,001		30
31	CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		3,299		31
32	CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		26,805		32
33	CHARGEABLE DRUGS	C	TELEMEDICINE PROGRAM	76.04		9,746,452		33
34	CHARGEABLE DRUGS	C	SICKLE CELL	76.06		9,168		34
35	CHARGEABLE DRUGS	C	HYPERBARIC OXYGEN THERAPY	76.98		6		35
36	CHARGEABLE DRUGS	C	Clinic	90		24,928,980		36
37	CHARGEABLE DRUGS	C	Emergency	91		140,670		37
38	CHARGEABLE DRUGS	C	OCC EEI	93.01		3,374,365		38
39	CHARGEABLE DRUGS	C	OCC PSYCH	93.02		13,369		39
40	CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		575,004		40
41	CHARGEABLE DRUGS	C	Kidney Acquisition	105		512		41
42	CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	112		8,703		42
43	CHARGEABLE DRUGS	C	Research	191		1,211		43
500	Total reclassifications					69,808,865		500
	Code letter - C							
1	PHARMACY ALLIED HEALTH	D	Pharmacy	15	572,000			1
2	PHARMACY ALLIED HEALTH	D	Pharmacy	15		1,273,902		2
500	Total reclassifications				572,000	1,273,902		500
	Code letter - D							
1	RADIOLOGY ADMIN & NURSING	E	Radiology-Diagnostic	54	3,141,553	456,529		1
2	RADIOLOGY ADMIN & NURSING	E						2
3	RADIOLOGY ADMIN & NURSING	E						3
4	RADIOLOGY ADMIN & NURSING	E						4
5	RADIOLOGY ADMIN & NURSING	E						5
6	RADIOLOGY ADMIN & NURSING	E						6
7	RADIOLOGY ADMIN & NURSING	E						7
8	RADIOLOGY ADMIN & NURSING	E						8
500	Total reclassifications				3,141,553	456,529		500
	Code letter - E							
1	DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADMI	5.01		25,864,494	9	1
2	DEPRECIATION-EQUIP	F					9	2
3	AMORTIZATION BOND DSCT	F					11	3
4	INTEREST ON INDEBTEDNESS	F					11	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		20,334	14	5
500	Total reclassifications					25,884,828		500
	Code letter - F							
1	BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADMI	5.01		323,092,115		1
500	Total reclassifications					323,092,115		500
	Code letter - G							
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	49,450			1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Dietary	10	129,770			2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Social Service	17	369,109			3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	UTILMGMT / DSCH PLANNING	18	103,037			4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	133,384			5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OCC EEI	93.01	86			6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OCC ADOLESCENTS	93.03	44,275			7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	1,299,133			8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	363,264			9
10	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	13,310			10
500	Total reclassifications				2,504,818			500

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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	
	Code letter - H							
1	GLUCOSE MGMT	I	Nursing Administration	13	12,197	216		1
2	GLUCOSE MGMT	I						2
3	GLUCOSE MGMT	I						3
4	GLUCOSE MGMT	I						4
5	GLUCOSE MGMT	I						5
500	Total reclassifications				12,197	216		500
	Code letter - I							
1	TELEMEDICINE PERSONNEL	J	MEDICAL CENTER ALL OTHER ADMI	5.01		91,300		1
500	Total reclassifications					91,300		500
	Code letter - J							
1	OUTREACH LAB	K	Laboratory	60	1,138,016	2,438,825		1
2	OUTREACH LAB	K	LAB TISSUE TYPING	60.01	1,961	1,913		2
500	Total reclassifications				1,139,977	2,440,738		500
	Code letter - K							
1	MOU COSTS NOT IN LINE 5.01	L	HOSPITAL ADMIN & GENERAL	5.02		289,705		1
2	MOU COSTS NOT IN LINE 5.01	L	Adults & Pediatrics	30		95,657		2
3	MOU COSTS NOT IN LINE 5.01	L	PHYSICAL THERAPY-ROOSEVELT RD	66.01		601,750		3
4	MOU COSTS NOT IN LINE 5.01	L	HYPERBARIC OXYGEN THERAPY	76.98		31,680		4
5	MOU COSTS NOT IN LINE 5.01	L	PILSEN-OFFSITE CLINIC	192.01		491,666		5
500	Total reclassifications					1,510,458		500
	Code letter - L							
1	TRANSPLANT DIRECTORS	M	MEDICAL CENTER ALL OTHER ADMI	5.01	13,497			1
2	TRANSPLANT DIRECTORS	M						2
3	TRANSPLANT DIRECTORS	M						3
500	Total reclassifications				13,497			500
	Code letter - M							
1	RESIDENT BILLING BENEFITS	N	Employee Benefits Department	4		8,626,183		1
500	Total reclassifications					8,626,183		500
	Code letter - N							
1	RAPID RESPONSE TEAM	O	Nursing Administration	13	394,146	49,023		1
2	RAPID RESPONSE TEAM	O						2
3	RAPID RESPONSE TEAM	O						3
500	Total reclassifications				394,146	49,023		500
	Code letter - O							
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Pharmacy	15	97,659			1
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P						2
3	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P						3
500	Total reclassifications				97,659			500
	Code letter - P							
1	AMBULATORY HEART CENTER	Q	Clinic	90	8,747	954		1
2	AMBULATORY HEART CENTER	Q	PHYSICAL THERAPY-ROOSEVELT RD	66.01	24,312			2
500	Total reclassifications				33,059	954		500
	Code letter - Q							
1	TERM PAY OUT	S	MEDICAL CENTER ALL OTHER ADMI	5.01	1,407,881			1
2	TERM PAY OUT	S						2
3	TERM PAY OUT	S						3
4	TERM PAY OUT	S						4
5	TERM PAY OUT	S						5
6	TERM PAY OUT	S						6
7	TERM PAY OUT	S						7
8	TERM PAY OUT	S						8
9	TERM PAY OUT	S						9
10	TERM PAY OUT	S						10
11	TERM PAY OUT	S						11
12	TERM PAY OUT	S						12
13	TERM PAY OUT	S						13
14	TERM PAY OUT	S						14
15	TERM PAY OUT	S						15
16	TERM PAY OUT	S						16
17	TERM PAY OUT	S						17
18	TERM PAY OUT	S						18
19	TERM PAY OUT	S						19
20	TERM PAY OUT	S						20
21	TERM PAY OUT	S						21

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
22	TERM PAY OUT	S						22
23	TERM PAY OUT	S						23
24	TERM PAY OUT	S						24
25	TERM PAY OUT	S						25
26	TERM PAY OUT	S						26
27	TERM PAY OUT	S						27
28	TERM PAY OUT	S						28
29	TERM PAY OUT	S						29
30	TERM PAY OUT	S						30
31	TERM PAY OUT	S						31
32	TERM PAY OUT	S						32
33	TERM PAY OUT	S						33
34	TERM PAY OUT	S						34
35	TERM PAY OUT	S						35
36	TERM PAY OUT	S						36
37	TERM PAY OUT	S						37
38	TERM PAY OUT	S						38
39	TERM PAY OUT	S						39
40	TERM PAY OUT	S						40
41	TERM PAY OUT	S						41
42	TERM PAY OUT	S						42
43	TERM PAY OUT	S						43
44	TERM PAY OUT	S						44
45	TERM PAY OUT	S						45
46	TERM PAY OUT	S						46
500	Total reclassifications				1,407,881			500
	Code letter - S							
1	RADIATION ONCOLOGY RESIDENTS	T	Radiology-Therapeutic	55		226,811		1
500	Total reclassifications					226,811		500
	Code letter - T							
1	TUITION-U OF I	V	MEDICAL CENTER ALL OTHER ADMI	5.01		2,709,139		1
2	TUITION-U OF I	V	AMBULATORY ADMIN & GENERAL	5.03		11,950		2
3	TUITION-U OF I	V	Maintenance & Repairs	6		10,500		3
4	TUITION-U OF I	V	Dietary	10		630		4
5	TUITION-U OF I	V	Nursing Administration	13		83,419		5
6	TUITION-U OF I	V	Pharmacy	15		1,513		6
7	TUITION-U OF I	V	Medical Records & Library	16		40		7
8	TUITION-U OF I	V	Social Service	17		290		8
9	TUITION-U OF I	V	I&R Services-Salary & Fringes	21		6,571		9
10	TUITION-U OF I	V	I&R Services-Other Prgm Costs	22		465,005		10
11	TUITION-U OF I	V	Adults & Pediatrics	30		5,771		11
12	TUITION-U OF I	V	PEDS ICU	31.01		2,411		12
13	TUITION-U OF I	V	Subprovider - IPF	40		250		13
14	TUITION-U OF I	V	Recovery Room	51		334		14
15	TUITION-U OF I	V	Delivery Room & Labor Room	52		15,548		15
16	TUITION-U OF I	V	Radiology-Diagnostic	54		7,189		16
17	TUITION-U OF I	V	Laboratory	60		600		17
18	TUITION-U OF I	V	LAB TISSUE TYPING	60.01		1,475		18
19	TUITION-U OF I	V	Respiratory Therapy	65		200		19
20	TUITION-U OF I	V	Physical Therapy	66		11,330		20
21	TUITION-U OF I	V	PHYSICAL THERAPY MAXWELL ST	66.02		275		21
22	TUITION-U OF I	V	PHYSICAL THERAPY-OCC	66.03		4,219		22
23	TUITION-U OF I	V	Occupational Therapy	67		7,351		23
24	TUITION-U OF I	V	OCCUPATIONAL THERAPY-OCC	67.01		2,270		24
25	TUITION-U OF I	V	Electroencephalography	70		2,675		25
26	TUITION-U OF I	V	Renal Dialysis	74		100		26
27	TUITION-U OF I	V	Clinic	90		2,174		27
28	TUITION-U OF I	V	Emergency	91		5,647		28
29	TUITION-U OF I	V	Kidney Acquisition	105		820		29
500	Total reclassifications					3,359,696		500
	Code letter - V							
	GRAND TOTAL (Decreases)				13,778,292	502,333,338		

(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	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	770,917					770,917		1
2	Land Improvements								2
3	Buildings and Fixtures	261,020,382	26,339,450		26,339,450		287,359,832		3
4	Building Improvements	22,452,719	13,546,431		13,546,431	27,947,936	8,051,214		4
5	Fixed Equipment								5
6	Movable Equipment	203,178,956	11,372,659		11,372,659	906,196	213,645,419		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	487,422,974	51,258,540		51,258,540	28,854,132	509,827,382		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	487,422,974	51,258,540		51,258,540	28,854,132	509,827,382		10

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	296,181,963		296,181,963	0.580946					1
2	Cap Rel Costs-Mvble Equip	213,645,419		213,645,419	0.419054					2
3	Total (sum of lines 1-2)	509,827,382		509,827,382	1.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	8,923,369						8,923,369	1
2	Cap Rel Costs-Mvble Equip	12,575,310		662,825			-4,136	13,233,999	2
3	Total (sum of lines 1-2)	21,498,679		662,825			-4,136	22,157,368	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**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)	B	-3,535,130	Cap Rel Costs-Mvble Equip	2	11	2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-6,267,539				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-38,290,543				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						18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33		A					33
34	ORGAN ACQ NON ALLOW	A	-562	Dietary	10		34
34.01	ORGAN ACQ NON ALLOW	A	-4,350	Social Service	17		34.01
34.02	ORGAN ACQ NON ALLOW	A	-16,173	Kidney Acquisition	105		34.02
34.03	ORGAN ACQ NONALLOW	A	-21	Liver Acquisition	107		34.03
34.04	ORGAN ACQ NONALLOW	A	-5	Pancreas Acquisition	109		34.04
34.05	TRANSPLANT DIRECTOR	A	13,706	Kidney Acquisition	105		34.05
34.06	TRANSPLANT DIRECTOR	A	3,427	Liver Acquisition	107		34.06
34.07	TRANSPLANT DIRECTOR	A	4,569	Pancreas Acquisition	109		34.07
34.08	TRANSPLANT DIRECTOR	A	1,142	OTHER ORGAN ACQUISITION (SPECIFY)	112		34.08
34.10	TRANSPLANT PHARMACIST	A	-6,916	Pharmacy	15		34.10
35	MOONLIGHTING PHYSICIANS	A	-243,600	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		35
36							36
37	NON PHYSICIAN ANESTHETIST	A	-854,859	Anesthesiology	53		37
38	NURSE PRACTIONER	A	-499,917	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		38
38.01	NURSE PRACTIONER	A	-98,754	Social Service	17		38.01
38.02	NURSE PRACTIONER	A	-214,526	PALLATIVE CARE	17.01		38.02
38.03	NURSE PRACTIONER	A	-1,372,015	Adults & Pediatrics	30		38.03
38.04	NURSE PRACTIONER	A	-135,469	Operating Room	50		38.04
38.05	NURSE PRACTIONER	A	-1,075,338	Delivery Room & Labor Room	52		38.05
38.06	NURSE PRACTIONER	A	-399	Radiology-Diagnostic	54		38.06
38.07	NURSE PRACTIONER	A	-199,689	RADIO ANGIOGRAPHY	54.02		38.07
38.08	NURSE PRACTIONER	A	-80,572	BONE MARROW TRANSPLANT	76.02		38.08
38.09	NURSE PRACTIONER	A	-112,974	SICKLE CELL	76.06		38.09
38.10	NURSE PRACTIONER	A	-497,396	Clinic	90		38.10
38.11	NURSE PRACTIONER	A	-124,332	OCC PSYCH	93.02		38.11
39	PHYSICIAN-PART B & NON-ALLOW	A	-990,931	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		39
40	COM - MD SALARIES ADMIN	A	1,958,589	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		40
40.01	COM - MD SALARIES TEACHING	A	15,193,214	I&R Services-Other Prgm Costs Apprvd	22		40.01
41	EMPLOYEE HEATLH SVCS	A	-1,364,684	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		41
42	MISC INCOME	B	-6,534,936	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		42
42.01	MISC INCOME	B	-59,148	HOSPITAL ADMIN & GENERAL	5.02		42.01
42.02	MISC INOCME	B	-273,165	Maintenance & Repairs	6		42.02

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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
42.03	MISC INCOME	B	-1,930,503	Dietary	10	42.03
42.04	MISC INCOME	B	-7,945	Nursing Administration	13	42.04
42.05	MISC INCOME	B	-25,880	Medical Records & Library	16	42.05
42.06	MISC INCOME	B	-62,917	Adults & Pediatrics	30	42.06
42.07	MISC INCOME	B	-2,670	Intensive Care Unit	31	42.07
42.08	MISC INCOME	B	-137,455	Operating Room	50	42.08
42.09	MISC INCOME	B	-1,633	Delivery Room & Labor Room	52	42.09
42.10	MISC INCOME	B	-1,080,100	Radiology-Therapeutic	55	42.10
42.11	MISC INCOME	B	-160,189	Blood Storing, Processing & Trans.	63	42.11
42.12	MISC INCOME	B	-17,622	Physical Therapy	66	42.12
42.13	MISC INCOME	B	-1,801	PHYSICAL THERAPY-OCC	66.03	42.13
42.14	MISC INCOME	B	-11,481	Occupational Therapy	67	42.14
42.15	MISC INCOME	B	-1,890,942	Medical Supplies Charged to Patients	71	42.15
42.16	MISC INCOME	B	-28,490	SLEEP LAB WEST HARRISON	76.05	42.16
42.17	MISC INCOME	B	-408,963	Clinic	90	42.17
42.18	MISC INCOME	B	-2,842	Emergency	91	42.18
42.19	MISC INCOME	B	-58	OCC EEI	93.01	42.19
42.24	OTHER MISC INCOME	A	-568,311	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	42.24
42.25	OTHER MISC INCOME	A	-3,167	PALLATIVE CARE	17.01	42.25
42.26	OTHER MISC INCOME	A	-10,667	OTHER ORGAN ACQUISITION (SPECIFY)	112	42.26
42.27	OTHER MISC INCOME	A	205	Gift, Flower, Coffee Shop & Canteen	190	42.27
43	NON-ALLOWABLE COST	A	-119,557	Employee Benefits Department	4	43
43.01	NON-ALLOWABLE COST	A	-2,589,982	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	43.01
43.02	NON-ALLOWABLE COST	A	-106,863	HOSPITAL ADMIN & GENERAL	5.02	43.02
43.03	NON-ALLOWABLE COST	A	-6,308	AMBULATORY ADMIN & GENERAL	5.03	43.03
43.04	NON-ALLOWABLE COST	A	-336	Nursing Administration	13	43.04
43.05	NON-ALLOWABLE COST	A	-1,000	Pharmacy	15	43.05
43.06	NON-ALLOWABLE COST	A	-124,368	Medical Records & Library	16	43.06
43.07	NON-ALLOWABLE COST	A	-8,351	PALLATIVE CARE	17.01	43.07
43.08	NON-ALLOWABLE COST	A	118	I&R Services-Other Prgm Costs Apprvd	22	43.08
43.09	NON-ALLOWABLE COST	A	-1,471	Adults & Pediatrics	30	43.09
43.10	NON-ALLOWABLE COST	A	-1,257	PEDS ICU	31.01	43.10
43.11	NON-ALLOWABLE COST	A	-342	NEONATAL ICU	31.02	43.11
43.12	NON-ALLOWABLE COST	A	-138	Subprovider - IPF	40	43.12
43.13	NON-ALLOWABLE COST	A	-13,272	Delivery Room & Labor Room	52	43.13
43.14	NON-ALLOWABLE COST	A	-1,074	Radiology-Diagnostic	54	43.14
43.15	NON-ALLOWABLE COST	A	-1,968	RADIO WEST HARRISON	54.03	43.15
43.16	NON-ALLOWABLE COST	A	-2,833	Radiology-Therapeutic	55	43.16
43.17	NON-ALLOWABLE COST	A	-1,987	Laboratory	60	43.17
43.18	NON-ALLOWABLE COST	A	-74,667	LAB OUTREACH	60.02	43.18
43.19	NON-ALLOWABLE COST	A	-90	PHYSICAL THERAPY-OCC	66.03	43.19
43.20	NON-ALLOWABLE COST	A	-4,144	BONE MARROW TRANSPLANT	76.02	43.20
43.21	NON-ALLOWABLE COST	A	-246,755	Clinic	90	43.21
43.22	NON-ALLOWABLE COST	A	-1,189	OCC EEI	93.01	43.22
43.23	NON-ALLOWABLE COST	A	-507	OCC PSYCH	93.02	43.23
43.24	NON-ALLOWABLE COST	A	96	OCC ADOLESCENTS	93.03	43.24
43.25	NON-ALLOWABLE COST	A	-36,955	Kidney Acquisition	105	43.25
43.26	NON-ALLOWABLE COST	A	-1,473	Liver Acquisition	107	43.26
43.27	NON-ALLOWABLE COST	A	-299	Research	191	43.27
43.28	NON-ALLOWABLE COST	A	-29,970	PILSEN-OFFSITE CLINIC	192.01	43.28
44	WTB NON HOSPITAL EXPESNES	A	-9,649	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	44
44.01	BERWYN INFUSION	A	-2,318	Physicians' Private Offices	192	44.01
45	GAIN/LOSS ON DISPOSAL	A	-59,105	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	45
46						46
46.01	HEALTH SCIENCES MANAGED CARE	A	-430,282	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.01
46.02	ROCKFORD WCHC	A	-171,996	Cap Rel Costs-Mvble Equip	2	11 46.02
46.03	VALET PARKING	A	-338,616	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.03
46.05	NON-HOSPITAL MC PRGM	A	-2,895,059	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.05
46.07	SANCTIONED EMPLOYEES	A	-65,366	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.07
46.08	SANCTIONED EMPLOYEES	A	-106,688	Adults & Pediatrics	30	46.08
46.09	SANCTIONED EMPLOYEES	A	-40	Operating Room	50	46.09
46.10	SANCTIONED EMPLOYEES	A	-58,701	Employee Benefits Department	4	46.10
46.11	CONTRACT PHARMACY-COP	A	-5,321,520	Pharmacy	15	46.11
46.12	COM TRANSFER TIS	A	-3,710,002	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.12
47	IP PHARMACY CONTRACT LABOR	A	493,455	Pharmacy	15	47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-68,085,556			50

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

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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

- (2) Basis for adjustment (see instructions)
A. Costs - if cost, including applicable overhead, can be determined
B. Amount Received - if cost cannot be determined
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

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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	4	Employee Benefits Department	OTBO - UNIVERSITY BENEFIT	323,092,114	323,092,114			1
2	6	Maintenance & Repairs	OTBO - UTILITIES	13,720,742	13,720,742			2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	MALPRACTICE EXPENSE	9,038,851	9,038,851			3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	ADMINISTRATIVE ALLOWANCE	7,918,903	7,918,903			3.01
3.02	2	Cap Rel Costs-Mvble Equip	EQUIPMENT DEPRECIATION	9,257,398	9,257,398		9	3.02
3.03	1	Cap Rel Costs-Bldg & Fixt	BUILDING DEPRECIATION	8,923,369	8,923,369		9	3.03
3.04	2	Cap Rel Costs-Mvble Equip	SOFTWARE DEPRECIATION	3,289,324	3,289,324		9	3.04
3.05	2	Cap Rel Costs-Mvble Equip	LEASEHOLD DEPRECIATION	28,588	28,588		9	3.05
3.06	2	Cap Rel Costs-Mvble Equip	BOND AMORTIZATION	230,398	230,398		14	3.06
3.07	2	Cap Rel Costs-Mvble Equip	INTEREST EXPENSE	4,135,416	4,135,416		11	3.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	1,542,737	1,273,902	268,835		3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT	445,414		445,414		3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	538,917	729,717	-190,800		3.10
3.11	73	Drugs Charged to Patients	TELEMEDICINE COP DRUGCOST	9,746,452	9,746,452			3.11
3.12	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	COM SUPPORT	4,038,276	37,045,851	-33,007,575		3.12
3.13	4	Employee Benefits Department	TUITION WAVIER FROM UOFI	2,472,999	2,136,508	336,491		3.13
3.14	9	Housekeeping	HOUSEKEEPING BENEFITS		2,057,822	-2,057,822		3.14
3.15	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	UIH SPACE ON UIC CAMPUS	728,426	4,813,512	-4,085,086		3.15
4								4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		399,148,324	437,438,867	-38,290,543		5

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

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

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

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	A	STATE OF ILLINOIS		BOARD OF TRUSTEES FOR THE U OF		UNIVERSITY	6
7							7
8							8
9							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	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY	5,051,311		5,051,311	200,300	25,480	2,453,675	122,684	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	107,780		107,780	177,200	892	75,992	3,800	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	73,508		73,508	177,200	795	67,728	3,386	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	1,301,483		1,301,483	177,200	8,517	725,583	36,279	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY				177,200				5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	532,129		532,129	138,700	5,444	363,021	18,151	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG				177,200				7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	1,509,870		1,509,870	208,000	8,616	861,600	43,080	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	32,480		32,480	177,200	416	35,440	1,772	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	162,763		162,763	177,200	1,270	108,194	5,410	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY				177,200				11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	57,260		57,260	177,200	752	64,065	3,203	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	304,924		304,924	165,000	3,623	287,401	14,370	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY	66,607		66,607	196,400	699	66,002	3,300	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	227,228		227,228	177,200	2,503	213,236	10,662	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	366,671		366,671	177,200	3,563	303,540	15,177	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	393,719		393,719	208,000	3,461	346,100	17,305	17
18	5.01	MEDICAL CENTER ALL O OB/GYN	1,453,602		1,453,602	196,400	11,645	1,099,557	54,978	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	8,200		8,200	177,200	125	10,649	532	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	199,881		199,881	140,600	2,138	144,521	7,226	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	817,379		817,379	208,000	9,226	922,600	46,130	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	1,410,531		1,410,531	177,200	10,284	876,118	43,806	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	889,778		889,778	215,700	10,356	1,073,937	53,697	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	106,667		106,667	140,600	1,392	94,094	4,705	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	194,369		194,369	140,600	1,895	128,095	6,405	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	174,675		174,675	154,100	2,136	158,249	7,912	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,702,312		1,702,312	225,300	10,225	1,107,544	55,377	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	98,758		98,758	177,200	926	78,888	3,944	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY				177,200				29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO				208,000				30
31	5.01	MEDICAL CENTER ALL O UROLOGY	960,467		960,467	177,200	6,721	572,578	28,629	31
32	5.01	MEDICAL CENTER ALL O ALLERGY				177,200				32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME				140,600				33
200		TOTAL	18,204,352		18,204,352		133,100	12,238,407	611,920	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	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY					2,453,675	2,597,636	2,597,636	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY					75,992	31,788	31,788	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY					67,728	5,780	5,780	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC					725,583	575,900	575,900	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY								5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE					363,021	169,108	169,108	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG								7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY					861,600	648,270	648,270	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC					35,440			9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO					108,194	54,569	54,569	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY								11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE					64,065			12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI					287,401	17,523	17,523	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY					66,002	605	605	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY					213,236	13,992	13,992	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY					303,540	63,131	63,131	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY					346,100	47,619	47,619	17
18	5.01	MEDICAL CENTER ALL O OB/GYN					1,099,557	354,045	354,045	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY					10,649			19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL					144,521	55,360	55,360	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS					922,600			21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY					876,118	534,413	534,413	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY					1,073,937			23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI					94,094	12,573	12,573	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS					128,095	66,274	66,274	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY					158,249	16,426	16,426	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY					1,107,544	594,768	594,768	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C					78,888	19,870	19,870	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY								29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO								30
31	5.01	MEDICAL CENTER ALL O UROLOGY					572,578	387,889	387,889	31
32	5.01	MEDICAL CENTER ALL O ALLERGY								32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME								33
200		TOTAL					12,238,407	6,267,539	6,267,539	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 BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	8,923,369	8,923,369					1
2	Cap Rel Costs-Mvble Equip	13,233,999		13,233,999				2
4	Employee Benefits Department	320,723,803	51,285		320,775,088			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	104,073,965	739,455	2,201,239	37,908,634	144,923,293	144,923,293	5.01
5.02	HOSPITAL ADMIN & GENERAL	9,986,355	110,470	96,037	7,688,331	17,881,193	2,962,520	5.02
5.03	AMBULATORY ADMIN & GENERAL	20,212,907	153,587	42,047	5,088,625	25,497,166	4,224,319	5.03
6	Maintenance & Repairs	18,416,662	158,939	122,629	913,592	19,611,822	3,249,247	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	4,642,631	115,035	10,110	2,487	4,770,263	790,328	9
10	Dietary	4,728,221	261,280	20,610	3,523,945	8,534,056	1,413,905	10
11	Cafeteria	3,141			3,114	6,255	1,036	11
12	Maintenance of Personnel							12
13	Nursing Administration	6,016,844	50,346	136,995	5,178,344	11,382,529	1,885,835	13
14	Central Services & Supply	8,368,534	227,839	177,553	3,033,044	11,806,970	1,956,155	14
15	Pharmacy	8,886,861	120,564	44,252	2,610,593	11,662,270	1,932,182	15
16	Medical Records & Library	4,331,751	124,128	26,337	3,197,281	7,679,497	1,272,324	16
17	Social Service	5,502,161	41,609	3,738	5,091,766	10,639,274	1,762,694	17
17.01	PALLIATIVE CARE	219,222			420,468	639,690	105,983	17.01
18	UTILMGMT / DSCH PLANNING	3,441,373			3,221,404	6,662,777	1,103,876	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	29,582,073			29,306,748	58,888,821	9,756,582	21
22	I&R Services-Other Prgm Costs Apprvd	16,993,839	36,447		856,065	17,886,351	2,963,375	22
23	PARAMED ED PRGM-(SPECIFY)	2,114,737			567,093	2,681,830	444,320	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	53,140,216	1,109,987	252,231	50,733,201	105,235,635	17,435,183	30
31	Intensive Care Unit	15,961,538	163,302	246,901	14,208,334	30,580,075	5,066,446	31
31.01	PEDS ICU	3,390,965	58,107	7,834	3,243,945	6,700,851	1,110,184	31.01
31.02	NEONATAL ICU	8,925,117	107,147	80,523	8,694,532	17,807,319	2,950,281	31.02
32	Coronary Care Unit	8,077,466	98,397	116,161	7,553,344	15,845,368	2,625,229	32
40	Subprovider - IPF	7,693,720	221,625	22,587	7,266,656	15,204,588	2,519,066	40
43	Nursery	1,058,717	23,626		931,661	2,014,004	333,676	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,177,848	377,279	3,092,990	13,752,733	34,400,850	5,699,464	50
51	Recovery Room	4,076,753		208,435	3,888,026	8,173,214	1,354,122	51
52	Delivery Room & Labor Room	8,125,132	208,360	274,905	8,240,995	16,849,392	2,791,574	52
53	Anesthesiology	1,016,238	58,374	345,746	1,527,046	2,947,404	488,320	53
54	Radiology-Diagnostic	3,332,975	60,568	632,033	3,159,187	7,184,763	1,190,357	54
54.01	RADIO ULTRASOUND	1,037,974	27,633	208,994	977,941	2,252,542	373,197	54.01
54.02	RADIO ANGIOGRAPHY	2,532,373	102,924	24,772	2,225,306	4,885,375	809,399	54.02
54.03	RADIO WEST HARRISON	1,045,228	97,306	267,325	595,826	2,005,685	332,298	54.03
54.04	RADIO MILE SQUARE	267,777	18,477	42,765	215,867	544,886	90,276	54.04
55	Radiology-Therapeutic	4,607,717	184,493	334,519	1,808,469	6,935,198	1,149,010	55
56	Radioisotope	1,132,607	11,287		414,195	1,558,089	258,141	56
57	CT Scan	2,533,155	167,956	5,462	2,266,435	4,973,008	823,918	57
58	MRI	2,591,995	112,004	532,783	2,389,623	5,626,405	932,172	58
59	Cardiac Catheterization	1,055,426	33,048	9,189	945,286	2,042,949	338,472	59
60	Laboratory	25,483,290	603,203	869,778	9,999,570	36,955,841	6,122,770	60
60.01	LAB TISSUE TYPING	1,211,363	12,935	57,228	327,693	1,609,219	266,612	60.01
60.02	LAB OUTREACH	7,698,103	62,419		2,899,157	10,659,679	1,766,074	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,053,990	19,035	1,483		7,074,508	1,172,090	63
64	Intravenous Therapy	259,301		4,694	251,959	515,954	85,482	64
65	Respiratory Therapy	3,277,796	25,313	217,771	3,184,836	6,705,716	1,110,990	65
66	Physical Therapy	2,010,092	155,921	29,321	1,931,261	4,126,595	683,686	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	211,313	51,767		94,597	357,677	59,259	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	602,023		6,226	487,339	1,095,588	181,515	66.02
66.03	PHYSICAL THERAPY-OCC	2,287,497			2,257,540	4,545,037	753,013	66.03
67	Occupational Therapy	1,366,440	82,481	4,740	1,344,877	2,798,538	463,656	67
67.01	OCCUPATIONAL THERAPY-OCC	449,719			442,808	892,527	147,872	67.01
68	Speech Pathology	461,414	8,040	461	469,917	939,832	155,709	68
69	Electrocardiology	218,573	7,622		211,328	437,523	72,488	69
70	Electroencephalography	395,414	9,575	119,389	310,905	835,283	138,388	70
71	Medical Supplies Charged to Patients	63,055,826				63,055,826	10,446,963	71
73	Drugs Charged to Patients	69,519,698				69,519,698	11,517,885	73
74	Renal Dialysis	5,413,646	155,249	106,299	3,561,788	9,236,982	1,530,365	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,829,920	76,420	446,214	2,189,698	5,542,252	918,229	76.01
76.02	BONE MARROW TRANSPLANT	1,721,974		130,490	735,009	2,587,473	428,687	76.02
76.03	CARDIAC SERVICES	2,085,313	49,192	568,568	1,983,291	4,686,364	776,427	76.03
76.04	TELEMEDICINE PROGRAM	1,075,630	14,241			1,089,871	180,568	76.04
76.05	SLEEP LAB WEST HARRISON	1,411,530		2,940	318,479	1,732,949	287,112	76.05

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

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
76.06	SICKLE CELL	962,251			1,004,216	1,966,467	325,800	76.06
76.07	HEART CENTER-ROOSEVELT RD	40,037	12,999	2,057	32,775	87,868	14,558	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	123,650			113,053	236,703	39,216	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	24,428,197	1,147,016	832,600	22,850,095	49,257,908	8,160,952	90
91	Emergency	10,321,793	179,636	154,750	8,637,426	19,293,605	3,196,526	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	3,356,272	186,750	57,647	2,687,654	6,288,323	1,041,837	93.01
93.02	OCC PSYCH	998,548	393,081	3,245	1,047,463	2,442,337	404,642	93.02
93.03	OCC ADOLESCENTS	2,415,068	121,338	15,140	2,197,005	4,748,551	786,730	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	6,172,597	29,903		2,530,984	8,733,484	1,446,946	105
107	Liver Acquisition	1,921,917	3,094		339,493	2,264,504	375,178	107
109	Pancreas Acquisition	806,478	203		44,147	850,828	140,963	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	52,020	30,664	2,335	21,077	106,096	17,578	112
118	SUBTOTALS (sum of lines 1-117)	990,882,078	8,870,981	13,221,078	318,157,582	988,199,263	139,712,232	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	410	10,526			10,936	1,812	190
191	Research	553,528	41,862		488,507	1,083,897	179,578	191
192	Physicians' Private Offices	4,145,907		2,092	1,863,340	6,011,339	995,947	192
192.01	PILSEN-OFFSITE CLINIC	502,145		10,829	265,659	778,633	129,002	192.01
194	OUTPATIENT PHARMACY	23,568,136				23,568,136	3,904,722	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,019,652,204	8,923,369	13,233,999	320,775,088	1,019,652,204	144,923,293	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	20,843,713	20,843,713					5.02
5.03	AMBULATORY ADMIN & GENERAL	29,721,485	682,019	30,403,504	30,403,504			5.03
6	Maintenance & Repairs	22,861,069	524,593	23,385,662		23,385,662		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	5,560,591	127,599	5,688,190		348,937	6,037,127	9
10	Dietary	9,947,961	228,276	10,176,237		792,542	207,698	10
11	Cafeteria	7,291	167	7,458				11
12	Maintenance of Personnel							12
13	Nursing Administration	13,268,364	304,469	13,572,833		152,715	40,021	13
14	Central Services & Supply	13,763,125	315,822	14,078,947		691,104	181,114	14
15	Pharmacy	13,594,452	311,952	13,906,404		365,709	95,840	15
16	Medical Records & Library	8,951,821	205,417	9,157,238		376,518	98,672	16
17	Social Service	12,401,968	284,588	12,686,556		126,211	33,076	17
17.01	PALLIATIVE CARE	745,673	17,111	762,784				17.01
18	UTILMGMT / DSCH PLANNING	7,766,653	178,221	7,944,874				18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	68,645,403	1,575,206	70,220,609				21
22	I&R Services-Other Prgm Costs Apprvd	20,849,726	478,439	21,328,165		110,555	28,973	22
23	PARAMED ED PRGM-(SPECIFY)	3,126,150	71,736	3,197,886				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	122,670,818	2,814,570	125,485,388		3,366,928	882,355	30
31	Intensive Care Unit	35,646,521	817,981	36,464,502		495,344	129,812	31
31.01	PEDS ICU	7,811,035	179,240	7,990,275		176,257	46,191	31.01
31.02	NEONATAL ICU	20,757,600	476,325	21,233,925		325,010	85,174	31.02
32	Coronary Care Unit	18,470,597	423,845	18,894,442		298,468	78,218	32
40	Subprovider - IPF	17,723,654	406,705	18,130,359		672,255	176,175	40
43	Nursery	2,347,680	53,872	2,401,552		71,665	18,781	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	40,100,314	920,182	41,020,496		1,144,402	299,908	50
51	Recovery Room	9,527,336	218,624	9,745,960				51
52	Delivery Room & Labor Room	19,640,966	450,701	20,091,667		632,018	165,630	52
53	Anesthesiology	3,435,724	78,840	3,514,564		177,065	46,403	53
54	Radiology-Diagnostic	8,375,120	192,184	8,567,304		183,720	48,147	54
54.01	RADIO ULTRASOUND	2,625,739	60,253	2,685,992		83,820	21,966	54.01
54.02	RADIO ANGIOGRAPHY	5,694,774	130,678	5,825,452		312,201	81,817	54.02
54.03	RADIO WEST HARRISON	2,337,983	53,650	2,391,633		295,160	77,351	54.03
54.04	RADIO MILE SQUARE	635,162	14,575	649,737		56,047	14,688	54.04
55	Radiology-Therapeutic	8,084,208	185,508	8,269,716		559,622	146,658	55
56	Radioisotope	1,816,230	41,677	1,857,907		34,236	8,972	56
57	CT Scan	5,796,926	133,022	5,929,948		509,461	133,512	57
58	MRI	6,558,577	150,500	6,709,077		339,743	89,035	58
59	Cardiac Catheterization	2,381,421	54,646	2,436,067		100,246	26,271	59
60	Laboratory	43,078,611	988,525	44,067,136		1,829,698	479,500	60
60.01	LAB TISSUE TYPING	1,875,831	43,045	1,918,876		39,237	10,283	60.01
60.02	LAB OUTREACH	12,425,753	285,134	12,710,887		189,336	49,618	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,246,598	189,235	8,435,833		57,739	15,132	63
64	Intravenous Therapy	601,436	13,801	615,237				64
65	Respiratory Therapy	7,816,706	179,370	7,996,076		76,781	20,122	65
66	Physical Therapy	4,810,281	110,382	4,920,663		472,956	123,945	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	416,936		416,936	140,145	157,024	41,150	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,277,103		1,277,103	429,273			66.02
66.03	PHYSICAL THERAPY-OCC	5,298,050		5,298,050	1,780,834			66.03
67	Occupational Therapy	3,262,194	74,858	3,337,052		250,191	65,566	67
67.01	OCCUPATIONAL THERAPY-OCC	1,040,399		1,040,399	349,709			67.01
68	Speech Pathology	1,095,541	25,139	1,120,680		24,388	6,391	68
69	Electrocardiology	510,011	11,703	521,714		23,119	6,059	69
70	Electroencephalography	973,671	22,343	996,014		29,043	7,611	70
71	Medical Supplies Charged to Patients	73,502,789	1,686,668	75,189,457				71
73	Drugs Charged to Patients	81,037,583	1,859,569	82,897,152				73
74	Renal Dialysis	10,767,347	247,078	11,014,425		470,917	123,411	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,460,481	148,249	6,608,730		231,804	60,748	76.01
76.02	BONE MARROW TRANSPLANT	3,016,160	69,212	3,085,372				76.02
76.03	CARDIAC SERVICES	5,462,791	125,355	5,588,146		149,215	39,104	76.03
76.04	TELEMEDICINE PROGRAM	1,270,439		1,270,439	427,033	43,199	11,321	76.04
76.05	SLEEP LAB WEST HARRISON	2,020,061	46,354	2,066,415				76.05
76.06	SICKLE CELL	2,292,267	52,601	2,344,868				76.06
76.07	HEART CENTER-ROOSEVELT RD	102,426		102,426	34,428	39,429	10,333	76.07

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

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	275,919	6,332	282,251				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	57,418,860		57,418,860	19,300,224	3,479,250	911,790	90
91	Emergency	22,490,131	516,081	23,006,212		544,889	142,797	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	7,330,160		7,330,160	2,463,887	566,470	148,452	93.01
93.02	OCC PSYCH	2,846,979		2,846,979	956,955	1,192,333	312,469	93.02
93.03	OCC ADOLESCENTS	5,535,281		5,535,281	1,860,574	368,055	96,455	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	10,180,430	233,610	10,414,040		90,706	23,771	105
107	Liver Acquisition	2,639,682	60,573	2,700,255		9,386	2,460	107
109	Pancreas Acquisition	991,791	22,759	1,014,550		615	161	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	123,674	2,838	126,512		93,014	24,376	112
118	SUBTOTALS (sum of lines 1-117)	982,988,202	20,184,007	982,328,496	27,743,062	23,226,753	5,995,483	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	12,748	293	13,041		31,928	8,367	190
191	Research	1,263,475	28,993	1,292,468		126,981	33,277	191
192	Physicians' Private Offices	7,007,286		7,007,286	2,355,359			192
192.01	PILSEN-OFFSITE CLINIC	907,635		907,635	305,083			192.01
194	OUTPATIENT PHARMACY	27,472,858	630,420	28,103,278				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,019,652,204	20,843,713	1,019,652,204	30,403,504	23,385,662	6,037,127	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	11,176,477						10
11	Cafeteria		7,458					11
12	Maintenance of Personnel							12
13	Nursing Administration		146	13,765,715				13
14	Central Services & Supply		86		14,951,251			14
15	Pharmacy		74		116,732	14,484,759		15
16	Medical Records & Library		90				9,632,518	16
17	Social Service		144					17
17.01	PALLATIVE CARE		12					17.01
18	UTILMGMT / DSCH PLANNING		91					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		828					21
22	I&R Services-Other Prgm Costs Apprvd		24					22
23	PARAMED ED PRGM-(SPECIFY)		16					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	7,544,157	1,385	4,423,071	507,239	67,239	709,318	30
31	Intensive Care Unit	1,446,423	401	1,367,471	266,101	25,679	216,320	31
31.01	PEDS ICU	192,850	92	291,434	28,414	1,477	26,068	31.01
31.02	NEONATAL ICU		246	849,590	86,133	3,045	148,252	31.02
32	Coronary Care Unit	635,193	213	712,724	174,197	15,316	105,183	32
40	Subprovider - IPF	1,357,854	205	508,376	9,641	264	102,986	40
43	Nursery		26	85,898			16,444	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		388	1,034,692	4,746,928	16,914	608,504	50
51	Recovery Room		110	383,747	39,996	5,039	50,026	51
52	Delivery Room & Labor Room		233	756,921	178,055	8,460	152,226	52
53	Anesthesiology		43	61,423	320,429	25,144	281,860	53
54	Radiology-Diagnostic		89	18,178	18,594	2,464	132,802	54
54.01	RADIO ULTRASOUND		28	8,198	10,230	1,231	60,592	54.01
54.02	RADIO ANGIOGRAPHY		63	53,701	501,232	30,462	225,683	54.02
54.03	RADIO WEST HARRISON		17	7,841	2,656	4,477	57,330	54.03
54.04	RADIO MILE SQUARE		6	1,069	200		8,074	54.04
55	Radiology-Therapeutic		51	34,811	4,486	717	85,090	55
56	Radioisotope		12	3,327	1,286	9,146	24,745	56
57	CT Scan		64	50,137	42,276	15,973	368,281	57
58	MRI		67	34,098	18,981	19,317	245,595	58
59	Cardiac Catheterization		27	57,859	277,396	12,941	80,503	59
60	Laboratory		282	32,910	12,883	48	1,348,999	60
60.01	LAB TISSUE TYPING		9		30		21,634	60.01
60.02	LAB OUTREACH		82		24		593,842	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						141,515	63
64	Intravenous Therapy		7	25,068	32,444	2	14,924	64
65	Respiratory Therapy		90		65,768	7,361	158,680	65
66	Physical Therapy		55	11,881	2,507	19	45,612	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		3				8,060	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		14		281		12,189	66.02
66.03	PHYSICAL THERAPY-OCC		64				21,477	66.03
67	Occupational Therapy		38		1,283		24,129	67
67.01	OCCUPATIONAL THERAPY-OCC		13				5,718	67.01
68	Speech Pathology		13				7,122	68
69	Electrocardiology		6		403		18,572	69
70	Electroencephalography		9		1,832		34,160	70
71	Medical Supplies Charged to Patients				6,594,606		781,561	71
73	Drugs Charged to Patients					8,999,632	1,214,947	73
74	Renal Dialysis		101	163,598	43,686	37,434	129,943	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		62	172,389	162,393	3,495	124,465	76.01
76.02	BONE MARROW TRANSPLANT		21	33,266	217	427	17,447	76.02
76.03	CARDIAC SERVICES		56	80,432	245,793	3,470	119,845	76.03
76.04	TELEMEDICINE PROGRAM					1,261,717	5,354	76.04
76.05	SLEEP LAB WEST HARRISON		9	11,881	268		21,002	76.05
76.06	SICKLE CELL		28	95,521	5,443	1,187	18,013	76.06
76.07	HEART CENTER-ROOSEVELT RD		1		64		2,024	76.07

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

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		3	8,198	140	1	876	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		645	1,219,199	202,052	3,372,108	446,463	90
91	Emergency		244	785,434	194,477	18,210	339,963	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		76	12,475	12,418	436,825	91,667	93.01
93.02	OCC PSYCH		30	25,187	1,886	1,731	26,858	93.02
93.03	OCC ADOLESCENTS		62	127,599	14,944	74,437	56,449	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		71	137,104		66	46,692	105
107	Liver Acquisition		10	15,801			18,864	107
109	Pancreas Acquisition		1	2,495			6,901	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		1	1,069		1,127	669	112
118	SUBTOTALS (sum of lines 1-117)	11,176,477	7,383	13,706,073	14,947,044	14,484,602	9,632,518	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research		14		1,655	157		191
192	Physicians' Private Offices		53	48,355	482			192
192.01	PILSEN-OFFSITE CLINIC		8	11,287	2,070			192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	11,176,477	7,458	13,765,715	14,951,251	14,484,759	9,632,518	202

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

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	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
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
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
17	Social Service	12,845,987						17
17.01	PALLATIVE CARE		762,796					17.01
18	UTILMGMT / DSCH PLANNING			7,944,965				18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd				70,221,437			21
22	I&R Services-Other Prgm Costs Apprvd					21,467,717		22
23	PARAMED ED PRGM-(SPECIFY)						3,197,902	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,340,301	454,476	4,733,637	6,751,381	1,580,793	1,905,321	30
31	Intensive Care Unit	147,028	89,201	929,082	1,074,565	482,094	373,962	31
31.01	PEDS ICU	287,154	11,894	123,882	607,978	58,095	49,863	31.01
31.02	NEONATAL ICU	308,552	60,981	635,149	2,014,810	330,396	255,652	31.02
32	Coronary Care Unit	137,710	39,172	407,997	954,384	234,412	164,221	32
40	Subprovider - IPF	646,096	83,739	872,189	926,106	229,515	351,062	40
43	Nursery		23,333	243,029	155,529	36,648	97,821	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	71,788			9,155,015	1,356,118		50
51	Recovery Room	82,833				111,489		51
52	Delivery Room & Labor Room	215,365			1,258,373	339,252		52
53	Anesthesiology				2,021,880	628,156		53
54	Radiology-Diagnostic					295,963		54
54.01	RADIO ULTRASOUND				261,572	135,036		54.01
54.02	RADIO ANGIOGRAPHY				2,099,644	502,959		54.02
54.03	RADIO WEST HARRISON					127,767		54.03
54.04	RADIO MILE SQUARE					17,995		54.04
55	Radiology-Therapeutic	114,931			2,587,440	189,633		55
56	Radioisotope				282,780	55,146		56
57	CT Scan				1,223,025	820,756		57
58	MRI				1,194,747	547,336		58
59	Cardiac Catheterization				2,573,301	179,410		59
60	Laboratory				8,476,342	3,006,973		60
60.01	LAB TISSUE TYPING					48,213		60.01
60.02	LAB OUTREACH					1,323,443		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				1,710,821	315,382		63
64	Intravenous Therapy					33,261		64
65	Respiratory Therapy				1,852,211	353,637		65
66	Physical Therapy				388,823	101,652		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					17,962		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					27,166		66.02
66.03	PHYSICAL THERAPY-OCC					47,864		66.03
67	Occupational Therapy				205,016	53,774		67
67.01	OCCUPATIONAL THERAPY-OCC					12,743		67.01
68	Speech Pathology				197,946	15,873		68
69	Electrocardiology				579,700	41,391		69
70	Electroencephalography					76,129		70
71	Medical Supplies Charged to Patients				2,453,120	1,741,796		71
73	Drugs Charged to Patients				11,205,175	2,707,644		73
74	Renal Dialysis				1,194,747	289,593		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					277,383		76.01
76.02	BONE MARROW TRANSPLANT	39,691				38,883		76.02
76.03	CARDIAC SERVICES					267,087		76.03
76.04	TELEMEDICINE PROGRAM					11,931		76.04
76.05	SLEEP LAB WEST HARRISON					46,806		76.05
76.06	SICKLE CELL					40,144		76.06
76.07	HEART CENTER-ROOSEVELT RD					4,510		76.07

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

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					1,951		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,771,102			1,972,393	994,992		90
91	Emergency	225,374			2,057,227	757,646		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	538,413			410,032	204,289		93.01
93.02	OCC PSYCH				530,213	59,856		93.02
93.03	OCC ADOLESCENTS				728,159	125,803		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	396,907			339,336	104,059		105
107	Liver Acquisition	66,266			311,058	42,040		107
109	Pancreas Acquisition	56,257				15,380		109
112	OTHER ORGAN ACQUISITION (SPECIFY)				70,695	1,492		112
118	SUBTOTALS (sum of lines 1-117)	11,445,768	762,796	7,944,965	69,825,544	21,467,717	3,197,902	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	1,400,219			395,893			192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,845,987	762,796	7,944,965	70,221,437	21,467,717	3,197,902	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
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
17	Social Service						17
17.01	PALLIATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
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	163,752,989	-8,332,174	155,420,815			30
31	Intensive Care Unit	43,507,985	-1,556,659	41,951,326			31
31.01	PEDS ICU	9,891,924	-666,073	9,225,851			31.01
31.02	NEONATAL ICU	26,336,915	-2,345,206	23,991,709			31.02
32	Coronary Care Unit	22,851,850	-1,188,796	21,663,054			32
40	Subprovider - IPF	24,066,822	-1,155,621	22,911,201			40
43	Nursery	3,150,726	-192,177	2,958,549			43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	59,455,153	-10,511,133	48,944,020			50
51	Recovery Room	10,419,200	-111,489	10,307,711			51
52	Delivery Room & Labor Room	23,798,200	-1,597,625	22,200,575			52
53	Anesthesiology	7,076,967	-2,650,036	4,426,931			53
54	Radiology-Diagnostic	9,267,261	-295,963	8,971,298			54
54.01	RADIO ULTRASOUND	3,268,665	-396,608	2,872,057			54.01
54.02	RADIO ANGIOGRAPHY	9,633,214	-2,602,603	7,030,611			54.02
54.03	RADIO WEST HARRISON	2,964,232	-127,767	2,836,465			54.03
54.04	RADIO MILE SQUARE	747,816	-17,995	729,821			54.04
55	Radiology-Therapeutic	11,993,155	-2,777,073	9,216,082			55
56	Radioisotope	2,277,557	-337,926	1,939,631			56
57	CT Scan	9,093,433	-2,043,781	7,049,652			57
58	MRI	9,197,996	-1,742,083	7,455,913			58
59	Cardiac Catheterization	5,744,021	-2,752,711	2,991,310			59
60	Laboratory	59,254,771	-11,483,315	47,771,456			60
60.01	LAB TISSUE TYPING	2,038,282	-48,213	1,990,069			60.01
60.02	LAB OUTREACH	14,867,232	-1,323,443	13,543,789			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	10,676,422	-2,026,203	8,650,219			63
64	Intravenous Therapy	720,943	-33,261	687,682			64
65	Respiratory Therapy	10,530,726	-2,205,848	8,324,878			65
66	Physical Therapy	6,068,113	-490,475	5,577,638			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	781,280	-17,962	763,318			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,746,026	-27,166	1,718,860			66.02
66.03	PHYSICAL THERAPY-OCC	7,148,289	-47,864	7,100,425			66.03
67	Occupational Therapy	3,937,049	-258,790	3,678,259			67
67.01	OCCUPATIONAL THERAPY-OCC	1,408,582	-12,743	1,395,839			67.01
68	Speech Pathology	1,372,413	-213,819	1,158,594			68
69	Electrocardiology	1,190,964	-621,091	569,873			69
70	Electroencephalography	1,144,798	-76,129	1,068,669			70
71	Medical Supplies Charged to Patients	86,760,540	-4,194,916	82,565,624			71
73	Drugs Charged to Patients	107,024,550	-13,912,819	93,111,731			73
74	Renal Dialysis	13,467,855	-1,773,506	11,694,349			74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	7,641,469	-277,383	7,364,086			76.01
76.02	BONE MARROW TRANSPLANT	3,215,324	-38,883	3,176,441			76.02
76.03	CARDIAC SERVICES	6,493,148	-267,087	6,226,061			76.03
76.04	TELEMEDICINE PROGRAM	3,030,994	-11,931	3,019,063			76.04
76.05	SLEEP LAB WEST HARRISON	2,146,381	-46,806	2,099,575			76.05
76.06	SICKLE CELL	2,505,204	-40,144	2,465,060			76.06
76.07	HEART CENTER-ROOSEVELT RD	193,215	-4,510	188,705			76.07

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

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		24	25	26				
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	293,420	-1,951	291,469				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	92,089,078	-2,967,385	89,121,693				90
91	Emergency	28,072,473	-2,814,873	25,257,600				91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	12,215,164	-614,321	11,600,843				93.01
93.02	OCC PSYCH	5,954,497	-590,069	5,364,428				93.02
93.03	OCC ADOLESCENTS	8,987,818	-853,962	8,133,856				93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	11,552,752	-443,395	11,109,357				105
107	Liver Acquisition	3,166,140	-353,098	2,813,042				107
109	Pancreas Acquisition	1,096,360	-15,380	1,080,980				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	318,955	-72,187	246,768				112
118	SUBTOTALS (sum of lines 1-117)	977,607,308	-91,582,427	886,024,881				118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	53,336		53,336				190
191	Research	1,454,552		1,454,552				191
192	Physicians' Private Offices	11,207,647	-395,893	10,811,754				192
192.01	PILSEN-OFFSITE CLINIC	1,226,083		1,226,083				192.01
194	OUTPATIENT PHARMACY	28,103,278		28,103,278				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,019,652,204	-91,978,320	927,673,884				202

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

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		51,285		51,285	51,285		4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN		739,455	2,201,239	2,940,694	6,080	2,946,774	5.01
5.02	HOSPITAL ADMIN & GENERAL		110,470	96,037	206,507	1,233	60,242	5.02
5.03	AMBULATORY ADMIN & GENERAL		153,587	42,047	195,634	816	85,900	5.03
6	Maintenance & Repairs		158,939	122,629	281,568	147	66,072	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping		115,035	10,110	125,145		16,071	9
10	Dietary		261,280	20,610	281,890	565	28,751	10
11	Cafeteria						21	11
12	Maintenance of Personnel							12
13	Nursing Administration		50,346	136,995	187,341	830	38,348	13
14	Central Services & Supply		227,839	177,553	405,392	486	39,778	14
15	Pharmacy		120,564	44,252	164,816	419	39,290	15
16	Medical Records & Library		124,128	26,337	150,465	513	25,872	16
17	Social Service		41,609	3,738	45,347	817	35,844	17
17.01	PALLATIVE CARE					67	2,155	17.01
18	UTILMGMT / DSCH PLANNING					517	22,447	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd					4,700	198,396	21
22	I&R Services-Other Prgm Costs Apprvd		36,447		36,447	137	60,259	22
23	PARAMED ED PRGM-(SPECIFY)					91	9,035	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,109,987	252,231	1,362,218	7,978	354,357	30
31	Intensive Care Unit		163,302	246,901	410,203	2,279	103,024	31
31.01	PEDS ICU		58,107	7,834	65,941	520	22,575	31.01
31.02	NEONATAL ICU		107,147	80,523	187,670	1,394	59,993	31.02
32	Coronary Care Unit		98,397	116,161	214,558	1,211	53,383	32
40	Subprovider - IPF		221,625	22,587	244,212	1,165	51,224	40
43	Nursery		23,626		23,626	149	6,785	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		377,279	3,092,990	3,470,269	2,206	115,896	50
51	Recovery Room			208,435	208,435	624	27,536	51
52	Delivery Room & Labor Room		208,360	274,905	483,265	1,322	56,766	52
53	Anesthesiology		58,374	345,746	404,120	245	9,930	53
54	Radiology-Diagnostic		60,568	632,033	692,601	507	24,205	54
54.01	RADIO ULTRASOUND		27,633	208,994	236,627	157	7,589	54.01
54.02	RADIO ANGIOGRAPHY		102,924	24,772	127,696	357	16,459	54.02
54.03	RADIO WEST HARRISON		97,306	267,325	364,631	96	6,757	54.03
54.04	RADIO MILE SQUARE		18,477	42,765	61,242	35	1,836	54.04
55	Radiology-Therapeutic		184,493	334,519	519,012	290	23,365	55
56	Radioisotope		11,287		11,287	66	5,249	56
57	CT Scan		167,956	5,462	173,418	363	16,754	57
58	MRI		112,004	532,783	644,787	383	18,955	58
59	Cardiac Catheterization		33,048	9,189	42,237	152	6,883	59
60	Laboratory		603,203	869,778	1,472,981	1,604	124,504	60
60.01	LAB TISSUE TYPING		12,935	57,228	70,163	53	5,421	60.01
60.02	LAB OUTREACH		62,419		62,419	465	35,912	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		19,035	1,483	20,518		23,834	63
64	Intravenous Therapy			4,694	4,694	40	1,738	64
65	Respiratory Therapy		25,313	217,771	243,084	511	22,592	65
66	Physical Therapy		155,921	29,321	185,242	310	13,902	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		51,767		51,767	15	1,205	66.01
66.02	PHYSICAL THERAPY MAXWELL ST			6,226	6,226	78	3,691	66.02
66.03	PHYSICAL THERAPY-OCC					362	15,312	66.03
67	Occupational Therapy		82,481	4,740	87,221	216	9,428	67
67.01	OCCUPATIONAL THERAPY-OCC					71	3,007	67.01
68	Speech Pathology		8,040	461	8,501	75	3,166	68
69	Electrocardiology		7,622		7,622	34	1,474	69
70	Electroencephalography		9,575	119,389	128,964	50	2,814	70
71	Medical Supplies Charged to Patients						212,435	71
73	Drugs Charged to Patients						234,212	73
74	Renal Dialysis		155,249	106,299	261,548	571	31,119	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		76,420	446,214	522,634	351	18,672	76.01
76.02	BONE MARROW TRANSPLANT			130,490	130,490	118	8,717	76.02
76.03	CARDIAC SERVICES		49,192	568,568	617,760	318	15,788	76.03
76.04	TELEMEDICINE PROGRAM		14,241		14,241		3,672	76.04
76.05	SLEEP LAB WEST HARRISON			2,940	2,940	51	5,838	76.05
76.06	SICKLE CELL					161	6,625	76.06
76.07	HEART CENTER-ROOSEVELT RD		12,999	2,057	15,056	5	296	76.07

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

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					18	797	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,147,016	832,600	1,979,616	3,665	165,950	90
91	Emergency		179,636	154,750	334,386	1,385	65,000	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		186,750	57,647	244,397	431	21,185	93.01
93.02	OCC PSYCH		393,081	3,245	396,326	168	8,228	93.02
93.03	OCC ADOLESCENTS		121,338	15,140	136,478	352	15,998	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		29,903		29,903	406	29,423	105
107	Liver Acquisition		3,094		3,094	54	7,629	107
109	Pancreas Acquisition		203		203	7	2,866	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		30,664	2,335	32,999	3	357	112
118	SUBTOTALS (sum of lines 1-117)		8,870,981	13,221,078	22,092,059	50,865	2,840,809	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		10,526		10,526		37	190
191	Research		41,862		41,862	78	3,652	191
192	Physicians' Private Offices			2,092	2,092	299	20,252	192
192.01	PILSEN-OFFSITE CLINIC			10,829	10,829	43	2,623	192.01
194	OUTPATIENT PHARMACY						79,401	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		8,923,369	13,233,999	22,157,368	51,285	2,946,774	202

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

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	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
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	267,982						5.02
5.03	AMBULATORY ADMIN & GENERAL	8,768	291,118					5.03
6	Maintenance & Repairs	6,744		354,531				6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	1,640		5,290	148,146			9
10	Dietary	2,935		12,015	5,097	331,253		10
11	Cafeteria	2						11
12	Maintenance of Personnel						23	12
13	Nursing Administration	3,914		2,315	982			13
14	Central Services & Supply	4,060		10,477	4,444			14
15	Pharmacy	4,010		5,544	2,352			15
16	Medical Records & Library	2,641		5,708	2,421			16
17	Social Service	3,659		1,913	812			17
17.01	PALLATIVE CARE	220						17.01
18	UTILMGMT / DSCH PLANNING	2,291						18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	20,250						21
22	I&R Services-Other Prgm Costs Apprvd	6,151		1,676	711			22
23	PARAMED ED PRGM-(SPECIFY)	922						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	36,204		51,043	21,652	223,596	23	30
31	Intensive Care Unit	10,516		7,510	3,185	42,870		31
31.01	PEDS ICU	2,304		2,672	1,133	5,716		31.01
31.02	NEONATAL ICU	6,123		4,927	2,090			31.02
32	Coronary Care Unit	5,449		4,525	1,919	18,826		32
40	Subprovider - IPF	5,228		10,192	4,323	40,245		40
43	Nursery	693		1,086	461			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,830		17,349	7,359			50
51	Recovery Room	2,811						51
52	Delivery Room & Labor Room	5,794		9,582	4,064			52
53	Anesthesiology	1,014		2,684	1,139			53
54	Radiology-Diagnostic	2,471		2,785	1,181			54
54.01	RADIO ULTRASOUND	775		1,271	539			54.01
54.02	RADIO ANGIOGRAPHY	1,680		4,733	2,008			54.02
54.03	RADIO WEST HARRISON	690		4,475	1,898			54.03
54.04	RADIO MILE SQUARE	187		850	360			54.04
55	Radiology-Therapeutic	2,385		8,484	3,599			55
56	Radioisotope	536		519	220			56
57	CT Scan	1,710		7,724	3,276			57
58	MRI	1,935		5,151	2,185			58
59	Cardiac Catheterization	703		1,520	645			59
60	Laboratory	12,708		27,739	11,767			60
60.01	LAB TISSUE TYPING	553		595	252			60.01
60.02	LAB OUTREACH	3,666		2,870	1,218			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,433		875	371			63
64	Intravenous Therapy	177						64
65	Respiratory Therapy	2,306		1,164	494			65
66	Physical Therapy	1,419		7,170	3,042			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		1,342	2,381	1,010			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		4,110					66.02
66.03	PHYSICAL THERAPY-OCC		17,049					66.03
67	Occupational Therapy	962		3,793	1,609			67
67.01	OCCUPATIONAL THERAPY-OCC		3,348					67.01
68	Speech Pathology	323		370	157			68
69	Electrocardiology	150		350	149			69
70	Electroencephalography	287		440	187			70
71	Medical Supplies Charged to Patients	21,683						71
73	Drugs Charged to Patients	23,906						73
74	Renal Dialysis	3,176		7,139	3,028			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	1,906		3,514	1,491			76.01
76.02	BONE MARROW TRANSPLANT	890						76.02
76.03	CARDIAC SERVICES	1,612		2,262	960			76.03
76.04	TELEMEDICINE PROGRAM		4,088	655	278			76.04
76.05	SLEEP LAB WEST HARRISON	596						76.05
76.06	SICKLE CELL	676						76.06
76.07	HEART CENTER-ROOSEVELT RD		330	598	254			76.07

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

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	81						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		184,818	52,746	22,375			90
91	Emergency	6,635		8,261	3,504			91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		23,588	8,588	3,643			93.01
93.02	OCC PSYCH		9,162	18,076	7,668			93.02
93.03	OCC ADOLESCENTS		17,813	5,580	2,367			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,003		1,375	583			105
107	Liver Acquisition	779		142	60			107
109	Pancreas Acquisition	293		9	4			109
112	OTHER ORGAN ACQUISITION (SPECIFY)	36		1,410	598			112
118	SUBTOTALS (sum of lines 1-117)	259,501	265,648	352,122	147,124	331,253	23	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	4		484	205			190
191	Research	373		1,925	817			191
192	Physicians' Private Offices		22,549					192
192.01	PILSEN-OFFSITE CLINIC		2,921					192.01
194	OUTPATIENT PHARMACY	8,104						194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	267,982	291,118	354,531	148,146	331,253	23	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
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	233,730						13
14	Central Services & Supply		464,637					14
15	Pharmacy		3,627	220,058				15
16	Medical Records & Library				187,620			16
17	Social Service					88,392		17
17.01	PALLATIVE CARE						2,442	17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
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	75,100	15,761	1,022	13,855	36,744	1,455	30
31	Intensive Care Unit	23,218	8,268	390	4,225	1,012	286	31
31.01	PEDS ICU	4,948	883	22	509	1,976	38	31.01
31.02	NEONATAL ICU	14,425	2,676	46	2,896	2,123	195	31.02
32	Coronary Care Unit	12,101	5,413	233	2,054	948	125	32
40	Subprovider - IPF	8,632	300	4	2,012	4,446	268	40
43	Nursery	1,458			321		75	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,568	147,497	257	11,885	494		50
51	Recovery Room	6,516	1,243	77	977	570		51
52	Delivery Room & Labor Room	12,852	5,533	129	2,973	1,482		52
53	Anesthesiology	1,043	9,956	382	5,505			53
54	Radiology-Diagnostic	309	578	37	2,594			54
54.01	RADIO ULTRASOUND	139	318	19	1,184			54.01
54.02	RADIO ANGIOGRAPHY	912	15,574	463	4,408			54.02
54.03	RADIO WEST HARRISON	133	83	68	1,120			54.03
54.04	RADIO MILE SQUARE	18	6		158			54.04
55	Radiology-Therapeutic	591	139	11	1,662	791		55
56	Radioisotope	56	40	139	483			56
57	CT Scan	851	1,314	243	7,193			57
58	MRI	579	590	294	4,797			58
59	Cardiac Catheterization	982	8,619	197	1,572			59
60	Laboratory	559	400	1	25,825			60
60.01	LAB TISSUE TYPING		1		423			60.01
60.02	LAB OUTREACH		1		11,599			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				2,764			63
64	Intravenous Therapy	426	1,008		292			64
65	Respiratory Therapy		2,044	112	3,099			65
66	Physical Therapy	202	78		891			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				157			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		9		238			66.02
66.03	PHYSICAL THERAPY-OCC				419			66.03
67	Occupational Therapy		40		471			67
67.01	OCCUPATIONAL THERAPY-OCC				112			67.01
68	Speech Pathology				139			68
69	Electrocardiology		13		363			69
70	Electroencephalography		57		667			70
71	Medical Supplies Charged to Patients		204,978		15,266			71
73	Drugs Charged to Patients			136,713	23,731			73
74	Renal Dialysis	2,778	1,357	569	2,538			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,927	5,046	53	2,431			76.01
76.02	BONE MARROW TRANSPLANT	565	7	6	341	273		76.02
76.03	CARDIAC SERVICES	1,366	7,637	53	2,341			76.03
76.04	TELEMEDICINE PROGRAM			19,171	105			76.04
76.05	SLEEP LAB WEST HARRISON	202	8		410			76.05
76.06	SICKLE CELL	1,622	169	18	352			76.06
76.07	HEART CENTER-ROOSEVELT RD		2		40			76.07

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

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	139	4		17			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,701	6,278	51,238	8,720	19,068		90
91	Emergency	13,336	6,043	277	6,640	1,551		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	212	386	6,637	1,790	3,705		93.01
93.02	OCC PSYCH	428	59	26	525			93.02
93.03	OCC ADOLESCENTS	2,167	464	1,131	1,103			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,328		1	912	2,731		105
107	Liver Acquisition	268			368	456		107
109	Pancreas Acquisition	42			135	387		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	18		17	13			112
118	SUBTOTALS (sum of lines 1-117)	232,717	464,507	220,056	187,620	78,757	2,442	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research		51	2				191
192	Physicians' Private Offices	821	15			9,635		192
192.01	PILSEN-OFFSITE CLINIC	192	64					192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	233,730	464,637	220,058	187,620	88,392	2,442	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
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
17	Social Service							17
17.01	PALLIATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING	25,255						18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		223,346					21
22	I&R Services-Other Prgm Costs Apprvd			105,381				22
23	PARAMED ED PRGM-(SPECIFY)				10,048			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	15,047				2,216,055		30
31	Intensive Care Unit	2,953				619,939		31
31.01	PEDS ICU	394				109,631		31.01
31.02	NEONATAL ICU	2,019				286,577		31.02
32	Coronary Care Unit	1,297				322,042		32
40	Subprovider - IPF	2,772				375,023		40
43	Nursery	773				35,427		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					3,802,610		50
51	Recovery Room					248,789		51
52	Delivery Room & Labor Room					583,762		52
53	Anesthesiology					436,018		53
54	Radiology-Diagnostic					727,268		54
54.01	RADIO ULTRASOUND					248,618		54.01
54.02	RADIO ANGIOGRAPHY					174,290		54.02
54.03	RADIO WEST HARRISON					379,951		54.03
54.04	RADIO MILE SQUARE					64,692		54.04
55	Radiology-Therapeutic					560,329		55
56	Radioisotope					18,595		56
57	CT Scan					212,846		57
58	MRI					679,656		58
59	Cardiac Catheterization					63,510		59
60	Laboratory					1,678,088		60
60.01	LAB TISSUE TYPING					77,461		60.01
60.02	LAB OUTREACH					118,150		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					50,795		63
64	Intravenous Therapy					8,375		64
65	Respiratory Therapy					275,406		65
66	Physical Therapy					212,256		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					57,877		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					14,352		66.02
66.03	PHYSICAL THERAPY-OCC					33,142		66.03
67	Occupational Therapy					103,740		67
67.01	OCCUPATIONAL THERAPY-OCC					6,538		67.01
68	Speech Pathology					12,731		68
69	Electrocardiology					10,155		69
70	Electroencephalography					133,466		70
71	Medical Supplies Charged to Patients					454,362		71
73	Drugs Charged to Patients					418,562		73
74	Renal Dialysis					313,823		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY					559,025		76.01
76.02	BONE MARROW TRANSPLANT					141,407		76.02
76.03	CARDIAC SERVICES					650,097		76.03
76.04	TELEMEDICINE PROGRAM					42,210		76.04
76.05	SLEEP LAB WEST HARRISON					10,045		76.05
76.06	SICKLE CELL					9,623		76.06
76.07	HEART CENTER-ROOSEVELT RD					16,581		76.07

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

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					1,056		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					2,515,175		90
91	Emergency					447,018		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI					314,562		93.01
93.02	OCC PSYCH					440,666		93.02
93.03	OCC ADOLESCENTS					183,453		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					70,665		105
107	Liver Acquisition					12,850		107
109	Pancreas Acquisition					3,946		109
112	OTHER ORGAN ACQUISITION (SPECIFY)					35,451		112
118	SUBTOTALS (sum of lines 1-117)	25,255				21,598,737		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					11,256		190
191	Research					48,760		191
192	Physicians' Private Offices					55,663		192
192.01	PILSEN-OFFSITE CLINIC					16,672		192.01
194	OUTPATIENT PHARMACY					87,505		194
200	Cross Foot Adjustments		223,346	105,381	10,048	338,775		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	25,255	223,346	105,381	10,048	22,157,368		202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	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
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
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
17	Social Service						17
17.01	PALLIATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
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	2,216,055					30
31	Intensive Care Unit	619,939					31
31.01	PEDS ICU	109,631					31.01
31.02	NEONATAL ICU	286,577					31.02
32	Coronary Care Unit	322,042					32
40	Subprovider - IPF	375,023					40
43	Nursery	35,427					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,802,610					50
51	Recovery Room	248,789					51
52	Delivery Room & Labor Room	583,762					52
53	Anesthesiology	436,018					53
54	Radiology-Diagnostic	727,268					54
54.01	RADIO ULTRASOUND	248,618					54.01
54.02	RADIO ANGIOGRAPHY	174,290					54.02
54.03	RADIO WEST HARRISON	379,951					54.03
54.04	RADIO MILE SQUARE	64,692					54.04
55	Radiology-Therapeutic	560,329					55
56	Radioisotope	18,595					56
57	CT Scan	212,846					57
58	MRI	679,656					58
59	Cardiac Catheterization	63,510					59
60	Laboratory	1,678,088					60
60.01	LAB TISSUE TYPING	77,461					60.01
60.02	LAB OUTREACH	118,150					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	50,795					63
64	Intravenous Therapy	8,375					64
65	Respiratory Therapy	275,406					65
66	Physical Therapy	212,256					66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	57,877					66.01
66.02	PHYSICAL THERAPY MAXWELL ST	14,352					66.02
66.03	PHYSICAL THERAPY-OCC	33,142					66.03
67	Occupational Therapy	103,740					67
67.01	OCCUPATIONAL THERAPY-OCC	6,538					67.01
68	Speech Pathology	12,731					68
69	Electrocardiology	10,155					69
70	Electroencephalography	133,466					70
71	Medical Supplies Charged to Patients	454,362					71
73	Drugs Charged to Patients	418,562					73
74	Renal Dialysis	313,823					74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	559,025					76.01
76.02	BONE MARROW TRANSPLANT	141,407					76.02
76.03	CARDIAC SERVICES	650,097					76.03
76.04	TELEMEDICINE PROGRAM	42,210					76.04
76.05	SLEEP LAB WEST HARRISON	10,045					76.05
76.06	SICKLE CELL	9,623					76.06
76.07	HEART CENTER-ROOSEVELT RD	16,581					76.07

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

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,056						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,515,175						90
91	Emergency	447,018						91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	314,562						93.01
93.02	OCC PSYCH	440,666						93.02
93.03	OCC ADOLESCENTS	183,453						93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	70,665						105
107	Liver Acquisition	12,850						107
109	Pancreas Acquisition	3,946						109
112	OTHER ORGAN ACQUISITION (SPECIFY)	35,451						112
118	SUBTOTALS (sum of lines 1-117)	21,598,737						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	11,256						190
191	Research	48,760						191
192	Physicians' Private Offices	55,663						192
192.01	PILSEN-OFFSITE CLINIC	16,672						192.01
194	OUTPATIENT PHARMACY	87,505						194
200	Cross Foot Adjustments	338,775						200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	22,157,368						202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	RECON- CILIATION	
		1	2	4	5A.01	5.01		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	703,644						1
2	Cap Rel Costs-Mvble Equip		9,253,432					2
4	Employee Benefits Department	4,044		323,550,494				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	58,309	1,539,143	38,236,628	-144,923,293	874,728,911		5.01
5.02	HOSPITAL ADMIN & GENERAL	8,711	67,151	7,754,852		17,881,193	-20,843,713	5.02
5.03	AMBULATORY ADMIN & GENERAL	12,111	29,400	5,132,653		25,497,166		5.03
6	Maintenance & Repairs	12,533	85,744	921,497		19,611,822		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	9,071	7,069	2,509		4,770,263		9
10	Dietary	20,603	14,411	3,554,435		8,534,056		10
11	Cafeteria			3,141		6,255		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,970	95,789	5,223,148		11,382,529		13
14	Central Services & Supply	17,966	124,148	3,059,287		11,806,970		14
15	Pharmacy	9,507	30,942	2,633,180		11,662,270		15
16	Medical Records & Library	9,788	18,415	3,224,945		7,679,497		16
17	Social Service	3,281	2,614	5,135,821		10,639,274		17
17.01	PALLATIVE CARE			424,106		639,690		17.01
18	UTILMGMT / DSCH PLANNING			3,249,276		6,662,777		18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			29,560,316		58,888,821		21
22	I&R Services-Other Prgm Costs Apprvd	2,874		863,472		17,886,351		22
23	PARAMED ED PRGM-(SPECIFY)			572,000		2,681,830		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	87,527	176,364	51,172,143		105,235,635		30
31	Intensive Care Unit	12,877	172,637	14,331,268		30,580,075		31
31.01	PEDS ICU	4,582	5,478	3,272,012		6,700,851		31.01
31.02	NEONATAL ICU	8,449	56,303	8,769,759		17,807,319		31.02
32	Coronary Care Unit	7,759	81,222	7,618,697		15,845,368		32
40	Subprovider - IPF	17,476	15,793	7,329,529		15,204,588		40
43	Nursery	1,863		939,722		2,014,004		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	29,750	2,162,670	13,871,725		34,400,850		50
51	Recovery Room		145,741	3,921,666		8,173,214		51
52	Delivery Room & Labor Room	16,430	192,218	8,312,298		16,849,392		52
53	Anesthesiology	4,603	241,751	1,540,258		2,947,404		53
54	Radiology-Diagnostic	4,776	441,928	3,186,521		7,184,763		54
54.01	RADIO ULTRASOUND	2,179	146,132	986,402		2,252,542		54.01
54.02	RADIO ANGIOGRAPHY	8,116	17,321	2,244,560		4,885,375		54.02
54.03	RADIO WEST HARRISON	7,673	186,918	600,981		2,005,685		54.03
54.04	RADIO MILE SQUARE	1,457	29,902	217,735		544,886		54.04
55	Radiology-Therapeutic	14,548	233,901	1,824,116		6,935,198		55
56	Radioisotope	890		417,779		1,558,089		56
57	CT Scan	13,244	3,819	2,286,045		4,973,008		57
58	MRI	8,832	372,531	2,410,299		5,626,405		58
59	Cardiac Catheterization	2,606	6,425	953,465		2,042,949		59
60	Laboratory	47,565	608,163	10,086,088		36,955,841		60
60.01	LAB TISSUE TYPING	1,020	40,015	330,528		1,609,219		60.01
60.02	LAB OUTREACH	4,922		2,924,241		10,659,679		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,501	1,037			7,074,508		63
64	Intravenous Therapy		3,282	254,139		515,954		64
65	Respiratory Therapy	1,996	152,269	3,212,392		6,705,716		65
66	Physical Therapy	12,295	20,502	1,947,971		4,126,595		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	4,082		95,415		357,677	-416,936	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		4,353	491,556		1,095,588	-1,277,103	66.02
66.03	PHYSICAL THERAPY-OCC			2,277,073		4,545,037	-5,298,050	66.03
67	Occupational Therapy	6,504	3,314	1,356,513		2,798,538		67
67.01	OCCUPATIONAL THERAPY-OCC			446,639		892,527	-1,040,399	67.01
68	Speech Pathology	634	322	473,983		939,832		68
69	Electrocardiology	601		213,156		437,523		69
70	Electroencephalography	755	83,479	313,595		835,283		70
71	Medical Supplies Charged to Patients					63,055,826		71
73	Drugs Charged to Patients					69,519,698		73
74	Renal Dialysis	12,242	74,326	3,592,605		9,236,982		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,026	312,000	2,208,644		5,542,252		76.01
76.02	BONE MARROW TRANSPLANT		91,241	741,368		2,587,473		76.02
76.03	CARDIAC SERVICES	3,879	397,552	2,000,451		4,686,364		76.03
76.04	TELEMEDICINE PROGRAM	1,123				1,089,871	-1,270,439	76.04
76.05	SLEEP LAB WEST HARRISON		2,056	321,235		1,732,949		76.05
76.06	SICKLE CELL			1,012,905		1,966,467		76.06

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	RECON- CILIATION	
		1	2	4	5A.01	5.01		
76.07	HEART CENTER-ROOSEVELT RD	1,025	1,438	33,059		87,868	-102,426	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY			114,031		236,703		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	90,447	582,168	23,047,799		49,257,908	-57,418,860	90
91	Emergency	14,165	108,204	8,712,159		19,293,605		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	14,726	40,308	2,710,908		6,288,323	-7,330,160	93.01
93.02	OCC PSYCH	30,996	2,269	1,056,526		2,442,337	-2,846,979	93.02
93.03	OCC ADOLESCENTS	9,568	10,586	2,216,014		4,748,551	-5,535,281	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,358		2,552,883		8,733,484		105
107	Liver Acquisition	244		342,430		2,264,504		107
109	Pancreas Acquisition	16		44,529		850,828		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,418	1,633	21,259		106,096		112
118	SUBTOTALS (sum of lines 1-117)	699,513	9,244,397	320,910,340	-144,923,293	843,275,970	-103,380,346	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	830				10,936		190
191	Research	3,301		492,734		1,083,897		191
192	Physicians' Private Offices		1,463	1,879,462		6,011,339	-7,007,286	192
192.01	PILSEN-OFFSITE CLINIC		7,572	267,958		778,633	-907,635	192.01
194	OUTPATIENT PHARMACY					23,568,136		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,923,369	13,233,999	320,775,088		144,923,293		202
203	Unit Cost Multiplier (Wkst. B, Part I)	12.681653	1.430172	0.991422		0.165678		203
204	Cost to be allocated (Per Wkst. B, Part II)			51,285		2,946,774		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000159		0.003369		205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	908,356,937						5.02
5.03	AMBULATORY ADMIN & GENERAL	29,721,485	-30,403,504	90,451,554				5.03
6	Maintenance & Repairs	22,861,069	-23,385,662		607,936			6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	5,560,591	-5,688,190		9,071	598,865		9
10	Dietary	9,947,961	-10,176,237		20,603	20,603	335,034	10
11	Cafeteria	7,291	-7,458					11
12	Maintenance of Personnel							12
13	Nursing Administration	13,268,364	-13,572,833		3,970	3,970		13
14	Central Services & Supply	13,763,125	-14,078,947		17,966	17,966		14
15	Pharmacy	13,594,452	-13,906,404		9,507	9,507		15
16	Medical Records & Library	8,951,821	-9,157,238		9,788	9,788		16
17	Social Service	12,401,968	-12,686,556		3,281	3,281		17
17.01	PALLATIVE CARE	745,673	-762,784					17.01
18	UTILMGMT / DSCH PLANNING	7,766,653	-7,944,874					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	68,645,403	-70,220,609					21
22	I&R Services-Other Prgm Costs Apprvd	20,849,726	-21,328,165		2,874	2,874		22
23	PARAMED ED PRGM-(SPECIFY)	3,126,150	-3,197,886					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	122,670,818	-125,485,388		87,527	87,527	226,149	30
31	Intensive Care Unit	35,646,521	-36,464,502		12,877	12,877	43,359	31
31.01	PEDS ICU	7,811,035	-7,990,275		4,582	4,582	5,781	31.01
31.02	NEONATAL ICU	20,757,600	-21,233,925		8,449	8,449		31.02
32	Coronary Care Unit	18,470,597	-18,894,442		7,759	7,759	19,041	32
40	Subprovider - IPF	17,723,654	-18,130,359		17,476	17,476	40,704	40
43	Nursery	2,347,680	-2,401,552		1,863	1,863		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	40,100,314	-41,020,496		29,750	29,750		50
51	Recovery Room	9,527,336	-9,745,960					51
52	Delivery Room & Labor Room	19,640,966	-20,091,667		16,430	16,430		52
53	Anesthesiology	3,435,724	-3,514,564		4,603	4,603		53
54	Radiology-Diagnostic	8,375,120	-8,567,304		4,776	4,776		54
54.01	RADIO ULTRASOUND	2,625,739	-2,685,992		2,179	2,179		54.01
54.02	RADIO ANGIOGRAPHY	5,694,774	-5,825,452		8,116	8,116		54.02
54.03	RADIO WEST HARRISON	2,337,983	-2,391,633		7,673	7,673		54.03
54.04	RADIO MILE SQUARE	635,162	-649,737		1,457	1,457		54.04
55	Radiology-Therapeutic	8,084,208	-8,269,716		14,548	14,548		55
56	Radioisotope	1,816,230	-1,857,907		890	890		56
57	CT Scan	5,796,926	-5,929,948		13,244	13,244		57
58	MRI	6,558,577	-6,709,077		8,832	8,832		58
59	Cardiac Catheterization	2,381,421	-2,436,067		2,606	2,606		59
60	Laboratory	43,078,611	-44,067,136		47,565	47,565		60
60.01	LAB TISSUE TYPING	1,875,831	-1,918,876		1,020	1,020		60.01
60.02	LAB OUTREACH	12,425,753	-12,710,887		4,922	4,922		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,246,598	-8,435,833		1,501	1,501		63
64	Intravenous Therapy	601,436	-615,237					64
65	Respiratory Therapy	7,816,706	-7,996,076		1,996	1,996		65
66	Physical Therapy	4,810,281	-4,920,663		12,295	12,295		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD			416,936	4,082	4,082		66.01
66.02	PHYSICAL THERAPY MAXWELL ST			1,277,103				66.02
66.03	PHYSICAL THERAPY-OCC			5,298,050				66.03
67	Occupational Therapy	3,262,194	-3,337,052		6,504	6,504		67
67.01	OCCUPATIONAL THERAPY-OCC			1,040,399				67.01
68	Speech Pathology	1,095,541	-1,120,680		634	634		68
69	Electrocardiology	510,011	-521,714		601	601		69
70	Electroencephalography	973,671	-996,014		755	755		70
71	Medical Supplies Charged to Patients	73,502,789	-75,189,457					71
73	Drugs Charged to Patients	81,037,583	-82,897,152					73
74	Renal Dialysis	10,767,347	-11,014,425		12,242	12,242		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,460,481	-6,608,730		6,026	6,026		76.01
76.02	BONE MARROW TRANSPLANT	3,016,160	-3,085,372					76.02
76.03	CARDIAC SERVICES	5,462,791	-5,588,146		3,879	3,879		76.03
76.04	TELEMEDICINE PROGRAM			1,270,439	1,123	1,123		76.04
76.05	SLEEP LAB WEST HARRISON	2,020,061	-2,066,415					76.05
76.06	SICKLE CELL	2,292,267	-2,344,868					76.06

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
76.07	HEART CENTER-ROOSEVELT RD			102,426	1,025	1,025		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	275,919	-282,251					76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			57,418,860	90,447	90,447		90
91	Emergency	22,490,131	-23,006,212		14,165	14,165		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			7,330,160	14,726	14,726		93.01
93.02	OCC PSYCH			2,846,979	30,996	30,996		93.02
93.03	OCC ADOLESCENTS			5,535,281	9,568	9,568		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	10,180,430	-10,414,040		2,358	2,358		105
107	Liver Acquisition	2,639,682	-2,700,255		244	244		107
109	Pancreas Acquisition	991,791	-1,014,550		16	16		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	123,674	-126,512		2,418	2,418		112
118	SUBTOTALS (sum of lines 1-117)	879,607,856	-899,791,863	82,536,633	603,805	594,734	335,034	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	12,748	-13,041		830	830		190
191	Research	1,263,475	-1,292,468		3,301	3,301		191
192	Physicians' Private Offices			7,007,286				192
192.01	PILSEN-OFFSITE CLINIC			907,635				192.01
194	OUTPATIENT PHARMACY	27,472,858	-28,103,278					194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	20,843,713		30,403,504	23,385,662	6,037,127	11,176,477	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.022947		0.336130	38.467309	10.080948	33.359232	203
204	Cost to be allocated (Per Wkst. B, Part II)	267,982		291,118	354,531	148,146	331,253	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000295		0.003218	0.583172	0.247378	0.988715	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	267,944,779						11
12	Maintenance of Personnel							12
13	Nursing Administration	5,223,148	115,866					13
14	Central Services & Supply	3,059,287		147,247,421				14
15	Pharmacy	2,633,180		1,149,643	111,890,924			15
16	Medical Records & Library	3,224,945				2,650,011,626		16
17	Social Service	5,135,821					37,220	17
17.01	PALLATIVE CARE	424,106						17.01
18	UTILMGMT / DSCH PLANNING	3,249,276						18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	29,560,316						21
22	I&R Services-Other Prgm Costs Apprvd	863,472						22
23	PARAMED ED PRGM-(SPECIFY)	572,000						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	51,172,143	37,229	4,995,557	519,401	195,135,559	15,473	30
31	Intensive Care Unit	14,331,268	11,510	2,620,704	198,361	59,510,439	426	31
31.01	PEDS ICU	3,272,012	2,453	279,835	11,408	7,171,334	832	31.01
31.02	NEONATAL ICU	8,769,759	7,151	848,279	23,519	40,784,570	894	31.02
32	Coronary Care Unit	7,618,697	5,999	1,715,582	118,309	28,936,224	399	32
40	Subprovider - IPF	7,329,529	4,279	94,950	2,042	28,331,707	1,872	40
43	Nursery	939,722	723			4,523,932		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,871,725	8,709	46,750,260	130,657	167,401,310	208	50
51	Recovery Room	3,921,666	3,230	393,903	38,925	13,762,347	240	51
52	Delivery Room & Labor Room	8,312,298	6,371	1,753,578	65,349	41,877,848	624	52
53	Anesthesiology	1,540,258	517	3,155,753	194,230	77,540,601		53
54	Radiology-Diagnostic	3,186,521	153	183,121	19,034	36,534,192		54
54.01	RADIO ULTRASOUND	986,402	69	100,750	9,510	16,669,035		54.01
54.02	RADIO ANGIOGRAPHY	2,244,560	452	4,936,395	235,308	62,086,036		54.02
54.03	RADIO WEST HARRISON	600,981	66	26,162	34,584	15,771,746		54.03
54.04	RADIO MILE SQUARE	217,735	9	1,972		2,221,301		54.04
55	Radiology-Therapeutic	1,824,116	293	44,178	5,538	23,408,560	333	55
56	Radioisotope	417,779	28	12,670	70,652	6,807,337		56
57	CT Scan	2,286,045	422	416,359	123,389	101,315,340		57
58	MRI	2,410,299	287	186,935	149,222	67,563,999		58
59	Cardiac Catheterization	953,465	487	2,731,942	99,965	22,146,595		59
60	Laboratory	10,086,088	277	126,883	368	371,188,597		60
60.01	LAB TISSUE TYPING	330,528		297		5,951,492		60.01
60.02	LAB OUTREACH	2,924,241		239		163,367,912		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					38,931,188		63
64	Intravenous Therapy	254,139	211	319,524	19	4,105,752		64
65	Respiratory Therapy	3,212,392		647,722	56,862	43,653,468		65
66	Physical Therapy	1,947,971	100	24,688	147	12,548,085		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	95,415				2,217,297		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	491,556		2,763		3,353,370		66.02
66.03	PHYSICAL THERAPY-OCC	2,277,073				5,908,426		66.03
67	Occupational Therapy	1,356,513		12,634		6,637,993		67
67.01	OCCUPATIONAL THERAPY-OCC	446,639				1,573,014		67.01
68	Speech Pathology	473,983				1,959,417		68
69	Electrocardiology	213,156		3,968		5,109,320		69
70	Electroencephalography	313,595		18,039		9,397,506		70
71	Medical Supplies Charged to Patients			64,946,769		215,009,982		71
73	Drugs Charged to Patients				69,519,698	334,235,830		73
74	Renal Dialysis	3,592,605	1,377	430,238	289,167	35,747,822		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,208,644	1,451	1,599,333	27,001	34,240,612		76.01
76.02	BONE MARROW TRANSPLANT	741,368	280	2,134	3,299	4,799,763	115	76.02
76.03	CARDIAC SERVICES	2,000,451	677	2,420,698	26,805	32,969,661		76.03
76.04	TELEMEDICINE PROGRAM				9,746,451	1,472,795		76.04
76.05	SLEEP LAB WEST HARRISON	321,235	100	2,644		5,777,751		76.05
76.06	SICKLE CELL	1,012,905	804	53,607	9,168	4,955,416		76.06

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
76.07	HEART CENTER-ROOSEVELT RD	33,059		628		556,729		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	114,031	69	1,377	6	240,867		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	23,047,799	10,262	1,989,916	26,048,696	122,823,304	8,029	90
91	Emergency	8,712,159	6,611	1,915,310	140,670	93,524,980	653	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	2,710,908	105	122,299	3,374,365	25,217,772	1,560	93.01
93.02	OCC PSYCH	1,056,526	212	18,579	13,369	7,388,676		93.02
93.03	OCC ADOLESCENTS	2,216,014	1,074	147,173	575,004	15,529,375		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,552,883	1,154		512	12,845,250	1,150	105
107	Liver Acquisition	342,430	133			5,189,452	192	107
109	Pancreas Acquisition	44,529	21			1,898,580	163	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	21,259	9		8,703	184,160		112
118	SUBTOTALS (sum of lines 1-117)	265,304,625	115,364	147,205,990	111,889,713	2,650,011,626	33,163	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	492,734		16,302	1,211			191
192	Physicians' Private Offices	1,879,462	407	4,745			4,057	192
192.01	PILSEN-OFFSITE CLINIC	267,958	95	20,384				192.01
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,458	13,765,715	14,951,251	14,484,759	9,632,518	12,845,987	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.000028	118.807200	0.101538	0.129454	0.003635	345.136674	203
204	Cost to be allocated (Per Wkst. B, Part II)	23	233,730	464,637	220,058	187,620	88,392	204
205	Unit Cost Multiplier (Wkst. B, Part II)		2.017244	0.003155	0.001967	0.000071	2.374852	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	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
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
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
17	Social Service							17
17.01	PALLATIVE CARE	114,093						17.01
18	UTILMGMT / DSCH PLANNING		114,093					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			9,933				21
22	I&R Services-Other Prgm Costs Apprvd				2,650,011,626			22
23	PARAMED ED PRGM-(SPECIFY)					114,093		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	67,977	67,977	955	195,135,559	67,977		30
31	Intensive Care Unit	13,342	13,342	152	59,510,439	13,342		31
31.01	PEDS ICU	1,779	1,779	86	7,171,334	1,779		31.01
31.02	NEONATAL ICU	9,121	9,121	285	40,784,570	9,121		31.02
32	Coronary Care Unit	5,859	5,859	135	28,936,224	5,859		32
40	Subprovider - IPF	12,525	12,525	131	28,331,707	12,525		40
43	Nursery	3,490	3,490	22	4,523,932	3,490		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,295	167,401,310			50
51	Recovery Room				13,762,347			51
52	Delivery Room & Labor Room			178	41,877,848			52
53	Anesthesiology			286	77,540,601			53
54	Radiology-Diagnostic				36,534,192			54
54.01	RADIO ULTRASOUND			37	16,669,035			54.01
54.02	RADIO ANGIOGRAPHY			297	62,086,036			54.02
54.03	RADIO WEST HARRISON				15,771,746			54.03
54.04	RADIO MILE SQUARE				2,221,301			54.04
55	Radiology-Therapeutic			366	23,408,560			55
56	Radioisotope			40	6,807,337			56
57	CT Scan			173	101,315,340			57
58	MRI			169	67,563,999			58
59	Cardiac Catheterization			364	22,146,595			59
60	Laboratory			1,199	371,188,597			60
60.01	LAB TISSUE TYPING				5,951,492			60.01
60.02	LAB OUTREACH				163,367,912			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			242	38,931,188			63
64	Intravenous Therapy				4,105,752			64
65	Respiratory Therapy			262	43,653,468			65
66	Physical Therapy			55	12,548,085			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				2,217,297			66.01
66.02	PHYSICAL THERAPY MAXWELL ST				3,353,370			66.02
66.03	PHYSICAL THERAPY-OCC				5,908,426			66.03
67	Occupational Therapy			29	6,637,993			67
67.01	OCCUPATIONAL THERAPY-OCC				1,573,014			67.01
68	Speech Pathology			28	1,959,417			68
69	Electrocardiology			82	5,109,320			69
70	Electroencephalography				9,397,506			70
71	Medical Supplies Charged to Patients			347	215,009,982			71
73	Drugs Charged to Patients			1,585	334,235,830			73
74	Renal Dialysis			169	35,747,822			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY				34,240,612			76.01
76.02	BONE MARROW TRANSPLANT				4,799,763			76.02
76.03	CARDIAC SERVICES				32,969,661			76.03
76.04	TELEMEDCINE PROGRAM				1,472,795			76.04

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	22	23		
76.05	SLEEP LAB WEST HARRISON				5,777,751			76.05
76.06	SICKLE CELL				4,955,416			76.06
76.07	HEART CENTER-ROOSEVELT RD				556,729			76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY				240,867			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			279	122,823,304			90
91	Emergency			291	93,524,980			91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			58	25,217,772			93.01
93.02	OCC PSYCH			75	7,388,676			93.02
93.03	OCC ADOLESCENTS			103	15,529,375			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			48	12,845,250			105
107	Liver Acquisition			44	5,189,452			107
109	Pancreas Acquisition				1,898,580			109
112	OTHER ORGAN ACQUISITION (SPECIFY)			10	184,160			112
118	SUBTOTALS (sum of lines 1-117)	114,093	114,093	9,877	2,650,011,626	114,093		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices			56				192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	762,796	7,944,965	70,221,437	21,467,717	3,197,902		202
203	Unit Cost Multiplier (Wkst. B, Part I)	6.685739	69.635867	7,069,509413	0.008101	28.028906		203
204	Cost to be allocated (Per Wkst. B, Part II)	2,442	25,255	223,346	105,381	10,048		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.021404	0.221355	22.485251	0.000040	0.088069		205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
DESCRIPTION		CODE	LINE NO.	AMOUNT	
1		2	3	4	
1	Adjustment for EPO costs in Renal Dialysis cost center				1
2	Adjustment for EPO costs in Home Program Dialysis cost center				2
3	Adjustment for ARANESP costs in Renal Dialysis cost center				3
4	Adjustment for ARANESP costs in Home Program Dialysis cost center				4
5	Adjustment for ESA costs in Renal Dialysis cost center (see instructions)	1	74	-289,166	5

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

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	155,420,815		155,420,815		155,420,815	30
31	Intensive Care Unit	41,951,326		41,951,326		41,951,326	31
31.01	PEDS ICU	9,225,851		9,225,851		9,225,851	31.01
31.02	NEONATAL ICU	23,991,709		23,991,709		23,991,709	31.02
32	Coronary Care Unit	21,663,054		21,663,054		21,663,054	32
40	Subprovider - IPF	22,911,201		22,911,201		22,911,201	40
43	Nursery	2,958,549		2,958,549		2,958,549	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	48,944,020		48,944,020		48,944,020	50
51	Recovery Room	10,307,711		10,307,711		10,307,711	51
52	Delivery Room & Labor Room	22,200,575		22,200,575		22,200,575	52
53	Anesthesiology	4,426,931		4,426,931		4,426,931	53
54	Radiology-Diagnostic	8,971,298		8,971,298		8,971,298	54
54.01	RADIO ULTRASOUND	2,872,057		2,872,057		2,872,057	54.01
54.02	RADIO ANGIOGRAPHY	7,030,611		7,030,611		7,030,611	54.02
54.03	RADIO WEST HARRISON	2,836,465		2,836,465		2,836,465	54.03
54.04	RADIO MILE SQUARE	729,821		729,821		729,821	54.04
55	Radiology-Therapeutic	9,216,082		9,216,082		9,216,082	55
56	Radioisotope	1,939,631		1,939,631		1,939,631	56
57	CT Scan	7,049,652		7,049,652		7,049,652	57
58	MRI	7,455,913		7,455,913		7,455,913	58
59	Cardiac Catheterization	2,991,310		2,991,310		2,991,310	59
60	Laboratory	47,771,456		47,771,456		47,771,456	60
60.01	LAB TISSUE TYPING	1,990,069		1,990,069		1,990,069	60.01
60.02	LAB OUTREACH	13,543,789		13,543,789		13,543,789	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	8,650,219		8,650,219		8,650,219	63
64	Intravenous Therapy	687,682		687,682		687,682	64
65	Respiratory Therapy	8,324,878		8,324,878		8,324,878	65
66	Physical Therapy	5,577,638		5,577,638		5,577,638	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	763,318		763,318		763,318	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,718,860		1,718,860		1,718,860	66.02
66.03	PHYSICAL THERAPY-OCC	7,100,425		7,100,425		7,100,425	66.03
67	Occupational Therapy	3,678,259		3,678,259		3,678,259	67
67.01	OCCUPATIONAL THERAPY-OCC	1,395,839		1,395,839		1,395,839	67.01
68	Speech Pathology	1,158,594		1,158,594		1,158,594	68
69	Electrocardiology	569,873		569,873		569,873	69
70	Electroencephalography	1,068,669		1,068,669		1,068,669	70
71	Medical Supplies Charged to Patients	82,565,624		82,565,624		82,565,624	71
73	Drugs Charged to Patients	93,111,731		93,111,731		93,111,731	73
74	Renal Dialysis	11,694,349		11,694,349		11,694,349	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	7,364,086		7,364,086		7,364,086	76.01
76.02	BONE MARROW TRANSPLANT	3,176,441		3,176,441		3,176,441	76.02
76.03	CARDIAC SERVICES	6,226,061		6,226,061		6,226,061	76.03
76.04	TELEMEDICINE PROGRAM	3,019,063		3,019,063		3,019,063	76.04
76.05	SLEEP LAB WEST HARRISON	2,099,575		2,099,575		2,099,575	76.05
76.06	SICKLE CELL	2,465,060		2,465,060		2,465,060	76.06
76.07	HEART CENTER-ROOSEVELT RD	188,705		188,705		188,705	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	291,469		291,469		291,469	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	89,121,693		89,121,693		89,121,693	90
91	Emergency	25,257,600		25,257,600		25,257,600	91
92	Observation Beds (Non-Distinct Part)	13,984,116		13,984,116		13,984,116	92
93.01	OCC EEI	11,600,843		11,600,843		11,600,843	93.01
93.02	OCC PSYCH	5,364,428		5,364,428		5,364,428	93.02
93.03	OCC ADOLESCENTS	8,133,856		8,133,856		8,133,856	93.03
	OTHER REIMBURSABLE COST CENTERS						
105	Kidney Acquisition	11,109,357		11,109,357		11,109,357	105
107	Liver Acquisition	2,813,042		2,813,042		2,813,042	107
109	Pancreas Acquisition	1,080,980		1,080,980		1,080,980	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	246,768		246,768		246,768	112
200	Subtotal (sum of lines 30 thru 199)	900,008,997		900,008,997		900,008,997	200
201	Less Observation Beds	13,984,116		13,984,116		13,984,116	201
202	Total (line 200 minus line 201)	886,024,881		886,024,881		886,024,881	202

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

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	176,150,916		176,150,916				30
31	Intensive Care Unit	59,510,439		59,510,439				31
31.01	PEDS ICU	7,171,334		7,171,334				31.01
31.02	NEONATAL ICU	40,784,570		40,784,570				31.02
32	Coronary Care Unit	28,936,224		28,936,224				32
40	Subprovider - IPF	28,331,707		28,331,707				40
43	Nursery	4,523,932		4,523,932				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	77,131,022	90,270,288	167,401,310	0.292375	0.292375	0.292375	50
51	Recovery Room	5,280,564	8,481,783	13,762,347	0.748979	0.748979	0.748979	51
52	Delivery Room & Labor Room	34,472,079	7,405,769	41,877,848	0.530127	0.530127	0.530127	52
53	Anesthesiology	41,985,917	35,554,684	77,540,601	0.057092	0.057092	0.057092	53
54	Radiology-Diagnostic	8,662,173	27,872,019	36,534,192	0.245559	0.245559	0.245559	54
54.01	RADIO ULTRASOUND	6,090,484	10,578,551	16,669,035	0.172299	0.172299	0.172299	54.01
54.02	RADIO ANGIOGRAPHY	31,650,667	30,435,369	62,086,036	0.113240	0.113240	0.113240	54.02
54.03	RADIO WEST HARRISON	36,854	15,734,892	15,771,746	0.179845	0.179845	0.179845	54.03
54.04	RADIO MILE SQUARE	4,476	2,216,825	2,221,301	0.328556	0.328556	0.328556	54.04
55	Radiology-Therapeutic	2,357,084	21,051,476	23,408,560	0.393706	0.393706	0.393706	55
56	Radioisotope	1,851,951	4,955,386	6,807,337	0.284932	0.284932	0.284932	56
57	CT Scan	41,233,019	60,082,321	101,315,340	0.069581	0.069581	0.069581	57
58	MRI	19,091,809	48,472,190	67,563,999	0.110353	0.110353	0.110353	58
59	Cardiac Catheterization	11,324,569	10,822,026	22,146,595	0.135069	0.135069	0.135069	59
60	Laboratory	136,201,146	234,987,451	371,188,597	0.128699	0.128699	0.128699	60
60.01	LAB TISSUE TYPING	881,512	5,069,980	5,951,492	0.334382	0.334382	0.334382	60.01
60.02	LAB OUTREACH		163,367,912	163,367,912	0.082904	0.082904	0.082904	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	28,881,917	10,049,271	38,931,188	0.222193	0.222193	0.222193	63
64	Intravenous Therapy	3,551,801	553,951	4,105,752	0.167492	0.167492	0.167492	64
65	Respiratory Therapy	36,687,401	6,966,067	43,653,468	0.190704	0.190704	0.190704	65
66	Physical Therapy	5,630,077	6,918,008	12,548,085	0.444501	0.444501	0.444501	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	968	2,216,329	2,217,297	0.344256	0.344256	0.344256	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,030	3,352,340	3,353,370	0.512577	0.512577	0.512577	66.02
66.03	PHYSICAL THERAPY-OCC	1,784	5,906,642	5,908,426	1.201746	1.201746	1.201746	66.03
67	Occupational Therapy	4,856,322	1,781,671	6,637,993	0.554122	0.554122	0.554122	67
67.01	OCCUPATIONAL THERAPY-OCC		1,573,014	1,573,014	0.887366	0.887366	0.887366	67.01
68	Speech Pathology	1,327,618	631,799	1,959,417	0.591295	0.591295	0.591295	68
69	Electrocardiology	3,366,367	1,742,953	5,109,320	0.111536	0.111536	0.111536	69
70	Electroencephalography	8,534,933	862,573	9,397,506	0.113718	0.113718	0.113718	70
71	Medical Supplies Charged to Patients	130,356,975	84,653,007	215,009,982	0.384008	0.384008	0.384008	71
73	Drugs Charged to Patients	141,035,357	193,200,473	334,235,830	0.278581	0.278581	0.278581	73
74	Renal Dialysis	9,149,436	26,598,386	35,747,822	0.327135	0.327135	0.327135	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,722,508	27,518,104	34,240,612	0.215069	0.215069	0.215069	76.01
76.02	BONE MARROW TRANSPLANT	4,422,209	377,554	4,799,763	0.661791	0.661791	0.661791	76.02
76.03	CARDIAC SERVICES	16,377,857	16,591,804	32,969,661	0.188842	0.188842	0.188842	76.03
76.04	TELEMEDICINE PROGRAM		1,472,795	1,472,795	2.049887	2.049887	2.049887	76.04
76.05	SLEEP LAB WEST HARRISON	5,345	5,772,406	5,777,751	0.363390	0.363390	0.363390	76.05
76.06	SICKLE CELL	136,429	4,818,987	4,955,416	0.497448	0.497448	0.497448	76.06
76.07	HEART CENTER-ROOSEVELT RD	436	556,293	556,729	0.338953	0.338953	0.338953	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		240,867	240,867	1.210083	1.210083	1.210083	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	638,521	122,184,783	122,823,304	0.725609	0.725609	0.725609	90
91	Emergency	28,575,892	64,949,088	93,524,980	0.270063	0.270063	0.270063	91
92	Observation Beds (Non-Distinct Part)	237,242	18,747,401	18,984,643	0.736601	0.736601	0.736601	92
93.01	OCC EEI	21,108	25,196,664	25,217,772	0.460026	0.460026	0.460026	93.01
93.02	OCC PSYCH	19,410	7,369,266	7,388,676	0.726034	0.726034	0.726034	93.02
93.03	OCC ADOLESCENTS	561,215	14,968,160	15,529,375	0.523772	0.523772	0.523772	93.03
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	12,754,140	91,110	12,845,250				105
107	Liver Acquisition	5,189,452		5,189,452				107
109	Pancreas Acquisition	1,898,580		1,898,580				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	184,160		184,160				112
200	Subtotal (sum of lines 30 thru 199)	1,214,790,938	1,435,220,688	2,650,011,626				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,214,790,938	1,435,220,688	2,650,011,626				202

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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)
**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (B Part 1 col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	163,752,989		163,752,989		163,752,989	30
31	Intensive Care Unit	43,507,985		43,507,985		43,507,985	31
31.01	PEDS ICU	9,891,924		9,891,924		9,891,924	31.01
31.02	NEONATAL ICU	26,336,915		26,336,915		26,336,915	31.02
32	Coronary Care Unit	22,851,850		22,851,850		22,851,850	32
40	Subprovider - IPF	24,066,822		24,066,822		24,066,822	40
43	Nursery	3,150,726		3,150,726		3,150,726	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	59,455,153		59,455,153		59,455,153	50
51	Recovery Room	10,419,200		10,419,200		10,419,200	51
52	Delivery Room & Labor Room	23,798,200		23,798,200		23,798,200	52
53	Anesthesiology	7,076,967		7,076,967		7,076,967	53
54	Radiology-Diagnostic	9,267,261		9,267,261		9,267,261	54
54.01	RADIO ULTRASOUND	3,268,665		3,268,665		3,268,665	54.01
54.02	RADIO ANGIOGRAPHY	9,633,214		9,633,214		9,633,214	54.02
54.03	RADIO WEST HARRISON	2,964,232		2,964,232		2,964,232	54.03
54.04	RADIO MILE SQUARE	747,816		747,816		747,816	54.04
55	Radiology-Therapeutic	11,993,155		11,993,155		11,993,155	55
56	Radioisotope	2,277,557		2,277,557		2,277,557	56
57	CT Scan	9,093,433		9,093,433		9,093,433	57
58	MRI	9,197,996		9,197,996		9,197,996	58
59	Cardiac Catheterization	5,744,021		5,744,021		5,744,021	59
60	Laboratory	59,254,771		59,254,771		59,254,771	60
60.01	LAB TISSUE TYPING	2,038,282		2,038,282		2,038,282	60.01
60.02	LAB OUTREACH	14,867,232		14,867,232		14,867,232	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	10,676,422		10,676,422		10,676,422	63
64	Intravenous Therapy	720,943		720,943		720,943	64
65	Respiratory Therapy	10,530,726		10,530,726		10,530,726	65
66	Physical Therapy	6,068,113		6,068,113		6,068,113	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	781,280		781,280		781,280	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,746,026		1,746,026		1,746,026	66.02
66.03	PHYSICAL THERAPY-OCC	7,148,289		7,148,289		7,148,289	66.03
67	Occupational Therapy	3,937,049		3,937,049		3,937,049	67
67.01	OCCUPATIONAL THERAPY-OCC	1,408,582		1,408,582		1,408,582	67.01
68	Speech Pathology	1,372,413		1,372,413		1,372,413	68
69	Electrocardiology	1,190,964		1,190,964		1,190,964	69
70	Electroencephalography	1,144,798		1,144,798		1,144,798	70
71	Medical Supplies Charged to Patients	86,760,540		86,760,540		86,760,540	71
73	Drugs Charged to Patients	107,024,550		107,024,550		107,024,550	73
74	Renal Dialysis	13,178,689		13,178,689		13,178,689	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	7,641,469		7,641,469		7,641,469	76.01
76.02	BONE MARROW TRANSPLANT	3,215,324		3,215,324		3,215,324	76.02
76.03	CARDIAC SERVICES	6,493,148		6,493,148		6,493,148	76.03
76.04	TELEMEDICINE PROGRAM	3,030,994		3,030,994		3,030,994	76.04
76.05	SLEEP LAB WEST HARRISON	2,146,381		2,146,381		2,146,381	76.05
76.06	SICKLE CELL	2,505,204		2,505,204		2,505,204	76.06
76.07	HEART CENTER-ROOSEVELT RD	193,215		193,215		193,215	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	293,420		293,420		293,420	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	92,089,078		92,089,078		92,089,078	90
91	Emergency	28,072,473		28,072,473		28,072,473	91
92	Observation Beds (Non-Distinct Part)	14,733,776		14,733,776		14,733,776	92
93.01	OCC EEI	12,215,164		12,215,164		12,215,164	93.01
93.02	OCC PSYCH	5,954,497		5,954,497		5,954,497	93.02
93.03	OCC ADOLESCENTS	8,987,818		8,987,818		8,987,818	93.03
	OTHER REIMBURSABLE COST CENTERS						
105	Kidney Acquisition	11,552,752		11,552,752		11,552,752	105
107	Liver Acquisition	3,166,140		3,166,140		3,166,140	107
109	Pancreas Acquisition	1,096,360		1,096,360		1,096,360	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	318,955		318,955		318,955	112
200	Subtotal (sum of lines 30 thru 199)	992,051,918		992,447,811		992,447,811	200
201	Less Observation Beds	14,733,776		14,733,776		14,733,776	201
202	Total (line 200 minus line 201)	977,318,142		977,714,035		977,714,035	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy							67
67.01	OCCUPATIONAL THERAPY-OCC							67.01
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDCINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07
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
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
200	Subtotal (sum of lines 30 thru 199)							200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)							202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
[] Title V
[XX] Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	59,455,153	3,802,610	55,652,543		50
51	Recovery Room	10,419,200	248,789	10,170,411		51
52	Delivery Room & Labor Room	23,798,200	583,762	23,214,438		52
53	Anesthesiology	7,076,967	436,018	6,640,949		53
54	Radiology-Diagnostic	9,267,261	727,268	8,539,993		54
54.01	RADIO ULTRASOUND	3,268,665	248,618	3,020,047		54.01
54.02	RADIO ANGIOGRAPHY	9,633,214	174,290	9,458,924		54.02
54.03	RADIO WEST HARRISON	2,964,232	379,951	2,584,281		54.03
54.04	RADIO MILE SQUARE	747,816	64,692	683,124		54.04
55	Radiology-Therapeutic	11,993,155	560,329	11,432,826		55
56	Radioisotope	2,277,557	18,595	2,258,962		56
57	CT Scan	9,093,433	212,846	8,880,587		57
58	MRI	9,197,996	679,656	8,518,340		58
59	Cardiac Catheterization	5,744,021	63,510	5,680,511		59
60	Laboratory	59,254,771	1,678,088	57,576,683		60
60.01	LAB TISSUE TYPING	2,038,282	77,461	1,960,821		60.01
60.02	LAB OUTREACH	14,867,232	118,150	14,749,082		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	10,676,422	50,795	10,625,627		63
64	Intravenous Therapy	720,943	8,375	712,568		64
65	Respiratory Therapy	10,530,726	275,406	10,255,320		65
66	Physical Therapy	6,068,113	212,256	5,855,857		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	781,280	57,877	723,403		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,746,026	14,352	1,731,674		66.02
66.03	PHYSICAL THERAPY-OCC	7,148,289	33,142	7,115,147		66.03
67	Occupational Therapy	3,937,049	103,740	3,833,309		67
67.01	OCCUPATIONAL THERAPY-OCC	1,408,582	6,538	1,402,044		67.01
68	Speech Pathology	1,372,413	12,731	1,359,682		68
69	Electrocardiology	1,190,964	10,155	1,180,809		69
70	Electroencephalography	1,144,798	133,466	1,011,332		70
71	Medical Supplies Charged to Patients	86,760,540	454,362	86,306,178		71
73	Drugs Charged to Patients	107,024,550	418,562	106,605,988		73
74	Renal Dialysis	13,178,689	313,823	12,864,866		74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTEROLOGY	7,641,469	559,025	7,082,444		76.01
76.02	BONE MARROW TRANSPLANT	3,215,324	141,407	3,073,917		76.02
76.03	CARDIAC SERVICES	6,493,148	650,097	5,843,051		76.03
76.04	TELEMEDICINE PROGRAM	3,030,994	42,210	2,988,784		76.04
76.05	SLEEP LAB WEST HARRISON	2,146,381	10,045	2,136,336		76.05
76.06	SICKLE CELL	2,505,204	9,623	2,495,581		76.06
76.07	HEART CENTER-ROOSEVELT RD	193,215	16,581	176,634		76.07
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY	293,420	1,056	292,364		76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	92,089,078	2,515,175	89,573,903		90
91	Emergency	28,072,473	447,018	27,625,455		91
92	Observation Beds (Non-Distinct Part)	14,733,776	199,392	14,534,384		92
93.01	OCC EEI	12,215,164	314,562	11,900,602		93.01
93.02	OCC PSYCH	5,954,497	440,666	5,513,831		93.02
93.03	OCC ADOLESCENTS	8,987,818	183,453	8,804,365		93.03
	OTHER REIMBURSABLE COST CENTERS					
105	Kidney Acquisition	11,552,752	70,665	11,482,087		105
107	Liver Acquisition	3,166,140	12,850	3,153,290		107
109	Pancreas Acquisition	1,096,360	3,946	1,092,414		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	318,955	35,451	283,504		112
200	Subtotal	698,492,707	17,833,435	680,659,272		200
201	Less Observation Beds	14,733,776	199,392	14,534,384		201
202	Total	683,758,931	17,634,043	666,124,888		202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
[] Title V
[XX] Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		59,455,153			50
51	Recovery Room		10,419,200			51
52	Delivery Room & Labor Room		23,798,200			52
53	Anesthesiology		7,076,967			53
54	Radiology-Diagnostic		9,267,261			54
54.01	RADIO ULTRASOUND		3,268,665			54.01
54.02	RADIO ANGIOGRAPHY		9,633,214			54.02
54.03	RADIO WEST HARRISON		2,964,232			54.03
54.04	RADIO MILE SQUARE		747,816			54.04
55	Radiology-Therapeutic		11,993,155			55
56	Radioisotope		2,277,557			56
57	CT Scan		9,093,433			57
58	MRI		9,197,996			58
59	Cardiac Catheterization		5,744,021			59
60	Laboratory		59,254,771			60
60.01	LAB TISSUE TYPING		2,038,282			60.01
60.02	LAB OUTREACH		14,867,232			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		10,676,422			63
64	Intravenous Therapy		720,943			64
65	Respiratory Therapy		10,530,726			65
66	Physical Therapy		6,068,113			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		781,280			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		1,746,026			66.02
66.03	PHYSICAL THERAPY-OCC		7,148,289			66.03
67	Occupational Therapy		3,937,049			67
67.01	OCCUPATIONAL THERAPY-OCC		1,408,582			67.01
68	Speech Pathology		1,372,413			68
69	Electrocardiology		1,190,964			69
70	Electroencephalography		1,144,798			70
71	Medical Supplies Charged to Patients		86,760,540			71
73	Drugs Charged to Patients		107,024,550			73
74	Renal Dialysis		13,178,689			74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY		7,641,469			76.01
76.02	BONE MARROW TRANSPLANT		3,215,324			76.02
76.03	CARDIAC SERVICES		6,493,148			76.03
76.04	TELEMEDICINE PROGRAM		3,030,994			76.04
76.05	SLEEP LAB WEST HARRISON		2,146,381			76.05
76.06	SICKLE CELL		2,505,204			76.06
76.07	HEART CENTER-ROOSEVELT RD		193,215			76.07
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY		293,420			76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic		92,089,078			90
91	Emergency		28,072,473			91
92	Observation Beds (Non-Distinct Part)		14,733,776	18,984,643	0.776089	92
93.01	OCC EEI		12,215,164			93.01
93.02	OCC PSYCH		5,954,497			93.02
93.03	OCC ADOLESCENTS		8,987,818			93.03
	OTHER REIMBURSABLE COST CENTERS					
105	Kidney Acquisition		11,552,752			105
107	Liver Acquisition		3,166,140			107
109	Pancreas Acquisition		1,096,360			109
112	OTHER ORGAN ACQUISITION (SPECIFY)		318,955			112
200	Subtotal		698,492,707	18,984,643		200
201	Less Observation Beds		14,733,776	18,984,643		201
202	Total		683,758,931			202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	2,216,055		2,216,055	74,698	29.67	15,211	451,310	30
31	Intensive Care Unit	619,939		619,939	13,342	46.47	3,983	185,090	31
31.01	PEDS ICU	109,631		109,631	1,779	61.63	18	1,109	31.01
31.02	NEONATAL ICU	286,577		286,577	9,121	31.42			31.02
32	Coronary Care Unit	322,042		322,042	5,859	54.97	1,739	95,593	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	375,023		375,023	12,525	29.94	1,678	50,239	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	35,427		35,427	3,490	10.15			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,964,694		3,964,694	120,814		22,629	783,341	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0150

WORKSHEET D PART II

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,802,610	167,401,310	0.022716	14,945,754	339,508	50
51	Recovery Room	248,789	13,762,347	0.018078	889,681	16,084	51
52	Delivery Room & Labor Room	583,762	41,877,848	0.013940	229,739	3,203	52
53	Anesthesiology	436,018	77,540,601	0.005623	5,676,084	31,917	53
54	Radiology-Diagnostic	727,268	36,534,192	0.019907	2,157,229	42,944	54
54.01	RADIO ULTRASOUND	248,618	16,669,035	0.014915	1,519,286	22,660	54.01
54.02	RADIO ANGIOGRAPHY	174,290	62,086,036	0.002807	6,320,474	17,742	54.02
54.03	RADIO WEST HARRISON	379,951	15,771,746	0.024091	21,543	519	54.03
54.04	RADIO MILE SQUARE	64,692	2,221,301	0.029123	2,039	59	54.04
55	Radiology-Therapeutic	560,329	23,408,560	0.023937	527,989	12,638	55
56	Radioisotope	18,595	6,807,337	0.002732	579,354	1,583	56
57	CT Scan	212,846	101,315,340	0.002101	10,502,495	22,066	57
58	MRI	679,656	67,563,999	0.010059	4,001,134	40,247	58
59	Cardiac Catheterization	63,510	22,146,595	0.002868	3,495,783	10,026	59
60	Laboratory	1,678,088	371,188,597	0.004521	33,209,441	150,140	60
60.01	LAB TISSUE TYPING	77,461	5,951,492	0.013015	438,407	5,706	60.01
60.02	LAB OUTREACH	118,150	163,367,912	0.000723			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	50,795	38,931,188	0.001305	6,892,383	8,995	63
64	Intravenous Therapy	8,375	4,105,752	0.002040	863,131	1,761	64
65	Respiratory Therapy	275,406	43,653,468	0.006309	7,685,860	48,490	65
66	Physical Therapy	212,256	12,548,085	0.016915	1,289,334	21,809	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	57,877	2,217,297	0.026103	503	13	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	14,352	3,353,370	0.004280	514	2	66.02
66.03	PHYSICAL THERAPY-OCC	33,142	5,908,426	0.005609	1,211	7	66.03
67	Occupational Therapy	103,740	6,637,993	0.015628	718,366	11,227	67
67.01	OCCUPATIONAL THERAPY-OCC	6,538	1,573,014	0.004156			67.01
68	Speech Pathology	12,731	1,959,417	0.006497	402,232	2,613	68
69	Electrocardiology	10,155	5,109,320	0.001988	963,430	1,915	69
70	Electroencephalography	133,466	9,397,506	0.014202	2,116,345	30,056	70
71	Medical Supplies Charged to Pat	454,362	215,009,982	0.002113	29,545,706	62,430	71
73	Drugs Charged to Patients	418,562	334,235,830	0.001252	31,027,351	38,846	73
74	Renal Dialysis	313,823	35,747,822	0.008779	3,478,034	30,534	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	559,025	34,240,612	0.016326	1,692,801	27,637	76.01
76.02	BONE MARROW TRANSPLANT	141,407	4,799,763	0.029461	729,828	21,501	76.02
76.03	CARDIAC SERVICES	650,097	32,969,661	0.019718	4,288,322	84,557	76.03
76.04	TELEMEDCINE PROGRAM	42,210	1,472,795	0.028660			76.04
76.05	SLEEP LAB WEST HARRISON	10,045	5,777,751	0.001739	5,345	9	76.05
76.06	SICKLE CELL	9,623	4,955,416	0.001942	68,526	133	76.06
76.07	HEART CENTER-ROOSEVELT RD	16,581	556,729	0.029783	247	7	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,056	240,867	0.004384			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,515,175	122,823,304	0.020478	282,019	5,775	90
91	Emergency	447,018	93,524,980	0.004780	6,352,135	30,363	91
92	Observation Beds (Non-Distinct	199,386	18,984,643	0.010502	166,308	1,747	92
93.01	OCC EEI	314,562	25,217,772	0.012474	12,613	157	93.01
93.02	OCC PSYCH	440,666	7,388,676	0.059641	1,093	65	93.02
93.03	OCC ADOLESCENTS	183,453	15,529,375	0.011813	1,595	19	93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,710,517	2,284,485,062		183,101,664	1,147,710	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

Check ☐ Title V
Applicable ☒ Title XVIII, Part A
Boxes: ☐ Title XIX

☒ PPS
☐ TEFRA
☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)				1,905,321			1,905,321	30
31	Intensive Care Unit				373,962			373,962	31
31.01	PEDS ICU				49,863			49,863	31.01
31.02	NEONATAL ICU				255,652			255,652	31.02
32	Coronary Care Unit				164,221			164,221	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF				351,062			351,062	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				97,821			97,821	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)				3,197,902			3,197,902	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☒ PPS
☐ TEFRA
☐ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	74,698	25.51	15,211	388,033	30
31	Intensive Care Unit	13,342	28.03	3,983	111,643	31
31.01	PEDS ICU	1,779	28.03	18	505	31.01
31.02	NEONATAL ICU	9,121	28.03			31.02
32	Coronary Care Unit	5,859	28.03	1,739	48,744	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	12,525	28.03	1,678	47,034	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,490	28.03			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	120,814		22,629	595,959	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0150

WORKSHEET D
PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIO ULTRASOUND									54.01
54.02	RADIO ANGIOGRAPHY									54.02
54.03	RADIO WEST HARRISON									54.03
54.04	RADIO MILE SQUARE									54.04
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
60.01	LAB TISSUE TYPING									60.01
60.02	LAB OUTREACH									60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
66.01	PHYSICAL THERAPY-ROOSEVELT RD									66.01
66.02	PHYSICAL THERAPY MAXWELL ST									66.02
66.03	PHYSICAL THERAPY-OCC									66.03
67	Occupational Therapy									67
67.01	OCCUPATIONAL THERAPY-OCC									67.01
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
76	OTHER ANCILLARY SVC									76
76.01	GASTROENTROLOGY									76.01
76.02	BONE MARROW TRANSPLANT									76.02
76.03	CARDIAC SERVICES									76.03
76.04	TELEMEDICINE PROGRAM									76.04
76.05	SLEEP LAB WEST HARRISON									76.05
76.06	SICKLE CELL									76.06
76.07	HEART CENTER-ROOSEVELT RD									76.07
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
91	Emergency									91
92	Observation Beds (Non-Distinct					171,431		171,431	171,431	92
93.01	OCC EEI									93.01
93.02	OCC PSYCH									93.02
93.03	OCC ADOLESCENTS									93.03
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					171,431		171,431	171,431	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0150

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	167,401,310			14,945,754		14,032,325		50
51	Recovery Room	13,762,347			889,681		1,090,218		51
52	Delivery Room & Labor Room	41,877,848			229,739		83,954		52
53	Anesthesiology	77,540,601			5,676,084		5,395,368		53
54	Radiology-Diagnostic	36,534,192			2,157,229		3,186,496		54
54.01	RADIO ULTRASOUND	16,669,035			1,519,286		1,312,105		54.01
54.02	RADIO ANGIOGRAPHY	62,086,036			6,320,474		7,477,370		54.02
54.03	RADIO WEST HARRISON	15,771,746			21,543		1,430,645		54.03
54.04	RADIO MILE SQUARE	2,221,301			2,039		95,939		54.04
55	Radiology-Therapeutic	23,408,560			527,989		3,235,036		55
56	Radioisotope	6,807,337			579,354		889,673		56
57	CT Scan	101,315,340			10,502,495		11,860,941		57
58	MRI	67,563,999			4,001,134		7,390,539		58
59	Cardiac Catheterization	22,146,595			3,495,783		3,577,643		59
60	Laboratory	371,188,597			33,209,441		22,024,172		60
60.01	LAB TISSUE TYPING	5,951,492			438,407		242,636		60.01
60.02	LAB OUTREACH	163,367,912							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	38,931,188			6,892,383		1,584,411		63
64	Intravenous Therapy	4,105,752			863,131		148,928		64
65	Respiratory Therapy	43,653,468			7,685,860		1,383,976		65
66	Physical Therapy	12,548,085			1,289,334		27,375		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,217,297			503		62,280		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	3,353,370			514		5,461		66.02
66.03	PHYSICAL THERAPY-OCC	5,908,426			1,211		12,747		66.03
67	Occupational Therapy	6,637,993			718,366		13,377		67
67.01	OCCUPATIONAL THERAPY-OCC	1,573,014					4,038		67.01
68	Speech Pathology	1,959,417			402,232		3,085		68
69	Electrocardiology	5,109,320			963,430		487,377		69
70	Electroencephalography	9,397,506			2,116,345		199,946		70
71	Medical Supplies Charged to Pat	215,009,982			29,545,706		18,385,467		71
73	Drugs Charged to Patients	334,235,830			31,027,351		45,774,874		73
74	Renal Dialysis	35,747,822			3,478,034		16,952		74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	34,240,612			1,692,801		4,317,056		76.01
76.02	BONE MARROW TRANSPLANT	4,799,763			729,828		7,696		76.02
76.03	CARDIAC SERVICES	32,969,661			4,288,322		3,226,755		76.03
76.04	TELEMEDCINE PROGRAM	1,472,795							76.04
76.05	SLEEP LAB WEST HARRISON	5,777,751			5,345		991,049		76.05
76.06	SICKLE CELL	4,955,416			68,526		648,923		76.06
76.07	HEART CENTER-ROOSEVELT RD	556,729			247		112,885		76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	240,867							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	122,823,304			282,019		19,510,757		90
91	Emergency	93,524,980			6,352,135		7,926,466		91
92	Observation Beds (Non-Distinct	18,984,643	0.009030	0.009030	166,308	1,502	3,690,760	33,328	92
93.01	OCC EEI	25,217,772			12,613		6,658,764		93.01
93.02	OCC PSYCH	7,388,676			1,093		536,808		93.02
93.03	OCC ADOLESCENTS	15,529,375			1,595		54,823		93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,284,485,062			183,101,664	1,502	199,118,096	33,328	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0150

WORKSHEET D PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.292375	14,032,325			4,102,701			50
51	Recovery Room	0.748979	1,090,218			816,550			51
52	Delivery Room & Labor Room	0.530127	83,954			44,506			52
53	Anesthesiology	0.057092	5,395,368			308,032			53
54	Radiology-Diagnostic	0.245559	3,186,496			782,473			54
54.01	RADIO ULTRASOUND	0.172299	1,312,105			226,074			54.01
54.02	RADIO ANGIOGRAPHY	0.113240	7,477,370			846,737			54.02
54.03	RADIO WEST HARRISON	0.179845	1,430,645			257,294			54.03
54.04	RADIO MILE SQUARE	0.328556	95,939			31,521			54.04
55	Radiology-Therapeutic	0.393706	3,235,036			1,273,653			55
56	Radioisotope	0.284932	889,673			253,496			56
57	CT Scan	0.069581	11,860,941			825,296			57
58	MRI	0.110353	7,390,539			815,568			58
59	Cardiac Catheterization	0.135069	3,577,643			483,229			59
60	Laboratory	0.128699	22,024,172			2,834,489			60
60.01	LAB TISSUE TYPING	0.334382	242,636			81,133			60.01
60.02	LAB OUTREACH	0.082904							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.222193	1,584,411			352,045			63
64	Intravenous Therapy	0.167492	148,928			24,944			64
65	Respiratory Therapy	0.190704	1,383,976			263,930			65
66	Physical Therapy	0.444501	27,375			12,168			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.344256	62,280			21,440			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.512577	5,461			2,799			66.02
66.03	PHYSICAL THERAPY-OCC	1.201746	12,747			15,319			66.03
67	Occupational Therapy	0.554122	13,377			7,412			67
67.01	OCCUPATIONAL THERAPY-OCC	0.887366	4,038			3,583			67.01
68	Speech Pathology	0.591295	3,085			1,824			68
69	Electrocardiology	0.111536	487,377			54,360			69
70	Electroencephalography	0.113718	199,946			22,737			70
71	Medical Supplies Charged to Pat	0.384008	18,385,467			7,060,166			71
73	Drugs Charged to Patients	0.278581	45,774,874			12,752,010			73
74	Renal Dialysis	0.327135	16,952			5,546			74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	0.215069	4,317,056			928,465			76.01
76.02	BONE MARROW TRANSPLANT	0.661791	7,696			5,093			76.02
76.03	CARDIAC SERVICES	0.188842	3,226,755			609,347			76.03
76.04	TELEMEDICINE PROGRAM	2.049887							76.04
76.05	SLEEP LAB WEST HARRISON	0.363390	991,049			360,137			76.05
76.06	SICKLE CELL	0.497448	648,923			322,805			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.338953	112,885			38,263			76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.210083							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.725609	19,510,757			14,157,181			90
91	Emergency	0.270063	7,926,466			2,140,645			91
92	Observation Beds (Non-Distinct	0.736601	3,690,760			2,718,618			92
93.01	OCC EEI	0.460026	6,658,764			3,063,205			93.01
93.02	OCC PSYCH	0.726034	536,808			389,741			93.02
93.03	OCC ADOLESCENTS	0.523772	54,823			28,715			93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		199,118,096			59,345,250			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		199,118,096			59,345,250			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-S150****WORKSHEET D
PART II**

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,802,610	167,401,310	0.022716			50
51	Recovery Room	248,789	13,762,347	0.018078	22,506	407	51
52	Delivery Room & Labor Room	583,762	41,877,848	0.013940	17,033	237	52
53	Anesthesiology	436,018	77,540,601	0.005623	9,039	51	53
54	Radiology-Diagnostic	727,268	36,534,192	0.019907	9,880	197	54
54.01	RADIO ULTRASOUND	248,618	16,669,035	0.014915	7,948	119	54.01
54.02	RADIO ANGIOGRAPHY	174,290	62,086,036	0.002807	39,039	110	54.02
54.03	RADIO WEST HARRISON	379,951	15,771,746	0.024091			54.03
54.04	RADIO MILE SQUARE	64,692	2,221,301	0.029123			54.04
55	Radiology-Therapeutic	560,329	23,408,560	0.023937			55
56	Radioisotope	18,595	6,807,337	0.002732	2,202	6	56
57	CT Scan	212,846	101,315,340	0.002101	47,707	100	57
58	MRI	679,656	67,563,999	0.010059	24,582	247	58
59	Cardiac Catheterization	63,510	22,146,595	0.002868			59
60	Laboratory	1,678,088	371,188,597	0.004521	395,850	1,790	60
60.01	LAB TISSUE TYPING	77,461	5,951,492	0.013015			60.01
60.02	LAB OUTREACH	118,150	163,367,912	0.000723			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	50,795	38,931,188	0.001305	4,344	6	63
64	Intravenous Therapy	8,375	4,105,752	0.002040	3,137	6	64
65	Respiratory Therapy	275,406	43,653,468	0.006309	20,882	132	65
66	Physical Therapy	212,256	12,548,085	0.016915	4,011	68	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	57,877	2,217,297	0.026103			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	14,352	3,353,370	0.004280			66.02
66.03	PHYSICAL THERAPY-OCC	33,142	5,908,426	0.005609			66.03
67	Occupational Therapy	103,740	6,637,993	0.015628	194,656	3,042	67
67.01	OCCUPATIONAL THERAPY-OCC	6,538	1,573,014	0.004156			67.01
68	Speech Pathology	12,731	1,959,417	0.006497	345	2	68
69	Electrocardiology	10,155	5,109,320	0.001988	10,783	21	69
70	Electroencephalography	133,466	9,397,506	0.014202	3,348	48	70
71	Medical Supplies Charged to Pat	454,362	215,009,982	0.002113	167,303	354	71
73	Drugs Charged to Patients	418,562	334,235,830	0.001252	446,698	559	73
74	Renal Dialysis	313,823	35,747,822	0.008779	34,320	301	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	559,025	34,240,612	0.016326	8,452	138	76.01
76.02	BONE MARROW TRANSPLANT	141,407	4,799,763	0.029461			76.02
76.03	CARDIAC SERVICES	650,097	32,969,661	0.019718	61,906	1,221	76.03
76.04	TELEMEDCINE PROGRAM	42,210	1,472,795	0.028660			76.04
76.05	SLEEP LAB WEST HARRISON	10,045	5,777,751	0.001739			76.05
76.06	SICKLE CELL	9,623	4,955,416	0.001942	93		76.06
76.07	HEART CENTER-ROOSEVELT RD	16,581	556,729	0.029783			76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,056	240,867	0.004384			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,515,175	122,823,304	0.020478	7,492	153	90
91	Emergency	447,018	93,524,980	0.004780	273,607	1,308	91
92	Observation Beds (Non-Distinct		18,984,643				92
93.01	OCC EEI	314,562	25,217,772	0.012474			93.01
93.02	OCC PSYCH	440,666	7,388,676	0.059641	1,746	104	93.02
93.03	OCC ADOLESCENTS	183,453	15,529,375	0.011813			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,511,131	2,284,485,062		1,818,909	10,727	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S150

**WORKSHEET D
PART IV**

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIO ULTRASOUND									54.01
54.02	RADIO ANGIOGRAPHY									54.02
54.03	RADIO WEST HARRISON									54.03
54.04	RADIO MILE SQUARE									54.04
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
60.01	LAB TISSUE TYPING									60.01
60.02	LAB OUTREACH									60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
66.01	PHYSICAL THERAPY-ROOSEVELT RD									66.01
66.02	PHYSICAL THERAPY MAXWELL ST									66.02
66.03	PHYSICAL THERAPY-OCC									66.03
67	Occupational Therapy									67
67.01	OCCUPATIONAL THERAPY-OCC									67.01
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
76	OTHER ANCILLARY SVC									76
76.01	GASTROENTROLOGY									76.01
76.02	BONE MARROW TRANSPLANT									76.02
76.03	CARDIAC SERVICES									76.03
76.04	TELEMEDICINE PROGRAM									76.04
76.05	SLEEP LAB WEST HARRISON									76.05
76.06	SICKLE CELL									76.06
76.07	HEART CENTER-ROOSEVELT RD									76.07
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
91	Emergency									91
92	Observation Beds (Non-Distinct									92
93.01	OCC EEI									93.01
93.02	OCC PSYCH									93.02
93.03	OCC ADOLESCENTS									93.03
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S150

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	167,401,310							50
51	Recovery Room	13,762,347			22,506				51
52	Delivery Room & Labor Room	41,877,848			17,033				52
53	Anesthesiology	77,540,601			9,039				53
54	Radiology-Diagnostic	36,534,192			9,880		246		54
54.01	RADIO ULTRASOUND	16,669,035			7,948				54.01
54.02	RADIO ANGIOGRAPHY	62,086,036			39,039				54.02
54.03	RADIO WEST HARRISON	15,771,746							54.03
54.04	RADIO MILE SQUARE	2,221,301							54.04
55	Radiology-Therapeutic	23,408,560							55
56	Radioisotope	6,807,337			2,202				56
57	CT Scan	101,315,340			47,707				57
58	MRI	67,563,999			24,582				58
59	Cardiac Catheterization	22,146,595							59
60	Laboratory	371,188,597			395,850		746		60
60.01	LAB TISSUE TYPING	5,951,492							60.01
60.02	LAB OUTREACH	163,367,912							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	38,931,188			4,344				63
64	Intravenous Therapy	4,105,752			3,137				64
65	Respiratory Therapy	43,653,468			20,882		1,045		65
66	Physical Therapy	12,548,085			4,011				66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,217,297							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	3,353,370							66.02
66.03	PHYSICAL THERAPY-OCC	5,908,426							66.03
67	Occupational Therapy	6,637,993			194,656				67
67.01	OCCUPATIONAL THERAPY-OCC	1,573,014							67.01
68	Speech Pathology	1,959,417			345				68
69	Electrocardiology	5,109,320			10,783		1,754		69
70	Electroencephalography	9,397,506			3,348				70
71	Medical Supplies Charged to Pat	215,009,982			167,303				71
73	Drugs Charged to Patients	334,235,830			446,698		97		73
74	Renal Dialysis	35,747,822			34,320				74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	34,240,612			8,452				76.01
76.02	BONE MARROW TRANSPLANT	4,799,763							76.02
76.03	CARDIAC SERVICES	32,969,661			61,906				76.03
76.04	TELEMEDCINE PROGRAM	1,472,795							76.04
76.05	SLEEP LAB WEST HARRISON	5,777,751							76.05
76.06	SICKLE CELL	4,955,416			93				76.06
76.07	HEART CENTER-ROOSEVELT RD	556,729							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	240,867							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	122,823,304			7,492				90
91	Emergency	93,524,980			273,607				91
92	Observation Beds (Non-Distinct	18,984,643							92
93.01	OCC EEI	25,217,772							93.01
93.02	OCC PSYCH	7,388,676			1,746				93.02
93.03	OCC ADOLESCENTS	15,529,375							93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,284,485,062			1,818,909		3,888		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S150

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.292375							50
51	Recovery Room	0.748979							51
52	Delivery Room & Labor Room	0.530127							52
53	Anesthesiology	0.057092							53
54	Radiology-Diagnostic	0.245559	246			60			54
54.01	RADIO ULTRASOUND	0.172299							54.01
54.02	RADIO ANGIOGRAPHY	0.113240							54.02
54.03	RADIO WEST HARRISON	0.179845							54.03
54.04	RADIO MILE SQUARE	0.328556							54.04
55	Radiology-Therapeutic	0.393706							55
56	Radioisotope	0.284932							56
57	CT Scan	0.069581							57
58	MRI	0.110353							58
59	Cardiac Catheterization	0.135069							59
60	Laboratory	0.128699	746			96			60
60.01	LAB TISSUE TYPING	0.334382							60.01
60.02	LAB OUTREACH	0.082904							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.222193							63
64	Intravenous Therapy	0.167492							64
65	Respiratory Therapy	0.190704	1,045			199			65
66	Physical Therapy	0.444501							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.344256							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.512577							66.02
66.03	PHYSICAL THERAPY-OCC	1.201746							66.03
67	Occupational Therapy	0.554122							67
67.01	OCCUPATIONAL THERAPY-OCC	0.887366							67.01
68	Speech Pathology	0.591295							68
69	Electrocardiology	0.111536	1,754			196			69
70	Electroencephalography	0.113718							70
71	Medical Supplies Charged to Pat	0.384008							71
73	Drugs Charged to Patients	0.278581	97			27			73
74	Renal Dialysis	0.327135							74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	0.215069							76.01
76.02	BONE MARROW TRANSPLANT	0.661791							76.02
76.03	CARDIAC SERVICES	0.188842							76.03
76.04	TELEMEDICINE PROGRAM	2.049887							76.04
76.05	SLEEP LAB WEST HARRISON	0.363390							76.05
76.06	SICKLE CELL	0.497448							76.06
76.07	HEART CENTER-ROOSEVELT RD	0.338953							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.210083							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.725609							90
91	Emergency	0.270063							91
92	Observation Beds (Non-Distinct	0.736601							92
93.01	OCC EEI	0.460026							93.01
93.02	OCC PSYCH	0.726034							93.02
93.03	OCC ADOLESCENTS	0.523772							93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		3,888			578			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		3,888			578			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0150****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	74,698	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	74,698	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	67,977	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)	15,211	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)	155,420,815	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)	155,420,815	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	155,420,815	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0150****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)						2,080.66 38
39	Program general inpatient routine service cost (line 9 x line 38)						31,648,919 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)						31,648,919 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	41,951,326	13,342	3,144.31	3,983	12,523,787	43
43.01	PEDS ICU	9,225,851	1,779	5,185.98	18	93,348	43.01
43.02	NEONATAL ICU	23,991,709	9,121	2,630.38			43.02
44	Coronary Care Unit	21,663,054	5,859	3,697.40	1,739	6,429,779	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)						43,002,786 48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						93,698,619 49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,282,027	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,149,212	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,431,239	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					91,267,380	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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					6,721	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,080.66	88
89	Observation bed cost (line 87 x line 88) (see instructions)					13,984,116	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,216,055	155,420,815	0.014258	13,984,116	199,386	90
91	Nursing School						91
92	Allied Health	1,905,321	155,420,815	0.012259	13,984,116	171,431	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S150****WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS**INPATIENT DAYS**

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,525	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,525	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	12,525	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)	1,678	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)	22,911,201	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)	22,911,201	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	22,911,201	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S150****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)	1,829.24	38
39	Program general inpatient routine service cost (line 9 x line 38)	3,069,465	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)	3,069,465	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	503,194	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,572,659	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	97,273	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	10,727	51
52	Total Program excludable cost (sum of lines 50 and 51)	108,000	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,464,659	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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		40,548,988		30
31	Intensive Care Unit		16,767,297		31
31.01	PEDS ICU		78,174		31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit		8,492,216		32
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.292375	14,945,754	4,369,765	50
51	Recovery Room	0.748979	889,681	666,352	51
52	Delivery Room & Labor Room	0.530127	229,739	121,791	52
53	Anesthesiology	0.057092	5,676,084	324,059	53
54	Radiology-Diagnostic	0.245559	2,157,229	529,727	54
54.01	RADIO ULTRASOUND	0.172299	1,519,286	261,771	54.01
54.02	RADIO ANGIOGRAPHY	0.113240	6,320,474	715,730	54.02
54.03	RADIO WEST HARRISON	0.179845	21,543	3,874	54.03
54.04	RADIO MILE SQUARE	0.328556	2,039	670	54.04
55	Radiology-Therapeutic	0.393706	527,989	207,872	55
56	Radioisotope	0.284932	579,354	165,076	56
57	CT Scan	0.069581	10,502,495	730,774	57
58	MRI	0.110353	4,001,134	441,537	58
59	Cardiac Catheterization	0.135069	3,495,783	472,172	59
60	Laboratory	0.128699	33,209,441	4,274,022	60
60.01	LAB TISSUE TYPING	0.334382	438,407	146,595	60.01
60.02	LAB OUTREACH	0.082904			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.222193	6,892,383	1,531,439	63
64	Intravenous Therapy	0.167492	863,131	144,568	64
65	Respiratory Therapy	0.190704	7,685,860	1,465,724	65
66	Physical Therapy	0.444501	1,289,334	573,110	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.344256	503	173	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.512577	514	263	66.02
66.03	PHYSICAL THERAPY-OCC	1.201746	1,211	1,455	66.03
67	Occupational Therapy	0.554122	718,366	398,062	67
67.01	OCCUPATIONAL THERAPY-OCC	0.887366			67.01
68	Speech Pathology	0.591295	402,232	237,838	68
69	Electrocardiology	0.111536	963,430	107,457	69
70	Electroencephalography	0.113718	2,116,345	240,667	70
71	Medical Supplies Charged to Patients	0.384008	29,545,706	11,345,787	71
73	Drugs Charged to Patients	0.278581	31,027,351	8,643,630	73
74	Renal Dialysis	0.327135	3,478,034	1,137,787	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.215069	1,692,801	364,069	76.01
76.02	BONE MARROW TRANSPLANT	0.661791	729,828	482,994	76.02
76.03	CARDIAC SERVICES	0.188842	4,288,322	809,815	76.03
76.04	TELEMEDICINE PROGRAM	2.049887			76.04
76.05	SLEEP LAB WEST HARRISON	0.363390	5,345	1,942	76.05
76.06	SICKLE CELL	0.497448	68,526	34,088	76.06
76.07	HEART CENTER-ROOSEVELT RD	0.338953	247	84	76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.210083			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.725609	282,019	204,636	90
91	Emergency	0.270063	6,352,135	1,715,477	91
92	Observation Beds (Non-Distinct Part)	0.736601	166,308	122,503	92
93.01	OCC EEI	0.460026	12,613	5,802	93.01
93.02	OCC PSYCH	0.726034	1,093	794	93.02
93.03	OCC ADOLESCENTS	0.523772	1,595	835	93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		183,101,664	43,002,786	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		183,101,664		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit				32
40	Subprovider - IPF		3,829,401		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.292375			50
51	Recovery Room	0.748979	22,506	16,857	51
52	Delivery Room & Labor Room	0.530127	17,033	9,030	52
53	Anesthesiology	0.057092	9,039	516	53
54	Radiology-Diagnostic	0.245559	9,880	2,426	54
54.01	RADIO ULTRASOUND	0.172299	7,948	1,369	54.01
54.02	RADIO ANGIOGRAPHY	0.113240	39,039	4,421	54.02
54.03	RADIO WEST HARRISON	0.179845			54.03
54.04	RADIO MILE SQUARE	0.328556			54.04
55	Radiology-Therapeutic	0.393706			55
56	Radioisotope	0.284932	2,202	627	56
57	CT Scan	0.069581	47,707	3,320	57
58	MRI	0.110353	24,582	2,713	58
59	Cardiac Catheterization	0.135069			59
60	Laboratory	0.128699	395,850	50,945	60
60.01	LAB TISSUE TYPING	0.334382			60.01
60.02	LAB OUTREACH	0.082904			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.222193	4,344	965	63
64	Intravenous Therapy	0.167492	3,137	525	64
65	Respiratory Therapy	0.190704	20,882	3,982	65
66	Physical Therapy	0.444501	4,011	1,783	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.344256			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.512577			66.02
66.03	PHYSICAL THERAPY-OCC	1.201746			66.03
67	Occupational Therapy	0.554122	194,656	107,863	67
67.01	OCCUPATIONAL THERAPY-OCC	0.887366			67.01
68	Speech Pathology	0.591295	345	204	68
69	Electrocardiology	0.111536	10,783	1,203	69
70	Electroencephalography	0.113718	3,348	381	70
71	Medical Supplies Charged to Patients	0.384008	167,303	64,246	71
73	Drugs Charged to Patients	0.278581	446,698	124,442	73
74	Renal Dialysis	0.327135	34,320	11,227	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.215069	8,452	1,818	76.01
76.02	BONE MARROW TRANSPLANT	0.661791			76.02
76.03	CARDIAC SERVICES	0.188842	61,906	11,690	76.03
76.04	TELEMEDICINE PROGRAM	2.049887			76.04
76.05	SLEEP LAB WEST HARRISON	0.363390			76.05
76.06	SICKLE CELL	0.497448	93	46	76.06
76.07	HEART CENTER-ROOSEVELT RD	0.338953			76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.210083			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.725609	7,492	5,436	90
91	Emergency	0.270063	273,607	73,891	91
92	Observation Beds (Non-Distinct Part)	0.736601			92
93.01	OCC EEI	0.460026			93.01
93.02	OCC PSYCH	0.726034	1,746	1,268	93.02
93.03	OCC ADOLESCENTS	0.523772			93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,818,909	503,194	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,818,909		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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	4	
1	Adults & Pediatrics	259,444	38	2,080.66	116	241,357	1
2	Intensive Care Unit	18,345	43	3,144.31	5	15,722	2
2.01	PEDS ICU		43.01	5,185.98			2.01
2.02	NEONATAL ICU		43.02	2,630.38			2.02
3	Coronary Care Unit	6,036	44	3,697.40	2	7,395	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)	283,825			123	264,474	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
8	Operating Room	50	0.292375	1,125,816	329,160	8
9	Recovery Room	51	0.748979	150,213	112,506	9
10	Delivery Room & Labor Room	52	0.530127			10
11	Anesthesiology	53	0.057092	329,765	18,827	11
12	Radiology-Diagnostic	54	0.245559	146,605	36,000	12
12.01	RADIO ULTRASOUND	54.01	0.172299	43,109	7,428	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.113240	80,351	9,099	12.02
12.03	RADIO WEST HARRISON	54.03	0.179845	14,786	2,659	12.03
12.04	RADIO MILE SQUARE	54.04	0.328556			12.04
13	Radiology-Therapeutic	55	0.393706			13
14	Radioisotope	56	0.284932	71,202	20,288	14
15	CT Scan	57	0.069581	1,414,655	98,433	15
16	MRI	58	0.110353	37,787	4,170	16
17	Cardiac Catheterization	59	0.135069	785,546	106,103	17
18	Laboratory	60	0.128699	5,382,465	692,718	18
18.01	LAB TISSUE TYPING	60.01	0.334382	1,851,421	619,082	18.01
18.02	LAB OUTREACH	60.02	0.082904			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.222193	326,206	72,481	21
22	Intravenous Therapy	64	0.167492	3,205	537	22
23	Respiratory Therapy	65	0.190704	18,983	3,620	23
24	Physical Therapy	66	0.444501			24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.344256			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.512577			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	1.201746			24.03
25	Occupational Therapy	67	0.554122			25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.887366			25.01
26	Speech Pathology	68	0.591295			26
27	Electrocardiology	69	0.111536	13,897	1,550	27
28	Electroencephalography	70	0.113718			28
29	Medical Supplies Charged to Patients	71	0.384008	625,810	240,316	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.278581	280,068	78,022	31
32	Renal Dialysis	74	0.327135	5,175	1,693	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.215069	106,077	22,814	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.661791	6,818	4,512	34.02
34.03	CARDIAC SERVICES	76.03	0.188842	510,774	96,456	34.03
34.04	TELEMEDICINE PROGRAM	76.04	2.049887			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.363390			34.05
34.06	SICKLE CELL	76.06	0.497448			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.338953	1,394	473	34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.210083			34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.725609	807,255	585,751	37
38	Emergency	91	0.270063	19,898	5,374	38
39	Observation Beds (Non-Distinct Part)	92	0.736601	20,124	14,823	39

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

Check
Applicable
Box:

☐ HEART
☒ KIDNEY

☐ LIVER
☐ LUNG

☐ PANCREAS
☐ INTESTINE

☐ ISLET

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40	Other Outpatient Service (specify)	93				40
40.01	OCC EEI	93.01	0.460026	682	314	40.01
40.02	OCC PSYCH	93.02	0.726034	338	245	40.02
40.03	OCC ADOLESCENTS	93.03	0.523772	821	430	40.03
41	TOTAL (sum of lines 8-40)			14,181,246	3,185,884	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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 ☒ 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	2	3	
42	Adults & Pediatrics	2		116		42
43	Intensive Care Unit	3		5		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		2		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)			123		48

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	807,255	23			51
52	Emergency	19,898	24			52
53	Observation Beds (Non-Distinct Part)	20,124	25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI	682	26.01			54.01
54.02	OCC PSYCH	338	26.02			54.02
54.03	OCC ADOLESCENTS	821	26.03			54.03
55	TOTAL (sum of lines 49-54)	849,118				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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	3,450,358		14,465,071		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	11,109,357		11,109,357		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	14,559,715		25,574,428		61
62	Total Usable Organs (see instructions)		157			62
63	Medicare Usable Organs (see instructions)		86			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.547771			64
65	Medicare Cost/Charges (see instructions)	7,975,390		14,008,930		65
66	Revenue for Organs Sold	42,778		211,420		66
67	Subtotal (line 65 minus line 66)	7,932,612		13,797,510		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	7,932,612		13,797,510		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	62	11		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		84		73
74	Total (sum of lines 70 thru 73)	62	95		74
75	Organs Transplanted	62	84	13,192,293	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		11	211,420	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	62	95		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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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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	4	
1	Adults & Pediatrics	14,880	38	2,080.66	7	14,565	1
2	Intensive Care Unit	73,054	43	3,144.31	14	44,020	2
2.01	PEDS ICU		43.01	5,185.98			2.01
2.02	NEONATAL ICU		43.02	2,630.38			2.02
3	Coronary Care Unit		44	3,697.40			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)	87,934			21	58,585	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
8	Operating Room	50	0.292375	83,503	24,414	8
9	Recovery Room	51	0.748979	5,630	4,217	9
10	Delivery Room & Labor Room	52	0.530127			10
11	Anesthesiology	53	0.057092	41,806	2,387	11
12	Radiology-Diagnostic	54	0.245559	12,977	3,187	12
12.01	RADIO ULTRASOUND	54.01	0.172299	13,355	2,301	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.113240	109,088	12,353	12.02
12.03	RADIO WEST HARRISON	54.03	0.179845	25,621	4,608	12.03
12.04	RADIO MILE SQUARE	54.04	0.328556			12.04
13	Radiology-Therapeutic	55	0.393706			13
14	Radioisotope	56	0.284932	6,776	1,931	14
15	CT Scan	57	0.069581	109,583	7,625	15
16	MRI	58	0.110353	24,134	2,663	16
17	Cardiac Catheterization	59	0.135069	15,286	2,065	17
18	Laboratory	60	0.128699	259,135	33,350	18
18.01	LAB TISSUE TYPING	60.01	0.334382			18.01
18.02	LAB OUTREACH	60.02	0.082904			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.222193	23,690	5,264	21
22	Intravenous Therapy	64	0.167492			22
23	Respiratory Therapy	65	0.190704	11,162	2,129	23
24	Physical Therapy	66	0.444501	1,368	608	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.344256			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.512577			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	1.201746			24.03
25	Occupational Therapy	67	0.554122			25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.887366			25.01
26	Speech Pathology	68	0.591295			26
27	Electrocardiology	69	0.111536	2,401	268	27
28	Electroencephalography	70	0.113718			28
29	Medical Supplies Charged to Patients	71	0.384008	48,744	18,718	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.278581	55,860	15,562	31
32	Renal Dialysis	74	0.327135			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.215069	30,719	6,607	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.661791			34.02
34.03	CARDIAC SERVICES	76.03	0.188842	49,558	9,359	34.03
34.04	TELEMEDICINE PROGRAM	76.04	2.049887			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.363390			34.05
34.06	SICKLE CELL	76.06	0.497448			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.338953	1,057	358	34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.210083			34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.725609	41,755	30,298	37
38	Emergency	91	0.270063			38
39	Observation Beds (Non-Distinct Part)	92	0.736601	141	104	39

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

Check
Applicable
Box:

☐ HEART
☐ KIDNEY

☒ LIVER
☐ LUNG

☐ PANCREAS
☐ INTESTINE

☐ ISLET

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40	Other Outpatient Service (specify)	93				40
40.01	OCC EEI	93.01	0.460026			40.01
40.02	OCC PSYCH	93.02	0.726034			40.02
40.03	OCC ADOLESCENTS	93.03	0.523772			40.03
41	TOTAL (sum of lines 8-40)			973,349	190,376	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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 ☐ 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	2	3	
42	Adults & Pediatrics	2		7		42
43	Intensive Care Unit	3		14		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
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)			21		48

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	41,755	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)	141	25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	41,896				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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	248,961		1,061,283		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,813,042		2,813,042		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,062,003		3,874,325		61
62	Total Usable Organs (see instructions)		46			62
63	Medicare Usable Organs (see instructions)		16			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.347826			64
65	Medicare Cost/Charges (see instructions)	1,065,044		1,347,591		65
66	Revenue for Organs Sold	21,944		138,700		66
67	Subtotal (line 65 minus line 66)	1,043,100		1,208,891		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,043,100		1,208,891		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	3	6		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		38		73
74	Total (sum of lines 70 thru 73)	3	44		74
75	Organs Transplanted	3	38	5,177,398	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		5	138,700	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		1		83
84	Total (sum of lines 75 through 83 should equal line 74)	3	44		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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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	4	
1	Adults & Pediatrics		38	2,080.66			1
2	Intensive Care Unit		43	3,144.31			2
2.01	PEDS ICU		43.01	5,185.98			2.01
2.02	NEONATAL ICU		43.02	2,630.38			2.02
3	Coronary Care Unit		44	3,697.40			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	2	3	
8	Operating Room	50	0.292375	4,061	1,187	8
9	Recovery Room	51	0.748979			9
10	Delivery Room & Labor Room	52	0.530127			10
11	Anesthesiology	53	0.057092	1,384	79	11
12	Radiology-Diagnostic	54	0.245559	462	113	12
12.01	RADIO ULTRASOUND	54.01	0.172299			12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.113240			12.02
12.03	RADIO WEST HARRISON	54.03	0.179845			12.03
12.04	RADIO MILE SQUARE	54.04	0.328556			12.04
13	Radiology-Therapeutic	55	0.393706			13
14	Radioisotope	56	0.284932			14
15	CT Scan	57	0.069581	552	38	15
16	MRI	58	0.110353			16
17	Cardiac Catheterization	59	0.135069	5,386	727	17
18	Laboratory	60	0.128699	13,229	1,703	18
18.01	LAB TISSUE TYPING	60.01	0.334382			18.01
18.02	LAB OUTREACH	60.02	0.082904			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.222193	348	77	21
22	Intravenous Therapy	64	0.167492			22
23	Respiratory Therapy	65	0.190704	1,374	262	23
24	Physical Therapy	66	0.444501			24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.344256			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.512577			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	1.201746			24.03
25	Occupational Therapy	67	0.554122			25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.887366			25.01
26	Speech Pathology	68	0.591295			26
27	Electrocardiology	69	0.111536	105	12	27
28	Electroencephalography	70	0.113718			28
29	Medical Supplies Charged to Patients	71	0.384008	2,023	777	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.278581	2,287	637	31
32	Renal Dialysis	74	0.327135			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.215069			34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.661791			34.02
34.03	CARDIAC SERVICES	76.03	0.188842			34.03
34.04	TELEMEDICINE PROGRAM	76.04	2.049887			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.363390			34.05
34.06	SICKLE CELL	76.06	0.497448			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.338953			34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.210083			34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.725609	376	273	37
38	Emergency	91	0.270063			38
39	Observation Beds (Non-Distinct Part)	92	0.736601			39

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

OPO CCN:

WORKSHEET D-4
PART I

Check
Applicable
Box:

☐ HEART
☐ KIDNEY

☐ LIVER
☐ LUNG

☒ PANCREAS
☐ INTESTINE

☐ ISLET

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40	Other Outpatient Service (specify)	93				40
40.01	OCC EEI	93.01	0.460026			40.01
40.02	OCC PSYCH	93.02	0.726034			40.02
40.03	OCC ADOLESCENTS	93.03	0.523772			40.03
41	TOTAL (sum of lines 8-40)			31,587	5,885	41

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

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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 ☐ 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	2	3	
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3				43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
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	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	376	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	376				55

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

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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	5,885		31,587		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,080,980		1,080,980		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,086,865		1,112,567		61
62	Total Usable Organs (see instructions)		16			62
63	Medicare Usable Organs (see instructions)		7			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.437500			64
65	Medicare Cost/Charges (see instructions)	475,503		486,748		65
66	Revenue for Organs Sold	3,889		23,586		66
67	Subtotal (line 65 minus line 66)	471,614		463,162		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	471,614		463,162		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		15		73
74	Total (sum of lines 70 thru 73)		16		74
75	Organs Transplanted		15	1,898,580	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	23,586	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		16		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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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)	9,462,745			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,528,057			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	7,432,021			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	15,526,315			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	423.59			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)	353.91			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).	5.00			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)	86.06			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)	444.97			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	462.20			10
11	FTE count for residents in dental and podiatric programs	30.94			11
12	Current year allowable FTE (see instructions)	475.91			12
13	Total allowable FTE count for the prior year	468.78			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	461.00			14
15	Sum of lines 12 through 14 divided by 3	468.56			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure	1.00			17
18	Adjusted rolling average FTE count	469.56			18
19	Current year resident to bed ratio (line 18 divided by line 4)	1.108525			19
20	Prior year resident to bed ratio (see instructions)	1.082558			20
21	Enter the lesser of lines 19 or 20 (see instructions)	1.082558			21
22	IME payment adjustment (see instructions)	17,743,414			22
22.01	IME payment adjustment - Managed Care (see instructions)	7,251,488			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	17.23			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	17,743,414			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	7,251,488			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1756			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4626			31
32	Sum of lines 30 and 31	0.6382			32
33	Allowable disproportionate share percentage (see instructions)	0.4186			33
34	Disproportionate share adjustment (see instructions)	3,975,737			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)			6,766,695,164	35
35.01	Factor 3 (see instructions)	0.000000000		0.001147544	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,182,931		7,765,080	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,062,549		5,807,853	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,870,402			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E
PART A****PART A - INPATIENT HOSPITAL SERVICES UNDER PPS**

		1	1.01	1.02	
47	Subtotal (see instructions)	75,012,376			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)	82,263,864			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,181,862			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	7,704,596			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	9,447,326			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).	548,925			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	1,502			58
59	Total (sum of amounts on lines 49 through 58)	105,148,075			59
60	Primary payer payments	31,903			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	105,116,172			61
62	Deductibles billed to program beneficiaries	2,608,947			62
63	Coinsurance billed to program beneficiaries	612,665			63
64	Allowable bad debts (see instructions)	271,538			64
65	Adjusted reimbursable bad debts (see instructions)	176,500			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	258,526			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	102,071,060			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
70.99	HAC adjustment amount (see instructions)	653,325			70.99
71	Amount due provider (see instructions)	101,417,735			71
71.01	Sequestration adjustment (see instructions)	2,028,355			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	96,584,881			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	2,804,499			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,075,917			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION
EXHIBIT 5

		(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 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	9,462,745	9,462,745				9,462,745	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	28,528,057			28,528,057		28,528,057	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	7,432,021	2,181,385		5,250,636		7,432,021	2
2.01	Outlier payment for discharges for Model 4 BPCI							2.01
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	15,526,315	3,660,202		11,866,113		15,526,315	4
	Indirect Medical Education Adjustment							
5	Amount from Worksheet E Part A, line 21	1,082,558	1,082,558		1,082,558			5
6	IME payment adjustment	17,743,414	4,419,528		13,323,886		17,743,414	6
6.01	IME payment adjustment for managed care	7,251,488	1,709,479		5,542,009		7,251,488	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7	IME payment adjustment factor							7
8	IME add-on adjustment amount							8
8.01	IME payment adjustment add-on for managed care							8.01
9	Total IME payment (sum of lines 6 and 8)	17,743,414	4,419,528		13,323,886		17,743,414	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	7,251,488	1,709,479		5,542,009		7,251,488	9.01
	Disproportionate Share Adjustment							
10	Allowable disproportionate share percentage	0.4186	0.4186	0.4186	0.4186	0.4186		10
11	Disproportionate share adjustment	3,975,737	990,276		2,985,461		3,975,737	11
11.01	Uncompensated care payments	7,870,402	2,062,549		5,807,853		7,870,402	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	75,012,376	19,116,483		55,895,893		75,012,376	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	82,263,864	20,825,962		61,437,902		82,263,864	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	5,181,862	1,287,264		3,894,598		5,181,862	16
17	Special add-on payments for new technologies							17
17.01	DO NOT USE THIS LINE							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		22,113,226		65,332,500		87,445,726	19
20	Capital DRG other than outlier	3,089,380	765,911		2,323,469		3,089,380	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	38,353	12,099		26,254		38,353	21
21.01	Model 4 BPCI Capital DRG outlier payments							21.01
22	Indirect medical education percentage	52.7000	52.7000		52.7000			22
23	Indirect medical education adjustment	1,628,103	403,635		1,224,468		1,628,103	23
24	Allowable disproportionate share percentage	0.1379	0.1379		0.1379			24
25	Disproportionate share adjustment	426,026	105,619		320,407		426,026	25
26	Total prospective capital payments	5,181,862	1,287,264		3,894,598		5,181,862	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							30
30.01	HVBP payment adjustment for HSP bonus payment							30.01
31	HRR adjustment							31
31.01	HRR adjustment for HSP bonus payment							31.01
32	HAC Reduction Program adjustment				653,325		653,325	32

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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0150****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
2	Medical and other services reimbursed under OPPS (see instructions)	59,311,922			2
3	OPPS payments	39,435,717			3
4	Outlier payment (see instructions)	1,037,306			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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	33,328			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	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)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	40,506,351			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	7,353,516			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	33,152,835			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,284,922			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	37,437,757			30
31	Primary payer payments	11,932			31
32	Subtotal (line 30 minus line 31)	37,425,825			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)	1,553,458			34
35	Adjusted reimbursable bad debts (see instructions)	1,009,748			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	704,849			36
37	Subtotal (see instructions)	38,435,573			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)	38,435,573			40
40.01	Sequestration adjustment (see instructions)	768,711			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	37,775,792			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-108,930			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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S150****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
2	Medical and other services reimbursed under OPPS (see instructions)	578			2
3	OPPS payments	290			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)	0.937			5
6	Line 2 times line 5	542			6
7	Sum of lines 3, 4, and 4.01, divided by line 6	0.5351			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	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)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	290			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	58			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	232			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)	232			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	232			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)	232			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)	232			40
40.01	Sequestration adjustment (see instructions)	5			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	232			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-5			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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0150

WORKSHEET E-1
PART I

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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			98,709,945		37,939,847
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	.01				3.01
	amount based on subsequent revision of the interim	.02				3.02
	rate for the cost reporting period. Also show date of	Program	.03			3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04			3.04
		Provider	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		Provider	.52	06/18/2018	06/08/2018	164,055
		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		-2,125,064		-164,055
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)			96,584,881		37,775,792
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment	.01				5.01
	after desk review. Also show date of each payment.	.02				5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03			5.03
		to	.04			5.04
		Provider	.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		Provider	.52			5.52
		to	.53			5.53
		Program	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due)	.01		2,804,499		6.01
	based on the cost report (1)	.02				-108,930
7	Total Medicare program liability (see instructions)			99,389,380		37,666,862
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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
COMPONENT CCN: 14-S150
**WORKSHEET E-1
PART I**

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

			INPATIENT PART A		PART B		
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
DESCRIPTION			1	2	3	4	
1	Total interim payments paid to provider			1,684,600		232	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		.01				3.01
	amount based on subsequent revision of the interim		.02				3.02
	rate for the cost reporting period. Also show date of	Program	.03				3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04				3.04
		Provider	.05				3.05
			.06				3.06
			.07				3.07
			.08				3.08
			.09				3.09
			.10				3.10
			.50				3.50
			.51				3.51
		Provider	.52				3.52
		to	.53				3.53
		Program	.54				3.54
			.55				3.55
			.56				3.56
			.57				3.57
			.58				3.58
			.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			1,684,600		232	4
	TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment		.01				5.01
	after desk review. Also show date of each payment.		.02				5.02
	If none, write 'NONE' or enter a zero. (1)	Program	.03				5.03
		to	.04				5.04
		Provider	.05				5.05
			.06				5.06
			.07				5.07
			.08				5.08
			.09				5.09
			.10				5.10
			.50				5.50
			.51				5.51
		Provider	.52				5.52
		to	.53				5.53
		Program	.54				5.54
			.55				5.55
			.56				5.56
			.57				5.57
			.58				5.58
			.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99				5.99
6	Determined net settlement amount (balance due)		.01	17,703			6.01
	based on the cost report (1)		.02			-5	6.02
7	Total Medicare program liability (see instructions)			1,702,303		227	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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

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)	1,444,601	1
2	Net IPF PPS Outlier payment	346,516	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	10.00	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)	6.30	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)	6.30	8
9	Average daily census (see instructions)	34.315068	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$	0.090685	10
11	Teaching adjustment (line 1 multiplied by line 10)	131,004	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,922,121	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)	1,922,121	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,922,121	18
19	Deductibles	98,224	19
20	Subtotal (line 18 minus line 19)	1,823,897	20
21	Coinurance	133,887	21
22	Subtotal (line 20 minus line 21)	1,690,010	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,690,010	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)	47,034	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)	1,737,044	31
31.01	Sequestration adjustment (see instructions)	34,741	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,684,600	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	17,703	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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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		372.01	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))		5.00	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		78.41	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)		455.42	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		487.40	6
7	Enter the lesser of line 5 or line 6		455.42	7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	172.24	264.17	436.41
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	160.94	246.84	407.78
10	Weighted dental and podiatric resident FTE count for the current year		29.94	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	160.94	276.78	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	164.54	271.01	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	162.50	271.03	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	162.66	272.94	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	1.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	162.66	273.94	
18	Per resident amount	105,420.77	99,824.19	
19	Approved amount for resident costs	17,147,742	27,345,839	44,493,581
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			31.98
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			44,493,581
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	22,629	8,861	
27	Total inpatient days (see instructions)	112,214	112,214	
28	Ratio of inpatient days to total inpatient days	0.201659	0.078965	
29	Program direct GME amount	8,972,531	3,513,436	
30	Reduction for direct GME payments for Medicare Advantage		496,449	
31	Net Program direct GME amount			11,989,518
	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)			
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			35,747,822
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			
35	Medicare outpatient ESRD charges (see instructions)			
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	Part A Reasonable Cost			
37	Reasonable cost (see instructions)			97,271,278
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			9,447,326
39	Cost of physicians' services in a teaching hospital (see instructions)			
40	Primary payer payments (see instructions)			31,903
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			106,686,701
	Part B Reasonable Cost			
42	Reasonable cost (see instructions)			59,345,828
43	Primary payer payments (see instructions)			11,932
44	Total Part B reasonable cost (line 42 minus line 43)			59,333,896
45	Total reasonable cost (sum of lines 41 and 44)			166,020,597
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.642611
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.357389
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)			11,989,518
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			7,704,596
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			4,284,922

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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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)

	Assets (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	226,745,816				1
2	Temporary investments	801,777				2
3	Notes receivable					3
4	Accounts receivable	162,101,942				4
5	Other receivables	49,822,748				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	6,247,287				7
8	Prepaid expenses	2,450,673				8
9	Other current assets	22,936,979				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	471,107,222				11
FIXED ASSETS						
12	Land	770,917				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	293,090,894				15
16	Accumulated depreciation	-127,255,587				16
17	Leasehold improvements	2,320,152				17
18	Accumulated depreciation	-2,248,679				18
19	Fixed equipment	45,362,061				19
20	Accumulated depreciation	-36,213,027				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	168,283,358				23
24	Accumulated depreciation	-140,737,832				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	203,372,257				30
OTHER ASSETS						
31	Investments	5,504,215				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	3,291,265				34
35	Total other assets (sum of lines 31-34)	8,795,480				35
36	Total assets (sum of lines 11, 30 and 35)	683,274,959				36
	Liabilities and Fund Balances (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	72,268,217				37
38	Salaries, wages and fees payable	14,085,435				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	4,977,560				40
41	Deferred income	68,921,214				41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,137,664				44
45	Total current liabilities (sum of lines 37 thru 44)	162,390,090				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	131,847,986				49
50	Total long term liabilities (sum of lines 46 thru 49)	131,847,986				50
51	Total liabilities (sum of lines 45 and 50)	294,238,076				51
CAPITAL ACCOUNTS						
52	General fund balance	389,036,883				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	389,036,883				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	683,274,959				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		327,692,411			1
2	Net income (loss) (from Worksheet G-3, line 29)		61,344,472			2
3	Total (sum of line 1 and line 2)		389,036,883			3
4	Additions (credit adjustments) (specify)					4
5	CHANGE IN ACCOUNTING PRINCIPLE					5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		389,036,883			11
12	Deductions (debit adjustments) (specify)					12
13	PRIOR PERILD ADJUSTMENT					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)		389,036,883			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	CHANGE IN ACCOUNTING PRINCIPLE					5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	PRIOR PERILD ADJUSTMENT					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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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	180,674,848		180,674,848	1
2	Subprovider IPF	28,331,707		28,331,707	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)	209,006,555		209,006,555	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	59,510,439		59,510,439	11
11.01	PEDS ICU	7,171,334		7,171,334	11.01
11.02	NEONATAL ICU	40,784,570		40,784,570	11.02
12	Coronary Care Unit	28,936,224		28,936,224	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)	136,402,567		136,402,567	16
17	Total inpatient routine care services (sum of lines 10 and 16)	345,409,122		345,409,122	17
18	Ancillary services	869,388,538		869,388,538	18
19	Outpatient services		1,293,355,101	1,293,355,101	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)	1,214,797,660	1,293,355,101	2,508,152,761	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,087,737,760	29
30	COM PHYSICIAN SALARIES			30
31	PAYMENTS ON BEHALF - BENEFITS			31
32	UTILITIES & OTHER ADMIN			32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39	OTHER			39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,087,737,760	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)	2,508,152,761	1
2	Less contractual allowances and discounts on patients' accounts	1,787,070,980	2
3	Net patient revenues (line 1 minus line 2)	721,081,781	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,087,737,760	4
5	Net income from service to patients (line 3 minus line 4)	-366,655,979	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses	1,886,231	11
12	Parking lot receipts	338,616	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,930,503	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	57,821	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	23,807	19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	582,321	22
23	Governmental appropriations	37,595,400	23
24	Other (OTHER OPERATING)	12,436,441	24
24.01	Other (EHR INCENTIVE PAYMENTS STATE & FED)	614,957	24.01
24.02	Other (PAYMENT ON BEHALF OF)	28,018,039	24.02
24.03	Other (CAPITATION REV)	3,907,235	24.03
24.04	Other (BERWYN & OUTREACH)	8,224,326	24.04
24.05	Other (NON-OPER - NET REVENUE)	437,544	24.05
24.06	Other (HOSP/MED SRVS INCOME & TELEMEDICINE)	12,196,628	24.06
24.07	Other (NON-OPER-ON BEHALF PAYMENTS)	316,872,252	24.07
24.08	Other (INVESTMENT INCOME)	3,535,130	24.08
24.09	Other (NET ADJUST IN INTEREST EXPENSE)		24.09
25	Total other income (sum of lines 6-24)	428,657,251	25
26	Total (line 5 plus line 25)	62,001,272	26
27.01	Other expenses (NET CHANGE IN FMV OF INVESTMENTS)	656,800	27.01
27.02	Other expenses (NET OTHER NON OPERATING EXPENSE)		27.02
28	Total other expenses (sum of line 27 and subscripts)	656,800	28
29	Net income (or loss) for the period (line 26 minus line 28)	61,344,472	29

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

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	1,179,993	Hours of Service	40,657.00	19.55	1
2	Licensed Practical Nurses	64,678	Hours of Service	2,387.00	1.15	2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,370,600	Hours of Service	91,819.00	44.14	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	977,334	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	3,592,605				9
10	Employee Benefits		Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs	396,349	Percentage of Time			13
14	Supplies	1,037,440	Requisitions			14
15	Drugs	289,716	Requisitions			15
16	Other	97,536	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	5,413,646				17
18	Capital Related Costs-Bldgs. & Fixtures	155,249	Square Feet			18
19	Capital Related Costs-Mov. Equip.	106,299	Percentage of Time			19
20	Employee Benefits Department	3,561,788	Salary			20
21	Administrative and General	1,777,443	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	594,328	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	43,686	Requisitions			24
25	Pharmacy	37,434	Requisitions			25
26	Other Allocated Costs	293,642	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	11,983,515				27
28	Laboratory		Charges			28
28.01	LAB TISSUE TYPING		Charges			28.01
28.02	LAB OUTREACH		Charges			28.02
29	Respiratory Therapy		Charges			29
30	OTHER ANCILLARY SVC		Charges			30
30.01	GASTROENTROLOGY		Charges			30.01
30.02	BONE MARROW TRANSPLANT		Charges			30.02
30.03	CARDIAC SERVICES		Charges			30.03
30.04	TELEMEDICINE PROGRAM		Charges			30.04
30.05	SLEEP LAB WEST HARRISON		Charges			30.05
30.06	SICKLE CELL		Charges			30.06
30.07	HEART CENTER-ROOSEVELT RD		Charges			30.07
30.97	CARDIAC REHABILITATION		Charges			30.97
30.98	HYPERBARIC OXYGEN THERAPY		Charges			30.98
30.99	LITHOTRIPSY		Charges			30.99
31	Total costs (sum of lines 27-30)	11,983,515				31

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate,
and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

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

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	749,577	502,648	1,179,993	1,435,278	3,561,788	37,984	1
	MAINTENANCE							
2	Hemodialysis	636,241	426,646	745,034	906,242	2,248,921	23,983	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD	1,592	1,068	1,857	2,251	5,570	59	6
7	CCPD	612	411	726	875	2,160	23	7
	HOME							
8	Hemodialysis			30,677	37,266	92,527	987	8
9	Intermittent Peritoneal							9
10	CAPD			62,050	75,485	187,325	1,998	10
11	CCPD			209,513	254,858	632,448	6,745	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	111,132	74,523	130,136	158,301	392,837	4,189	12
13	Method II Home Patient							13
14	All ESAs (incl. in renal department)						289,166	14
15	N/A for FYB on/after 10/1/2015							15
16	Other							16
17	Total (sum of lines 2 through 16)	749,577	502,648	1,179,993	1,435,278	3,561,788	37,984	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES**WORKSHEET I-2**

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	1,081,126		8,548,394	3,145,955	11,694,349	1
	MAINTENANCE						
2	Hemodialysis	682,628		5,669,695	2,086,545	7,756,240	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	1,690		14,087	5,184	19,271	6
7	CCPD	655		5,462	2,010	7,472	7
	HOME						
8	Hemodialysis	28,084		189,541	69,754	259,295	8
9	Intermittent Peritoneal						9
10	CAPD	56,860		383,718	141,215	524,933	10
11	CCPD	191,970		1,295,534	476,779	1,772,313	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	119,239		990,357	364,468	1,354,825	12
13	Method II Home Patient						13
14	All ESAs (incl. in renal department)						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total (sum of lines 2 through 16)	1,081,126		8,548,394	3,145,955	11,694,349	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					11,694,349	19

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

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	749,577	502,648	1,179,993	1,435,278	3,561,788	1
	MAINTENANCE						
2	Hemodialysis	10,391	10,391.00	25,671.00	57,975.00	2,166,480	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	26	26.00	64.00	144.00	5,366	6
7	CCPD	10	10.00	25.00	56.00	2,081	7
	HOME						
8	Hemodialysis			1,057.00	2,384.00	89,135	8
9	Intermittent Peritoneal						9
10	CAPD			2,138.00	4,829.00	180,458	10
11	CCPD			7,219.00	16,304.00	609,264	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 34,560	1,815	1,815.00	4,484.00	10,127.00	378,436	12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	12,242	12,242.00	40,658.00	91,819.00	3,431,220	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	61.229946	41.059304	29.022406	15.631601	1.038053	18

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

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	37,984	1,081,126				1
	MAINTENANCE						
2	Hemodialysis	182,928	655,042				2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	453	1,622				6
7	CCPD	176	629				7
	HOME						
8	Hemodialysis	7,527	26,949				8
9	Intermittent Peritoneal						9
10	CAPD	15,237	54,562				10
11	CCPD	51,443	184,213				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 34,560	31,953	114,421				12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	289,717	1,037,438			8,548,394	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.131107	1.042111			0.368017	18

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

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	19,785	7,756,240	392.03	12,977			5,087,373	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	49	19,271	393.29					5
6	Training - Continuous Cycling Peritoneal Dialysis	19	7,472	393.26					6
7	Home Program - Hemodialysis	814	259,295	318.54	179			57,019	7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	235	524,933	2,233.76	92			205,506	9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	795	1,772,313	2,229.32	448			998,735	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	20,667	10,339,524		13,156			6,348,633	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	23,757							12

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

Check applicable box: ☒ Renal Dialysis Department ☐ Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	3,812,184			293.76			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis	45,471			254.03			7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	74,362			808.28			9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	359,006			801.35			10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	4,291,023						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2017 To: 06/30/2018	Run Date: 11/30/2018 Run Time: 12:30 Version: 2018.04 (09/26/2018)
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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B**WORKSHEET I-5**

	DESCRIPTION			
1	Total expenses related to care of program beneficiaries (see instructions)		6,348,633	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	4,291,023	4,174,281	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	4,291,023	4,174,281	2.03
2.04	Outlier payments	23,210		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)			3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	858,202	834,854	4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	858,202	834,854	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		834,854	8
9	Program payment (see instructions)		3,339,425	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12	Total allowable expenses (see instructions)		10,628,690	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		10,339,524	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		0.972794	14

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0150

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	3,089,380	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	38,353	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)	273.12	3
4	Number of interns & residents (see instructions)	469.56	4
5	Indirect medical education percentage (see instructions)	52.70	5
6	Indirect medical education adjustment (see instructions)	1,628,103	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1756	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4626	8
9	Sum of lines 7 and 8	0.6382	9
10	Allowable disproportionate share percentage (see instructions)	0.1379	10
11	Disproportionate share adjustment (see instructions)	426,026	11
12	Total prospective capital payments (see instructions)	5,181,862	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
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
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
17	Social Service							17
17.01	PALLATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
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	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy							67
67.01	OCCUPATIONAL THERAPY-OCC							67.01
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07

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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		
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
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202