

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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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 Date: 09/25/2018 Time: 11:01 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.	
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 MACNEAL HOSPITAL (14-0054) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 10/01/2017 and ending 02/28/2018, 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) CAROL A. BAILEY
Chief Financial Officer or Administrator of Provider(s)

V.P. OPERATIONS REIMBURSEMENT
Title

09/25/2018 11:01
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII		HIT	TITLE XIX	
	TITLE V	PART A	PART B			
	1	2	3	4	5	
1	HOSPITAL	223,945	-51,010			1
2	SUBPROVIDER - IPF	16				2
3	SUBPROVIDER - IRF	22,586				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	246,547	-51,010			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,

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PARTS I, II & III**

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: 3249 SOUTH OAK PARK AVENUE	P.O. Box:		1
2	City: BERWYN	State: IL	ZIP Code: 60402	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	MACNEAL HOSPITAL	14-0054	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	MACNEAL PSYCH UNIT	14-S054	16974	4	10 / 01 / 1984	N	P	O	4
5	Subprovider - IRF	MACNEAL REHAB UNIT	14-T054	16974	5	10 / 01 / 2015	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	M.H. TRANSITIONAL CARE UNIT	14-5848	16974		10 / 01 / 1995	N	P	O	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									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2017	To: 02 / 28 / 2018		20
21	Type of control (see instructions)	6			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)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,318	722	2		5,010	77	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	57						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.	2		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.	2		27

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)			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	N	40
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

		1	2	3	
	Teaching Hospitals	1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services 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)	N			60
		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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**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)			0.70	28.06	0.024339	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 MEDICINE	1350	6.24	28.11	0.181659	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)			0.09	23.35	0.003840	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67		FAMILY MEDICINE	1350	8.46	33.21	0.203024	67
67.01		INTERNAL MEDICINE	1400		36.82		67.01
67.02		OB GYN	1750		2.54		67.02

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)	N	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.	Y			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)	N			76

Long Term Care Hospital PPS

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

TEFRA Providers

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

Title V and XIX Services		V	XIX	
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	N	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.	Y	Y	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.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06

Rural Providers

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
		Physical	Occupational	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.					109

1

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
		1	2	
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.			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-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	2,691,477			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health 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.	N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.			126

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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.			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.			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.			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	HB0557	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: TENET HEALTHCARE CORPORATION	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 04011	141
142	Street: 1445 ROSS AVENUE, STE 1400	P.O. Box:		142
143	City: DALLAS, TX	State: TX	ZIP Code: 75202-2703	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N			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)				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)	Y			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	02/28/2018	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		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.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		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)	Y	06/05/2018	Y	06/05/2018	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)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R 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	
Home Office Costs		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information				
41	First name: BETH	Last name: SLOAN	Title: DIRECTOR OF OPER REIMBURSE	41
42	Employer: TENET EMPLOYMENT INC.			42
43	Phone number: 606-451-1228	E-mail Address: BETH1.SLOAN@TENETHEALTH.COM		43

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

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	246	37,146			4,707	1,178	17,838	1
2	HMO and other (see instructions)						3,200	5,010		2
3	HMO IPF Subprovider						511			3
4	HMO IRF Subprovider						230			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)		246	37,146			4,707	1,178	17,838	7
8	Intensive Care Unit	31	17	2,567			632	233	1,716	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						631	1,320	13
14	Total (see instructions)		263	39,713			5,339	2,042	20,874	14
15	CAH Visits									15
16	Subprovider - IPF	40	25	3,775			984		2,999	16
17	Subprovider - IRF	41	12	1,812			667	57	1,069	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	25	3,775			1,591		2,762	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)		325							27
28	Observation Bed Days								1,755	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							77	152	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)					1,219	251	5,006	1
2	HMO and other (see instructions)					712	865		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider						7		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	105.18	563.12			1,219	251	5,006	14
15	CAH Visits								15
16	Subprovider - IPF		12.92			103	126	401	16
17	Subprovider - IRF		5.23			54		95	17
18	Subprovider I								18
19	Skilled Nursing Facility		12.53						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)	105.18	593.80						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	39,083,942		39,083,942	1,214,739.00	32.17	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching		1,499,267		1,499,267	17,064.00	87.86	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	4,006,950	-1,624,107	2,382,843	88,104.00	27.05	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel		3,165,262		3,165,262	94,958.00	33.33	8
9	SNF	44	807,537		807,537	26,069.00	30.98	9
10	Excluded area salaries (see instructions)		1,625,546	-89,856	1,535,690	43,848.00	35.02	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		251,493		251,493	3,376.00	74.49	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		90,032		90,032	597.00	150.81	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		6,330,523		6,330,523	189,915.00	33.33	14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		6,835,656		6,835,656			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		315,993		315,993			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching		308,499		308,499			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		490,309		490,309			25
25.50	Home office wage-related		672,337		672,337			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		648,910	-28,876	620,034	22,073.00	28.09	26
27	Administrative & General		2,825,456	720,911	3,546,367	112,475.00	31.53	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs		701,946		701,946	21,708.00	32.34	29
30	Operation of Plant							30
31	Laundry & Linen Service		200,178		200,178	11,620.00	17.23	31
32	Housekeeping		900,478		900,478	63,862.00	14.10	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		991,232		991,232	59,500.00	16.66	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		560,653		560,653	14,423.00	38.87	38
39	Central Services and Supply		152,660		152,660	9,781.00	15.61	39
40	Pharmacy		1,231,913	-62,086	1,169,827	25,728.00	45.47	40
41	Medical Records & Medical Records Library		1,336,191	-540,093	796,098	24,493.00	32.50	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		30,412,463	1,624,107	32,036,570	1,014,613.00	31.58	1
2	Excluded area salaries (see instructions)		2,433,083	-89,856	2,343,227	69,917.00	33.51	2
3	Subtotal salaries (line 1 minus line 2)		27,979,380	1,713,963	29,693,343	944,696.00	31.43	3
4	Subtotal other wages & related costs (see instructions)		6,672,048		6,672,048	193,888.00	34.41	4

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

5	Subtotal wage-related costs (see instructions)		7,507,993		7,507,993		25.29%	5
6	Total (sum of lines 3 through 5)		42,159,421	1,713,963	43,873,384	1,138,584.00	38.53	6
7	Total overhead cost (see instructions)		9,549,617	89,856	9,639,473	365,663.00	26.36	7

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

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	566,290	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)	2,874,563	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	16,128	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	75,408	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	888,627	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	2,072,031	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	285,677	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	56,932	23
24	Total Wage Related cost (Sum of lines 1-23)	6,835,656	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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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	251,493	6,835,656	1
2	Hospital	251,493	6,835,656	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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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA**WORKSHEET S-7**

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	23		23	4
5	RVX				5
6	RVL	43		43	6
7	RHX				7
8	RHL				8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	44		44	12
13	RUB	148		148	13
14	RUA	423		423	14
15	RVC	45		45	15
16	RVB	246		246	16
17	RVA	341		341	17
18	RHC				18
19	RHB	61		61	19
20	RHA	84		84	20
21	RMC				21
22	RMB				22
23	RMA	22		22	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1	19		19	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1	9		9	34
35	HB2				35
36	HB1				36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1				42
43	LB2				43
44	LB1				44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2				49
50	CC1	5		5	50
51	CB2				51
52	CB1	19		19	52
53	CA2	43		43	53
54	CA1	6		6	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA**WORKSHEET S-7**

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1	5		5	74
75	PB2				75
76	PB1				76
77	PA2				77
78	PA1	5		5	78
199	AAA				199
200	TOTAL	1,591		1,591	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	1,867,112			207

KPMG LLP Compu-Max 2552-10

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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)	0.118330	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	13,596,748	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	9,065,753	5
6	Medicaid charges	153,342,380	6
7	Medicaid cost (line 1 times line 6)	18,145,004	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

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

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

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

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 fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		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)	26,614,403	69,617	26,684,020	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,149,282	69,617	3,218,899	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	3,149,282	69,617	3,218,899	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)	7,754,947	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	466,814	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)	718,176	27.0
1			1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	7,036,771	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,084,023	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	4,302,922	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,302,922	31

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MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES
WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				3,529,305	3,529,305	-72,569	3,456,736	1
2	00200	Cap Rel Costs-Mvble Equip				2,370,978	2,370,978	632,051	3,003,029	2
4	00400	Employee Benefits Department	648,910	8,245,728	8,894,638	-61,317	8,833,321	-759,168	8,074,153	4
5	00500	Administrative & General	2,825,456	14,583,213	17,408,669	-4,191,109	13,217,560	-223,398	12,994,162	5
6	00600	Maintenance & Repairs	701,946	3,955,699	4,657,645	-332,008	4,325,637	-159,971	4,165,666	6
8	00800	Laundry & Linen Service	200,178	140,871	341,049	102,496	443,545	-4,634	438,911	8
9	00900	Housekeeping	900,478	385,485	1,285,963	-18,467	1,267,496		1,267,496	9
10	01000	Dietary	991,232	535,694	1,526,926	-9,902	1,517,024	-273,415	1,243,609	10
11	01100	Cafeteria								11
13	01300	Nursing Administration	560,653	88,069	648,722	-503	648,219	-2,313	645,906	13
14	01400	Central Services & Supply	152,660	-109,980	42,680	351,553	394,233	-28,598	365,635	14
15	01500	Pharmacy	1,231,913	2,557,592	3,789,505	-1,685,669	2,103,836	-262,456	1,841,380	15
16	01600	Medical Records & Library	1,336,191	217,300	1,553,491	-512,614	1,040,877	-8,809	1,032,068	16
21	02100	I&R Services-Salary & Fringes Apprvd	4,006,950		4,006,950	-1,624,107	2,382,843		2,382,843	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,081,914	1,081,914	1,616,798	2,698,712	-75,647	2,623,065	22
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	8,357,813	653,959	9,011,772	-289,341	8,722,431	-195,314	8,527,117	30
31	03100	Intensive Care Unit	1,262,481	220,549	1,483,030	-103,319	1,379,711	-21,472	1,358,239	31
40	04000	Subprovider - IPF	907,761	296,478	1,204,239	-2,367	1,201,872	-255,552	946,320	40
41	04100	Subprovider - IRF	337,298	50,350	387,648	-341	387,307	-14,546	372,761	41
43	04300	Nursery	385,091	186,092	571,183	-13,832	557,351	-150,000	407,351	43
44	04400	Skilled Nursing Facility	807,537	87,901	895,438	-24,411	871,027	-4,058	866,969	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,707,270	7,126,109	8,833,379	-5,323,264	3,510,115	-347,236	3,162,879	50
51	05100	Recovery Room	270,609	27,855	298,464	-20,503	277,961		277,961	51
52	05200	Delivery Room & Labor Room	779,705	793,005	1,572,710	-67,031	1,505,679	-677,672	828,007	52
53	05300	Anesthesiology	240,852	953,520	1,194,372	-305,272	889,100	-435,974	453,126	53
54	05400	Radiology-Diagnostic	1,342,993	3,764,806	5,107,799	-480,724	4,627,075	94,483	4,721,558	54
56	05600	Radioisotope	125,127	152,777	277,904	-3,233	274,671		274,671	56
56.01	03630	ULTRA SOUND	379,043	-11,934	367,109	-23,158	343,951	-3,405	340,546	56.01
56.02	03440	MAMMOGRAPHY	345,504	126,712	472,216	-49,826	422,390		422,390	56.02
57	05700	CT Scan	296,990	205,587	502,577	-124,209	378,368	-40,660	337,708	57
58	05800	MRI	167,881	64,021	231,902	-32,864	199,038		199,038	58
59	05900	Cardiac Catheterization	382,402	2,463,420	2,845,822	-1,536,723	1,309,099	-33,936	1,275,163	59
59.01	05901	GASTRO INTESTINAL	549,486	523,227	1,072,713	-180,854	891,859	-3,560	888,299	59.01
60	06000	Laboratory	55,973	2,714,991	2,770,964	-507	2,770,457	-234,788	2,535,669	60
63	06300	Blood Storing, Processing & Trans.		250,017	250,017		250,017	-375	249,642	63
65	06500	Respiratory Therapy	483,704	192,236	675,940	-94,434	581,506	184	581,690	65
66	06600	Physical Therapy	894,218	54,279	948,497	-6,688	941,809	-2,825	938,984	66
67	06700	Occupational Therapy	445,549	406	445,955		445,955	-2,312	443,643	67
68	06800	Speech Pathology	229,073	10,652	239,725	-8,481	231,244		231,244	68
69	06900	Electrocardiology	287,203	135,327	422,530	-3,885	418,645	-92,137	326,508	69
69.01	06901	CARDIAC HEHAB	83,623	9,818	93,441	-2,269	91,172		91,172	69.01
71	07100	Medical Supplies Charged to Patients				2,589,631	2,589,631		2,589,631	71
72	07200	Impl. Dev. Charged to Patients				4,559,383	4,559,383		4,559,383	72
73	07300	Drugs Charged to Patients				2,736,106	2,736,106		2,736,106	73
74	07400	Renal Dialysis		337,437	337,437		337,437		337,437	74
		OUTPATIENT SERVICE COST CENTERS								
91	09100	Emergency	2,463,928	883,625	3,347,553	-266,417	3,081,136	-300,437	2,780,699	91
91.01	09101	FAMILY PRACTICES	1,372,258	1,597,891	2,970,149	-349,050	2,621,099	-994,837	1,626,262	91.01
91.02	09102	PSYCH DAY HOSPITAL	114,393	6,477	120,870		120,870	-970	119,900	91.02
91.03	09103	WOUND CARE	71,123	91,012	162,135	-65,711	96,424		96,424	91.03
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency		82,246	82,246		82,246	-82,246		101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	38,703,455	55,732,433	94,435,888	41,840	94,477,728	-5,038,572	89,439,156	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
191	19100	Research	95,595	-62,408	33,187	-24,064	9,123		9,123	191
192	19200	Physicians' Private Offices								192
194	07950	MARKETING	180,559	190,302	370,861	-17,776	353,085		353,085	194
194.01	07951	MACNEAL SCHOOL								194.01

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
194.0 2	07952	COMMUNITY RELATIONS	104,333	49,398	153,731		153,731		153,731	194.0 2
194.0 3	07953	RETAIL PHARMACY								194.0 3
194.0 4	07954	HOME DELIVERED MEALS								194.0 4
194.0 5	07955	CATERED MEALS								194.0 5
194.0 6	07956	VACANT SPACE								194.0 6
200		TOTAL (sum of lines 118-199)	39,083,942	55,909,725	94,993,667		94,993,667	-5,038,572	89,955,095	200

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RECLASSIFICATIONS**WORKSHEET A-6**

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	REAL ESTATE TAX	A	Cap Rel Costs-Bldg & Fixt	1		538,866
2	REAL ESTATE TAX	A				
3	REAL ESTATE TAX	A				
500	Total reclassifications					538,866
	Code Letter - A					
1	DEPRECIATION EXPENSE	B	Cap Rel Costs-Bldg & Fixt	1		2,250,706
2	DEPRECIATION EXPENSE	B	Cap Rel Costs-Mvble Equip	2		2,131,221
500	Total reclassifications					4,381,927
	Code Letter - B					
1	RENTS	C	Cap Rel Costs-Bldg & Fixt	1		713,939
2	RENTS	C	Cap Rel Costs-Mvble Equip	2		210,810
3	RENTS	C	Maintenance & Repairs	6		14,647
4	RENTS	C	Delivery Room & Labor Room	52		179
5	RENTS	C				
6	RENTS	C				
7	RENTS	C				
8	RENTS	C				
9	RENTS	C				
10	RENTS	C				
11	RENTS	C				
12	RENTS	C				
500	Total reclassifications					939,575
	Code Letter - C					
1	BILLABLE DRUGS	D	Drugs Charged to Patients	73		2,736,106
2	BILLABLE DRUGS	D	Central Services & Supply	14		22
3	BILLABLE DRUGS	D				
4	BILLABLE DRUGS	D				
5	BILLABLE DRUGS	D				
6	BILLABLE DRUGS	D				
7	BILLABLE DRUGS	D				
8	BILLABLE DRUGS	D				
9	BILLABLE DRUGS	D				
10	BILLABLE DRUGS	D				
11	BILLABLE DRUGS	D				
12	BILLABLE DRUGS	D				
13	BILLABLE DRUGS	D				
14	BILLABLE DRUGS	D				
15	BILLABLE DRUGS	D				
16	BILLABLE DRUGS	D				
17	BILLABLE DRUGS	D				
18	BILLABLE DRUGS	D				
19	BILLABLE DRUGS	D				
20	BILLABLE DRUGS	D				
21	BILLABLE DRUGS	D				
22	BILLABLE DRUGS	D				
23	BILLABLE DRUGS	D				
24	BILLABLE DRUGS	D				
25	BILLABLE DRUGS	D				
26	BILLABLE DRUGS	D				
27	BILLABLE DRUGS	D				
28	BILLABLE DRUGS	D				
29	BILLABLE DRUGS	D				
30	BILLABLE DRUGS	D				
500	Total reclassifications					2,736,128
	Code Letter - D					
1	BILLABLE SUPPLIES	E	Medical Supplies Charged to P	71		2,589,631
2	BILLABLE SUPPLIES	E	Maintenance & Repairs	6		164
3	BILLABLE SUPPLIES	E	Central Services & Supply	14		399,237
4	BILLABLE SUPPLIES	E	MRI	58		3,044
5	BILLABLE SUPPLIES	E				
6	BILLABLE SUPPLIES	E				
7	BILLABLE SUPPLIES	E				
8	BILLABLE SUPPLIES	E				
9	BILLABLE SUPPLIES	E				
10	BILLABLE SUPPLIES	E				
11	BILLABLE SUPPLIES	E				

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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
12	BILLABLE SUPPLIES	E				12
13	BILLABLE SUPPLIES	E				13
14	BILLABLE SUPPLIES	E				14
15	BILLABLE SUPPLIES	E				15
16	BILLABLE SUPPLIES	E				16
17	BILLABLE SUPPLIES	E				17
18	BILLABLE SUPPLIES	E				18
19	BILLABLE SUPPLIES	E				19
20	BILLABLE SUPPLIES	E				20
21	BILLABLE SUPPLIES	E				21
22	BILLABLE SUPPLIES	E				22
23	BILLABLE SUPPLIES	E				23
24	BILLABLE SUPPLIES	E				24
25	BILLABLE SUPPLIES	E				25
26	BILLABLE SUPPLIES	E				26
27	BILLABLE SUPPLIES	E				27
28	BILLABLE SUPPLIES	E				28
29	BILLABLE SUPPLIES	E				29
30	BILLABLE SUPPLIES	E				30
31	BILLABLE SUPPLIES	E				31
32	BILLABLE SUPPLIES	E				32
500	Total reclassifications					2,992,076
	Code Letter - E					
1	INSURANCE	F	Cap Rel Costs-Bldg & Fixt	1		25,794
2	INSURANCE	F				
500	Total reclassifications					25,794
	Code Letter - F					
1	INTEREST EXPENSE	G	Cap Rel Costs-Mvble Equip	2		28,947
500	Total reclassifications					28,947
	Code Letter - G					
1	IMPLANTABLE DEVICE	H	Impl. Dev. Charged to Patient	72		4,559,383
2	IMPLANTABLE DEVICE	H				
3	IMPLANTABLE DEVICE	H				
4	IMPLANTABLE DEVICE	H				
5	IMPLANTABLE DEVICE	H				
6	IMPLANTABLE DEVICE	H				
7	IMPLANTABLE DEVICE	H				
500	Total reclassifications					4,559,383
	Code Letter - H					
1	LINEN	I	Laundry & Linen Service	8		104,986
2	LINEN	I	Physical Therapy	66		15
3	LINEN	I				
4	LINEN	I				
5	LINEN	I				
6	LINEN	I				
7	LINEN	I				
8	LINEN	I				
9	LINEN	I				
10	LINEN	I				
11	LINEN	I				
12	LINEN	I				
13	LINEN	I				
14	LINEN	I				
15	LINEN	I				
16	LINEN	I				
17	LINEN	I				
18	LINEN	I				
19	LINEN	I				
20	LINEN	I				
21	LINEN	I				
22	LINEN	I				
500	Total reclassifications					105,001
	Code Letter - I					
1	CHICAGO MARKET CHARGEBACKS	J	Administrative & General	5	1,351,828	
2	CHICAGO MARKET CHARGEBACKS	J	Medical Records & Library	16		4,429

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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
3	CHICAGO MARKET CHARGEBACKS	J	Research	191		62,729
4	CHICAGO MARKET CHARGEBACKS	J	MARKETING	194		1,292
5	CHICAGO MARKET CHARGEBACKS	J				
6	CHICAGO MARKET CHARGEBACKS	J				
7	CHICAGO MARKET CHARGEBACKS	J				
500	Total reclassifications				1,351,828	68,450
	Code Letter - J					
1	REGIONAL	K	Employee Benefits Department	4	21,376	2,103
2	REGIONAL	K	Pharmacy	15	21,658	1,229
3	REGIONAL	K	Medical Records & Library	16	557,150	23,050
4	REGIONAL	K	Research	191	24,484	
5	REGIONAL	K	MARKETING	194	6,249	
500	Total reclassifications				630,917	26,382
	Code Letter - K					
1	NON INTERN RESIDENT SALARY	L	I&R Services-Other Prgm Costs	22	1,624,107	
500	Total reclassifications				1,624,107	
	Code Letter - L					
	GRAND TOTAL (Increases)				3,606,852	16,402,529

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

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RECLASSIFICATIONS
WORKSHEET A-6

			DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	REAL ESTATE TAX	A	Administrative & General	5		178,027	13	1
2	REAL ESTATE TAX	A	Maintenance & Repairs	6		328,578		2
3	REAL ESTATE TAX	A	MRI	58		32,261		3
500	Total reclassifications					538,866		500
	Code letter - A							
1	DEPRECIATION EXPENSE	B	Administrative & General	5		4,381,927	9	1
2	DEPRECIATION EXPENSE	B					9	2
500	Total reclassifications					4,381,927		500
	Code letter - B							
1	RENTS	C	Administrative & General	5		247,179	10	1
2	RENTS	C	Dietary	10		1,533	10	2
3	RENTS	C	Central Services & Supply	14		47,661		3
4	RENTS	C	Intensive Care Unit	31		14,000		4
5	RENTS	C	Operating Room	50		304,592		5
6	RENTS	C	Anesthesiology	53		68,778		6
7	RENTS	C	Radiology-Diagnostic	54		46,054		7
8	RENTS	C	CT Scan	57		105,705		8
9	RENTS	C	Respiratory Therapy	65		37,571		9
10	RENTS	C	Emergency	91		64		10
11	RENTS	C	FAMILY PRACTICES	91.01		48,303		11
12	RENTS	C	WOUND CARE	91.03		18,135		12
500	Total reclassifications					939,575		500
	Code letter - C							
1	BILLABLE DRUGS	D	Employee Benefits Department	4		27,022		1
2	BILLABLE DRUGS	D	Administrative & General	5		13		2
3	BILLABLE DRUGS	D	Maintenance & Repairs	6		8		3
4	BILLABLE DRUGS	D	Housekeeping	9		7		4
5	BILLABLE DRUGS	D	Dietary	10		5,417		5
6	BILLABLE DRUGS	D	Pharmacy	15		1,566,791		6
7	BILLABLE DRUGS	D	I&R Services-Other Prgm Costs	22		7,309		7
8	BILLABLE DRUGS	D	Adults & Pediatrics	30		94,977		8
9	BILLABLE DRUGS	D	Intensive Care Unit	31		22,976		9
10	BILLABLE DRUGS	D	Subprovider - IPF	40		664		10
11	BILLABLE DRUGS	D	Nursery	43		1,273		11
12	BILLABLE DRUGS	D	Skilled Nursing Facility	44		3,450		12
13	BILLABLE DRUGS	D	Operating Room	50		54,436		13
14	BILLABLE DRUGS	D	Recovery Room	51		1,375		14
15	BILLABLE DRUGS	D	Delivery Room & Labor Room	52		11,951		15
16	BILLABLE DRUGS	D	Anesthesiology	53		177,273		16
17	BILLABLE DRUGS	D	Radiology-Diagnostic	54		330,151		17
18	BILLABLE DRUGS	D	Radioisotope	56		719		18
19	BILLABLE DRUGS	D	ULTRA SOUND	56.01		174		19
20	BILLABLE DRUGS	D	MAMMOGRAPHY	56.02		5,756		20
21	BILLABLE DRUGS	D	CT Scan	57		2,679		21
22	BILLABLE DRUGS	D	MRI	58		1,217		22
23	BILLABLE DRUGS	D	Cardiac Catheterization	59		3,394		23
24	BILLABLE DRUGS	D	GASTRO INTESTINAL	59.01		29,667		24
25	BILLABLE DRUGS	D	Respiratory Therapy	65		958		25
26	BILLABLE DRUGS	D	Physical Therapy	66		120		26
27	BILLABLE DRUGS	D	Electrocardiology	69		674		27
28	BILLABLE DRUGS	D	Emergency	91		116,656		28
29	BILLABLE DRUGS	D	FAMILY PRACTICES	91.01		264,288		29
30	BILLABLE DRUGS	D	WOUND CARE	91.03		4,733		30
500	Total reclassifications					2,736,128		500
	Code letter - D							
1	BILLABLE SUPPLIES	E	Employee Benefits Department	4		1,886		1
2	BILLABLE SUPPLIES	E	Administrative & General	5		120		2
3	BILLABLE SUPPLIES	E	Laundry & Linen Service	8		2,490		3
4	BILLABLE SUPPLIES	E	Dietary	10		2,952		4
5	BILLABLE SUPPLIES	E	Nursing Administration	13		503		5
6	BILLABLE SUPPLIES	E	Pharmacy	15		15,436		6
7	BILLABLE SUPPLIES	E	Adults & Pediatrics	30		186,960		7
8	BILLABLE SUPPLIES	E	Intensive Care Unit	31		65,268		8
9	BILLABLE SUPPLIES	E	Subprovider - IPF	40		1,643		9
10	BILLABLE SUPPLIES	E	Subprovider - IRF	41		341		10

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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	
11	BILLABLE SUPPLIES	E	Nursery	43		11,708		11
12	BILLABLE SUPPLIES	E	Skilled Nursing Facility	44		20,961		12
13	BILLABLE SUPPLIES	E	Operating Room	50		1,947,052		13
14	BILLABLE SUPPLIES	E	Recovery Room	51		5,649		14
15	BILLABLE SUPPLIES	E	Delivery Room & Labor Room	52		53,745		15
16	BILLABLE SUPPLIES	E	Anesthesiology	53		59,221		16
17	BILLABLE SUPPLIES	E	Radiology-Diagnostic	54		51,305		17
18	BILLABLE SUPPLIES	E	Radioisotope	56		554		18
19	BILLABLE SUPPLIES	E	ULTRA SOUND	56.01		17,874		19
20	BILLABLE SUPPLIES	E	MAMMOGRAPHY	56.02		38,155		20
21	BILLABLE SUPPLIES	E	CT Scan	57		10,078		21
22	BILLABLE SUPPLIES	E	Cardiac Catheterization	59		119,939		22
23	BILLABLE SUPPLIES	E	GASTRO INTESTINAL	59.01		116,013		23
24	BILLABLE SUPPLIES	E	Laboratory	60		507		24
25	BILLABLE SUPPLIES	E	Respiratory Therapy	65		55,905		25
26	BILLABLE SUPPLIES	E	Physical Therapy	66		6,583		26
27	BILLABLE SUPPLIES	E	Speech Pathology	68		8,481		27
28	BILLABLE SUPPLIES	E	Electrocardiology	69		3,196		28
29	BILLABLE SUPPLIES	E	CARDIAC HEHAB	69.01		1,009		29
30	BILLABLE SUPPLIES	E	Emergency	91		148,289		30
31	BILLABLE SUPPLIES	E	FAMILY PRACTICES	91.01		3,096		31
32	BILLABLE SUPPLIES	E	WOUND CARE	91.03		35,157		32
500	Total reclassifications					2,992,076		500
	Code letter - E							
1	INSURANCE	F	Administrative & General	5		25,766	12	1
2	INSURANCE	F	FAMILY PRACTICES	91.01		28		2
500	Total reclassifications					25,794		500
	Code letter - F							
1	INTEREST EXPENSE	G	Administrative & General	5		28,947	11	1
500	Total reclassifications					28,947		500
	Code letter - G							
1	IMPLANTABLE DEVICE	H	Pharmacy	15		37,668		1
2	IMPLANTABLE DEVICE	H	Operating Room	50		3,002,503		2
3	IMPLANTABLE DEVICE	H	Radiology-Diagnostic	54		49,132		3
4	IMPLANTABLE DEVICE	H	Cardiac Catheterization	59		1,412,181		4
5	IMPLANTABLE DEVICE	H	GASTRO INTESTINAL	59.01		19,307		5
6	IMPLANTABLE DEVICE	H	FAMILY PRACTICES	91.01		32,691		6
7	IMPLANTABLE DEVICE	H	WOUND CARE	91.03		5,901		7
500	Total reclassifications					4,559,383		500
	Code letter - H							
1	LINEN	I	Housekeeping	9		18,460		1
2	LINEN	I	Central Services & Supply	14		45		2
3	LINEN	I	Adults & Pediatrics	30		7,404		3
4	LINEN	I	Intensive Care Unit	31		1,075		4
5	LINEN	I	Subprovider - IPF	40		60		5
6	LINEN	I	Nursery	43		851		6
7	LINEN	I	Operating Room	50		14,681		7
8	LINEN	I	Recovery Room	51		13,479		8
9	LINEN	I	Delivery Room & Labor Room	52		1,514		9
10	LINEN	I	Radiology-Diagnostic	54		4,082		10
11	LINEN	I	Radioisotope	56		1,960		11
12	LINEN	I	ULTRA SOUND	56.01		5,110		12
13	LINEN	I	MAMMOGRAPHY	56.02		5,915		13
14	LINEN	I	CT Scan	57		5,747		14
15	LINEN	I	MRI	58		2,430		15
16	LINEN	I	Cardiac Catheterization	59		1,209		16
17	LINEN	I	GASTRO INTESTINAL	59.01		15,867		17
18	LINEN	I	Electrocardiology	69		15		18
19	LINEN	I	CARDIAC HEHAB	69.01		1,260		19
20	LINEN	I	Emergency	91		1,408		20
21	LINEN	I	FAMILY PRACTICES	91.01		644		21
22	LINEN	I	WOUND CARE	91.03		1,785		22
500	Total reclassifications					105,001		500
	Code letter - I							

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RECLASSIFICATIONS**WORKSHEET A-6**

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
1	CHICAGO MARKET CHARGEBACKS	J	Administrative & General	5		39,664	1
2	CHICAGO MARKET CHARGEBACKS	J	Employee Benefits Department	4	50,252	5,636	2
3	CHICAGO MARKET CHARGEBACKS	J	Maintenance & Repairs	6		18,233	3
4	CHICAGO MARKET CHARGEBACKS	J	Pharmacy	15	83,744	4,917	4
5	CHICAGO MARKET CHARGEBACKS	J	Medical Records & Library	16	1,097,243		5
6	CHICAGO MARKET CHARGEBACKS	J	Research	191	95,595		6
7	CHICAGO MARKET CHARGEBACKS	J	MARKETING	194	24,994		7
500	Total reclassifications				1,351,828	68,450	500
	Code letter - J						
1	REGIONAL	K	Administrative & General	5	630,917	10,377	1
2	REGIONAL	K	Research	191		15,682	2
3	REGIONAL	K	MARKETING	194		323	3
4	REGIONAL	K					4
5	REGIONAL	K					5
500	Total reclassifications				630,917	26,382	500
	Code letter - K						
1	NON INTERN RESIDENT SALARY	L	I&R Services-Salary & Fringes	21	1,624,107		1
500	Total reclassifications				1,624,107		500
	Code letter - L						
	GRAND TOTAL (Decreases)				3,606,852	16,402,529	

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

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RECONCILIATION OF CAPITAL COST CENTERS**WORKSHEET A-7
PARTS I, II & III****PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	2,867,991					2,867,991		2
3	Buildings and Fixtures	135,859,228	1,780,877		1,780,877		137,640,105		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	213,630,906	976,783		976,783	947,228	213,660,461		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	352,358,125	2,757,660		2,757,660	947,228	354,168,557		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	352,358,125	2,757,660		2,757,660	947,228	354,168,557		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	140,508,096		140,508,096	0.396727					1
2	Cap Rel Costs-Mvble Equip	213,660,461		213,660,461	0.603273					2
3	Total (sum of lines 1-2)	354,168,557		354,168,557	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	1,953,633	713,939		25,794	763,370		3,456,736	1
2	Cap Rel Costs-Mvble Equip	2,763,272	210,810	28,947				3,003,029	2
3	Total (sum of lines 1-2)	4,716,905	924,749	28,947	25,794	763,370		6,459,765	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)			Cap Rel Costs-Mvble Equip	2		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	-2,955,144				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-2,747,541				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-260,618	Dietary	10		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing and allied health education (tuition, fees, books, etc.)						19
20	Vending machines	B	-12,478	Dietary	10		20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures	A	-1,177,511	Cap Rel Costs-Bldg & Fixt	1	9	26
27	Depreciation--movable equipment	A	637,481	Cap Rel Costs-Mvble Equip	2	9	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33	PATIENT PHONES-DIRECT	A	-61,974	Administrative & General	5		33
33.01	PATIENT PHONES-BENEFITS	A	-3,877	Employee Benefits Department	4		33.01
33.02	PATIENT PHONES-DEPREC.	A	-439	Cap Rel Costs-Mvble Equip	2	9	33.02
33.03	TELEVISION-DEPREC	A	-4,991	Cap Rel Costs-Mvble Equip	2	9	33.03
33.04	TELEVISION-CABLE	A	-738	Administrative & General	5		33.04
33.05	TELEVISION-CABLE	A	-1,227	Anesthesiology	53		33.05
33.06	TELEVISION-CABLE	A	-4,255	FAMILY PRACTICES	91.01		33.06
33.07	TELEPHONE REVENUE	B	-73,245	Administrative & General	5		33.07
33.08	OTHER OPERATING REVENUE	B	-2,216,675	Administrative & General	5		33.08
33.09	RENT INCOME	B	-159,934	Maintenance & Repairs	6		33.09
33.10	OTHER OPERATING REVENUE	B	-4,634	Laundry & Linen Service	8		33.10
33.11	OTHER OPERATING REVENUE	B	-1,500	Nursing Administration	13		33.11
33.12	OTHER OPERATING REVENUE	B	-28,598	Central Services & Supply	14		33.12
33.13	OTHER OPERATING REVENUE	B	-259,081	Pharmacy	15		33.13
33.14	OTHER OPERATING REVENUE	B	-8,809	Medical Records & Library	16		33.14
33.15	OTHER OPERATING REVENUE	B	-68,936	I&R Services-Other Prgm Costs Apprvd	22		33.15
33.16	RENT INCOME	B	-187,404	Adults & Pediatrics	30		33.16
33.17	OTHER OPERATING REVENUE	B	-1,982	Adults & Pediatrics	30		33.17
33.18	OTHER OPERATING REVENUE	B	-96,990	Radiology-Diagnostic	54		33.18
33.19	OTHER OPERATING REVENUE	B	-3,405	ULTRA SOUND	56.01		33.19
33.20	OTHER OPERATING REVENUE	B	-40,660	CT Scan	57		33.20
33.21	OTHER OPERATING REVENUE	B	-3,560	GASTRO INTESTINAL	59.01		33.21
33.22	OTHER OPERATING REVENUE	B	-18,971	Laboratory	60		33.22
33.23	OTHER OPERATING REVENUE	B	-375	Blood Storing, Processing & Trans.	63		33.23
33.24	OTHER OPERATING REVENUE	B	184	Respiratory Therapv	65		33.24

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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	
33.25	OTHER OPERATING REVENUE	B	-2,825	Physical Therapy	66		33.25
33.26	OTHER OPERATING REVENUE	B	-2,312	Occupational Therapy	67		33.26
33.27	OTHER OPERATING REVENUE	B	-2,358	Electrocardiology	69		33.27
33.28	OTHER OPERATING REVENUE	B	-12,728	Emergency	91		33.28
33.29	OTHER OPERATING REVENUE	B	-23,934	FAMILY PRACTICES	91.01		33.29
33.30	ADVERTISING	A	-1,008	Employee Benefits Department	4		33.30
33.31	ADVERTISING	A	-10,662	Administrative & General	5		33.31
33.32	ADVERTISING	A	-400	I&R Services-Other Prgm Costs Apprvd	22		33.32
33.33	OTHER OPERATING EXPENSES	A	-3,970	Administrative & General	5		33.33
33.34	OTHER OPERATING EXPENSES	A	-4	Nursing Administration	13		33.34
33.35	OTHER OPERATING EXPENSES	A	-1,243	Adults & Pediatrics	30		33.35
33.36	OTHER OPERATING EXPENSES	A	-1,576	Intensive Care Unit	31		33.36
33.37	OTHER OPERATING EXPENSES	A	-83	Skilled Nursing Facility	44		33.37
33.38	OTHER OPERATING EXPENSES	A	-42	Delivery Room & Labor Room	52		33.38
33.39	OTHER OPERATING EXPENSES	A	-557	Emergency	91		33.39
33.40	OTHER OPERATING EXPENSES	A	-8,264	FAMILY PRACTICES	91.01		33.40
33.41	PHYSICIAN RECRUITMENT	A	-12,518	Administrative & General	5		33.41
33.42	PHYSICIAN RECRUITMENT	A	-2,261	Employee Benefits Department	4		33.42
33.43	NON-ALLOWABLE MEALS	A	-8,283	Administrative & General	5		33.43
33.44	NON-ALLOWABLE TRAVEL	A	-1,219	Administrative & General	5		33.44
33.45	DUES & SUBSCRIPTIONS	A	-45,528	Administrative & General	5		33.45
33.46	LOBBYING DUES	A	-31,990	Administrative & General	5		33.46
33.47	PURCHASED SERVICES	A	-164,674	Administrative & General	5		33.47
33.48	PURCHASED SERVICES	A	-1,340	Delivery Room & Labor Room	52		33.48
33.49	DONATIONS & CONTRIBUTIONS	A	-68,563	Administrative & General	5		33.49
33.50	PATIENT TRANSPORTATION	A	10	Employee Benefits Department	4		33.50
33.51	PATIENT TRANSPORTATION	A	-28,004	Administrative & General	5		33.51
33.52	PATIENT TRANSPORTATION	A	-135	Nursing Administration	13		33.52
33.53	PATIENT TRANSPORTATION	A	70	I&R Services-Other Prgm Costs Apprvd	22		33.53
33.54	PATIENT TRANSPORTATION	A	-170	Adults & Pediatrics	30		33.54
33.55	PATIENT TRANSPORTATION	A	-652	Subprovider - IPF	40		33.55
33.56	PATIENT TRANSPORTATION	A	-807	Emergency	91		33.56
33.57	PATIENT TRANSPORTATION	A	-655	FAMILY PRACTICES	91.01		33.57
33.58	ALCOHOL & LIQUOR	A	-728	Administrative & General	5		33.58
33.59	ALCOHOL & LIQUOR	A	-931	I&R Services-Other Prgm Costs Apprvd	22		33.59
33.60	PENALTIES & FINES	A	-39,227	Administrative & General	5		33.60
33.61	PENALTIES & FINES	A	-3,375	Pharmacy	15		33.61
33.62	PENALTIES & FINES	A	-5,541	Radiology-Diagnostic	54		33.62
33.63	MSO FEES	A	-319	Dietary	10		33.63
33.64	MSO FEES	A	-12,131	Electrocardiology	69		33.64
33.65	MSO FEES	A	-175,138	FAMILY PRACTICES	91.01		33.65
33.66	PHYSICIAN CONTINUING EDUCATION	A	-2,702	Administrative & General	5		33.66
33.67	PHYSICIAN RELOCATION EXPENSE	A	-252,888	Administrative & General	5		33.67
33.68	EMPLOYEE BENEFITS	A	-11,992	Employee Benefits Department	4		33.68
33.69	PROPERTY TAXES	A	224,504	Cap Rel Costs-Bldg & Fixt	1	13	33.69
33.70	LEGAL	A	-16,414	Administrative & General	5		33.70
33.71	MEDICAL STAFF RELATIONS	A	-5,470	Administrative & General	5		33.71
33.72	MEDICAL STAFF RELATIONS	A	-5,450	I&R Services-Other Prgm Costs Apprvd	22		33.72
33.73	MEDICAL STAFF RELATIONS	A	-731	FAMILY PRACTICES	91.01		33.73
33.74	H.O. WORKER COMPENSATION	A	-92,505	Employee Benefits Department	4		33.74
33.75	PERIOD 13 ADJUSTMENT	A	-624,485	Employee Benefits Department	4		33.75
33.76	PERIOD 13 ADJUSTMENT	A	6,275,769	Administrative & General	5		33.76
33.77	HOME HEALTH AGENCY	A	-82,246	Home Health Agency	101		33.77
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45

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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	
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-5,038,572				50

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE DIRECT CAPITAL	453,597		453,597	9	1
2	1	Cap Rel Costs-Bldg & Fixt	HOME OFFICE POOLED CAPITAL	426,841		426,841	9	2
3	5	Administrative & General	HOME OFFICE SHARED SERVICES	422,880		422,880		3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		3,792,973	-3,792,973		4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	148,894	148,894		9	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	461	461		9	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	23,479	23,479			4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	3,963,278	3,963,278			4.04
4.05	15	Pharmacy	REGIONAL ALLOCATION	22,887	22,887			4.05
4.06	16	Medical Records & Library	REGIONAL ALLOCATION	580,199	580,199			4.06
4.07	191	Research	REGIONAL ALLOCATION	8,802	8,802			4.07
4.08	194	MARKETING	REGIONAL ALLOCATION	5,926	5,926			4.08
4.09	60	Laboratory	GENESIS LAB	2,456,962	2,672,779	-215,817		4.09
4.10	5	Administrative & General	FINANCE DEPT.	162,735	181,754	-19,019		4.10
4.11	4	Employee Benefits Department	HUMAN RESOURCES	259,039	282,089	-23,050		4.11
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			8,935,980	11,683,521	-2,747,541		5

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

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

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

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B			TENET HLTHCARE	100.00	HEALTHCARE	6
7	G			REGIONAL OFFICE	1.00	HEALTHCARE	7
8	G			GENESIS	1.00	LAB	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	Administrative & Gen ADMINISTRATIVE	68,040	62,865	5,175	211,500	34	3,457	173	1
2	6	Maintenance & Repair MAINTENANCE & R	37	37						2
3	13	Nursing Administrati NURSING ADMINIS	1,691		1,691	211,500	10	1,017	51	3
4	30	Adults & Pediatrics ADULTS & PEDIAT	4,515	4,515						4
5	31	Intensive Care Unit INTENSIVE CARE	35,250	12,562	22,688	211,500	151	15,354	768	5
6	40	Subprovider - IPF SUBPROVIDER - I	254,900	254,900						6
7	41	Subprovider - IRF SUBPROVIDER - I	42,000	3,675	38,325	211,500	270	27,454	1,373	7
8	43	Nursery NURSERY	150,000	150,000						8
9	44	Skilled Nursing Faci SKILLED NURSING	3,975	3,975						9
10	50	Operating Room OPERATING ROOM	347,236	347,236						10
11	52	Delivery Room & Labo DELIVERY ROOM &	676,290	676,290						11
12	53	Anesthesiology ANESTHESIOLOGY	434,747	434,747						12
13	54	Radiology-Diagnostic RADIOLOGY-DIAGN	-197,014	-197,014						13
14	59	Cardiac Catheterizat CARDIAC CATHETE	45,019	26,031	18,988	211,500	109	11,083	554	14
15	69	Electrocardiology ELECTROCARDIOLO	77,648	77,648						15
16	91	Emergency EMERGENCY	286,345	286,345						16
17	91.01	FAMILY PRACTICES FAMILY PRACTICE	782,063	781,838	225	211,500	2	203	10	17
18	91.02	PSYCH DAY HOSPITAL PSYCH DAY HOSPI	2,800	-140	2,940	181,300	21	1,830	92	18
19										19
20										20
200		TOTAL	3,015,542	2,925,510	90,032		597	60,398	3,021	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	Administrative & Gen ADMINISTRATIVE					3,457	1,718	64,583	1
2	6	Maintenance & Repair MAINTENANCE & R							37	2
3	13	Nursing Administrati NURSING ADMINIS					1,017	674	674	3
4	30	Adults & Pediatrics ADULTS & PEDIAT							4,515	4
5	31	Intensive Care Unit INTENSIVE CARE					15,354	7,334	19,896	5
6	40	Subprovider - IPF SUBPROVIDER - I							254,900	6
7	41	Subprovider - IRF SUBPROVIDER - I					27,454	10,871	14,546	7
8	43	Nursery NURSERY							150,000	8
9	44	Skilled Nursing Faci SKILLED NURSING							3,975	9
10	50	Operating Room OPERATING ROOM							347,236	10
11	52	Delivery Room & Labo DELIVERY ROOM &							676,290	11
12	53	Anesthesiology ANESTHESIOLOGY							434,747	12
13	54	Radiology-Diagnostic RADIOLOGY-DIAGN							-197,014	13
14	59	Cardiac Catheterizat CARDIAC CATHETE					11,083	7,905	33,936	14
15	69	Electrocardiology ELECTROCARDIOLO							77,648	15
16	91	Emergency EMERGENCY							286,345	16
17	91.01	FAMILY PRACTICES FAMILY PRACTICE					203	22	781,860	17
18	91.02	PSYCH DAY HOSPITAL PSYCH DAY HOSPI					1,830	1,110	970	18
19										19
20										20
200		TOTAL					60,398	29,634	2,955,144	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 DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	3,456,736	3,456,736					1
2	Cap Rel Costs-Mvble Equip	3,003,029		3,003,029				2
4	Employee Benefits Department	8,074,153			8,074,153			4
5	Administrative & General	12,994,162	357,967	313,431	744,436	14,409,996	14,409,996	5
6	Maintenance & Repairs	4,165,666	1,416,880	1,240,599	147,349	6,970,494	1,329,601	6
8	Laundry & Linen Service	438,911	2,228	1,951	42,020	485,110	92,533	8
9	Housekeeping	1,267,496	29,124	25,501	189,024	1,511,145	288,246	9
10	Dietary	1,243,609	84,555	74,035	208,074	1,610,273	307,155	10
11	Cafeteria		31,951	27,976		59,927	11,431	11
13	Nursing Administration	645,906	6,534	5,721	117,689	775,850	147,991	13
14	Central Services & Supply	365,635	18,211	15,945	32,046	431,837	82,372	14
15	Pharmacy	1,841,380	22,522	19,720	245,564	2,129,186	406,136	15
16	Medical Records & Library	1,032,068	23,465	20,545	167,113	1,243,191	237,135	16
21	I&R Services-Salary & Fringes Apprvd	2,382,843			500,194	2,883,037	549,931	21
22	I&R Services-Other Prgm Costs Apprvd	2,623,065	27,307	23,910	340,924	3,015,206	575,141	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	8,527,117	415,016	363,383	1,754,432	11,059,948	2,109,649	30
31	Intensive Care Unit	1,358,239	36,586	32,035	265,014	1,691,874	322,720	31
40	Subprovider - IPF	946,320	68,272	59,778	190,553	1,264,923	241,280	40
41	Subprovider - IRF	372,761	32,179	28,175	70,804	503,919	96,121	41
43	Nursery	407,351	16,486	14,435	80,836	519,108	99,018	43
44	Skilled Nursing Facility	866,969	25,364	22,208	169,514	1,084,055	206,780	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,162,879	138,033	120,860	358,382	3,780,154	721,053	50
51	Recovery Room	277,961	12,817	11,223	56,805	358,806	68,441	51
52	Delivery Room & Labor Room	828,007	36,180	31,679	163,672	1,059,538	202,104	52
53	Anesthesiology	453,126	870	762	50,558	505,316	96,388	53
54	Radiology-Diagnostic	4,721,558	99,073	86,747	281,914	5,189,292	989,842	54
56	Radioisotope	274,671	9,439	8,265	26,266	318,641	60,780	56
56.01	ULTRA SOUND	340,546			79,567	420,113	80,135	56.01
56.02	MAMMOGRAPHY	422,390	21,812	19,098	72,526	535,826	102,207	56.02
57	CT Scan	337,708	8,941	7,829	62,343	416,821	79,507	57
58	MRI	199,038			35,241	234,279	44,688	58
59	Cardiac Catheterization	1,275,163	18,226	15,958	80,272	1,389,619	265,066	59
59.01	GASTRO INTESTINAL	888,299	33,696	29,504	115,345	1,066,844	203,497	59.01
60	Laboratory	2,535,669	89,513	78,377	11,750	2,715,309	517,937	60
63	Blood Storing, Processing & Trans.	249,642	5,176	4,532		259,350	49,470	63
65	Respiratory Therapy	581,690	10,227	8,954	101,537	702,408	133,982	65
66	Physical Therapy	938,984	40,849	35,767	187,710	1,203,310	229,528	66
67	Occupational Therapy	443,643	1,914	1,676	93,527	540,760	103,148	67
68	Speech Pathology	231,244	8,279	7,249	48,086	294,858	56,243	68
69	Electrocardiology	326,508			60,288	386,796	73,780	69
69.01	CARDIAC HEHAB	91,172	35,455	31,044	17,554	175,225	33,424	69.01
71	Medical Supplies Charged to Patients	2,589,631				2,589,631	493,964	71
72	Impl. Dev. Charged to Patients	4,559,383				4,559,383	869,689	72
73	Drugs Charged to Patients	2,736,106				2,736,106	521,904	73
74	Renal Dialysis	337,437	1,426	1,248		340,111	64,875	74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	2,780,699	63,168	55,309	517,215	3,416,391	651,666	91
91.01	FAMILY PRACTICES	1,626,262	62,366	54,607	288,058	2,031,293	387,463	91.01
91.02	PSYCH DAY HOSPITAL	119,900	25,461	22,293	24,013	191,667	36,560	91.02
91.03	WOUND CARE	96,424			14,930	111,354	21,240	91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	89,439,156	3,337,568	2,922,329	8,013,145	89,178,280	14,261,821	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		4,736	4,147		8,883	1,694	190
191	Research	9,123			5,140	14,263	2,721	191
192	Physicians' Private Offices		80,495	70,480		150,975	28,798	192
194	MARKETING	353,085	6,935	6,073	33,967	400,060	76,310	194
194.0 1	MACNEAL SCHOOL							194.0 1
194.0 2	COMMUNITY RELATIONS	153,731			21,901	175,632	33,501	194.0 2

KPMG LLP Compu-Max 2552-10

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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 DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINIS- TRATIVE & GENERAL	
		0	1	2	4	4A	5	
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS							194.0 5
194.0 6	VACANT SPACE		27,002			27,002	5,151	194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	89,955,095	3,456,736	3,003,029	8,074,153	89,955,095	14,409,996	202

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

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		6	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	8,300,095						6
8	Laundry & Linen Service	10,995	588,638					8
9	Housekeeping	143,727		1,943,118				9
10	Dietary	417,275	3,538	99,543	2,437,784			10
11	Cafeteria	157,680		37,615	818,195	1,084,848		11
13	Nursing Administration	32,247		7,693		17,167	980,948	13
14	Central Services & Supply	89,871	10,252	21,439		11,643		14
15	Pharmacy	111,146		26,514		30,643	2,942	15
16	Medical Records & Library	115,797		27,624		29,182		16
21	I&R Services-Salary & Fringes Apprvd					104,935		21
22	I&R Services-Other Prgm Costs Apprvd	134,759	510	32,147		24,252		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,048,096	179,035	488,584	700,627	324,788	460,798	30
31	Intensive Care Unit	180,553	22,905	43,072	67,417	37,530	89,772	31
40	Subprovider - IPF	336,921	24,669	80,374	117,788	32,006	45,937	40
41	Subprovider - IRF	158,801	20,064	37,883	41,987	12,956	19,595	41
43	Nursery	81,356	5,480	19,408		11,321	31,420	43
44	Skilled Nursing Facility	125,171	24,205	29,860	108,483	31,040	30,521	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	681,188	52,292	162,501		65,597	33,894	50
51	Recovery Room	63,253	12,822	15,089		7,357	17,058	51
52	Delivery Room & Labor Room	178,549	21,125	42,594		24,128	51,234	52
53	Anesthesiology	4,293	3,587	1,024		9,488	8,609	53
54	Radiology-Diagnostic	488,924	38,233	116,635		49,222	11,673	54
56	Radioisotope	46,581		11,112		3,220		56
56.01	ULTRA SOUND					10,280	40	56.01
56.02	MAMMOGRAPHY	107,640	9,672	25,678		11,395	2,212	56.02
57	CT Scan	44,125		10,526		9,513	2,349	57
58	MRI					6,144		58
59	Cardiac Catheterization	89,943	7,434	21,456		9,859	13,153	59
59.01	GASTRO INTESTINAL	166,290	26,863	39,669		20,685	20,841	59.01
60	Laboratory	441,747		105,381		4,186		60
63	Blood Storing, Processing & Trans.	25,545		6,094				63
65	Respiratory Therapy	50,469		12,040		17,836		65
66	Physical Therapy	201,590	10,172	48,090		38,917		66
67	Occupational Therapy	9,445		2,253				67
68	Speech Pathology	40,857		9,747		6,218		68
69	Electrocardiology		29,258			8,794	4,680	69
69.01	CARDIAC HEHAB	174,972	138	41,740		3,443	1,504	69.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	7,036		1,678				74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	311,734	72,347	74,366		97,082	128,030	91
91.01	FAMILY PRACTICES	307,775	774	73,421			21	91.01
91.02	PSYCH DAY HOSPITAL	125,648		29,974		4,385	2,662	91.02
91.03	WOUND CARE					2,378	2,003	91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	7,711,999	575,375	1,802,824	1,854,497	1,077,590	980,948	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	23,374		5,576				190
191	Research					669		191
192	Physicians' Private Offices	397,240	13,263	94,764				192
194	MARKETING	34,226		8,165		3,567		194
194.0 1	MACNEAL SCHOOL							194.0 1
194.0 2	COMMUNITY RELATIONS					3,022		194.0 2
194.0 3	RETAIL PHARMACY							194.0 3

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		6	8	9	10	11	13	
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS				583,287			194.0 5
194.0 6	VACANT SPACE	133,256		31,789				194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,300,095	588,638	1,943,118	2,437,784	1,084,848	980,948	202

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

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply	647,414						14
15	Pharmacy		2,706,567					15
16	Medical Records & Library			1,652,929				16
21	I&R Services-Salary & Fringes Apprvd				3,537,903			21
22	I&R Services-Other Prgm Costs Apprvd					3,782,015		22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			120,579	1,962,363	2,097,763	21,552,230	30
31	Intensive Care Unit			24,437			2,480,280	31
40	Subprovider - IPF			14,376			2,158,274	40
41	Subprovider - IRF			3,872			895,198	41
43	Nursery			6,661			773,772	43
44	Skilled Nursing Facility			4,543			1,644,658	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			165,885	171,883	183,743	6,018,190	50
51	Recovery Room			19,746			562,572	51
52	Delivery Room & Labor Room			17,931			1,597,203	52
53	Anesthesiology			59,445			688,150	53
54	Radiology-Diagnostic			66,935			6,950,756	54
56	Radioisotope			16,590			456,924	56
56.01	ULTRA SOUND			35,556			546,124	56.01
56.02	MAMMOGRAPHY			29,741			824,371	56.02
57	CT Scan			135,962			698,803	57
58	MRI			39,771			324,882	58
59	Cardiac Catheterization			51,066			1,847,596	59
59.01	GASTRO INTESTINAL			68,267			1,612,956	59.01
60	Laboratory			120,359			3,904,919	60
63	Blood Storing, Processing & Trans.			3,835			344,294	63
65	Respiratory Therapy			11,005			927,740	65
66	Physical Therapy			22,971			1,754,578	66
67	Occupational Therapy			10,905			666,511	67
68	Speech Pathology			4,777			412,700	68
69	Electrocardiology			39,017			542,325	69
69.01	CARDIAC HEHAB			2,677			433,123	69.01
71	Medical Supplies Charged to Patients	234,517		88,090			3,406,202	71
72	Impl. Dev. Charged to Patients	412,897		65,805			5,907,774	72
73	Drugs Charged to Patients		2,706,567	221,500			6,186,077	73
74	Renal Dialysis			1,670			415,370	74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency			155,449	94,519	101,041	5,102,625	91
91.01	FAMILY PRACTICES			16,344	1,309,138	1,399,468	5,525,697	91.01
91.02	PSYCH DAY HOSPITAL			5,416			396,312	91.02
91.03	WOUND CARE			1,746			138,721	91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	647,414	2,706,567	1,652,929	3,537,903	3,782,015	87,697,907	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						39,527	190
191	Research						17,653	191
192	Physicians' Private Offices						685,040	192
194	MARKETING						522,328	194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS						212,155	194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS						583,287	194.0 5
194.0 6	VACANT SPACE						197,198	194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	647,414	2,706,567	1,652,929	3,537,903	3,782,015	89,955,095	202

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

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26					
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	-4,060,126	17,492,104					30
31	Intensive Care Unit		2,480,280					31
40	Subprovider - IPF		2,158,274					40
41	Subprovider - IRF		895,198					41
43	Nursery		773,772					43
44	Skilled Nursing Facility		1,644,658					44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	-355,626	5,662,564					50
51	Recovery Room		562,572					51
52	Delivery Room & Labor Room		1,597,203					52
53	Anesthesiology		688,150					53
54	Radiology-Diagnostic		6,950,756					54
56	Radioisotope		456,924					56
56.01	ULTRA SOUND		546,124					56.01
56.02	MAMMOGRAPHY		824,371					56.02
57	CT Scan		698,803					57
58	MRI		324,882					58
59	Cardiac Catheterization		1,847,596					59
59.01	GASTRO INTESTINAL		1,612,956					59.01
60	Laboratory		3,904,919					60
63	Blood Storing, Processing & Trans.		344,294					63
65	Respiratory Therapy		927,740					65
66	Physical Therapy		1,754,578					66
67	Occupational Therapy		666,511					67
68	Speech Pathology		412,700					68
69	Electrocardiology		542,325					69
69.01	CARDIAC HEHAB		433,123					69.01
71	Medical Supplies Charged to Patients		3,406,202					71
72	Impl. Dev. Charged to Patients		5,907,774					72
73	Drugs Charged to Patients		6,186,077					73
74	Renal Dialysis		415,370					74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	-195,560	4,907,065					91
91.01	FAMILY PRACTICES	-2,708,606	2,817,091					91.01
91.02	PSYCH DAY HOSPITAL		396,312					91.02
91.03	WOUND CARE		138,721					91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	-7,319,918	80,377,989					118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		39,527					190
191	Research		17,653					191
192	Physicians' Private Offices		685,040					192
194	MARKETING		522,328					194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS		212,155					194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS		583,287					194.0 5
194.0 6	VACANT SPACE		197,198					194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	-7,319,918	82,635,177					202

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

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General		357,967	313,431	671,398	671,398		5
6	Maintenance & Repairs		1,416,880	1,240,599	2,657,479	61,947	2,719,426	6
8	Laundry & Linen Service		2,228	1,951	4,179	4,311	3,602	8
9	Housekeeping		29,124	25,501	54,625	13,430	47,090	9
10	Dietary		84,555	74,035	158,590	14,310	136,715	10
11	Cafeteria		31,951	27,976	59,927	533	51,662	11
13	Nursing Administration		6,534	5,721	12,255	6,895	10,565	13
14	Central Services & Supply		18,211	15,945	34,156	3,838	29,445	14
15	Pharmacy		22,522	19,720	42,242	18,922	36,416	15
16	Medical Records & Library		23,465	20,545	44,010	11,048	37,940	16
21	I&R Services-Salary & Fringes Apprvd					25,622		21
22	I&R Services-Other Prgm Costs Apprvd		27,307	23,910	51,217	26,796	44,152	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		415,016	363,383	778,399	98,318	671,034	30
31	Intensive Care Unit		36,586	32,035	68,621	15,036	59,156	31
40	Subprovider - IPF		68,272	59,778	128,050	11,241	110,388	40
41	Subprovider - IRF		32,179	28,175	60,354	4,478	52,029	41
43	Nursery		16,486	14,435	30,921	4,613	26,655	43
44	Skilled Nursing Facility		25,364	22,208	47,572	9,634	41,011	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		138,033	120,860	258,893	33,594	223,183	50
51	Recovery Room		12,817	11,223	24,040	3,189	20,724	51
52	Delivery Room & Labor Room		36,180	31,679	67,859	9,416	58,500	52
53	Anesthesiology		870	762	1,632	4,491	1,407	53
54	Radiology-Diagnostic		99,073	86,747	185,820	46,117	160,190	54
56	Radioisotope		9,439	8,265	17,704	2,832	15,262	56
56.01	ULTRA SOUND					3,734		56.01
56.02	MAMMOGRAPHY		21,812	19,098	40,910	4,762	35,267	56.02
57	CT Scan		8,941	7,829	16,770	3,704	14,457	57
58	MRI					2,082		58
59	Cardiac Catheterization		18,226	15,958	34,184	12,350	29,469	59
59.01	GASTRO INTESTINAL		33,696	29,504	63,200	9,481	54,483	59.01
60	Laboratory		89,513	78,377	167,890	24,131	144,733	60
63	Blood Storing, Processing & Trans.		5,176	4,532	9,708	2,305	8,369	63
65	Respiratory Therapy		10,227	8,954	19,181	6,242	16,536	65
66	Physical Therapy		40,849	35,767	76,616	10,694	66,048	66
67	Occupational Therapy		1,914	1,676	3,590	4,806	3,095	67
68	Speech Pathology		8,279	7,249	15,528	2,620	13,386	68
69	Electrocardiology					3,437		69
69.01	CARDIAC HEHAB		35,455	31,044	66,499	1,557	57,327	69.01
71	Medical Supplies Charged to Patients					23,014		71
72	Impl. Dev. Charged to Patients					40,519		72
73	Drugs Charged to Patients					24,316		73
74	Renal Dialysis		1,426	1,248	2,674	3,023	2,305	74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		63,168	55,309	118,477	30,361	102,136	91
91.01	FAMILY PRACTICES		62,366	54,607	116,973	18,052	100,839	91.01
91.02	PSYCH DAY HOSPITAL		25,461	22,293	47,754	1,703	41,167	91.02
91.03	WOUND CARE					990		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		3,337,568	2,922,329	6,259,897	664,494	2,526,743	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		4,736	4,147	8,883	79	7,658	190
191	Research					127		191
192	Physicians' Private Offices		80,495	70,480	150,975	1,342	130,151	192
194	MARKETING		6,935	6,073	13,008	3,555	11,214	194
194.0 1	MACNEAL SCHOOL							194.0 1
194.0 2	COMMUNITY RELATIONS					1,561		194.0 2
194.0 3	RETAIL PHARMACY							194.0 3

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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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	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2	2A	5	6	
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS							194.0 5
194.0 6	VACANT SPACE		27,002		27,002	240	43,660	194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		3,456,736	3,003,029	6,459,765	671,398	2,719,426	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service	12,092						8
9	Housekeeping		115,145					9
10	Dietary	73	5,899	315,587				10
11	Cafeteria		2,229	105,921	220,272			11
13	Nursing Administration		456		3,486	33,657		13
14	Central Services & Supply	211	1,270		2,364		71,284	14
15	Pharmacy		1,571		6,222	101		15
16	Medical Records & Library		1,637		5,925			16
21	I&R Services-Salary & Fringes Apprvd				21,306			21
22	I&R Services-Other Prgm Costs Apprvd	10	1,905		4,924			22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,677	28,953	90,701	65,948	15,810		30
31	Intensive Care Unit	471	2,552	8,728	7,620	3,080		31
40	Subprovider - IPF	507	4,763	15,248	6,499	1,576		40
41	Subprovider - IRF	412	2,245	5,435	2,631	672		41
43	Nursery	113	1,150		2,299	1,078		43
44	Skilled Nursing Facility	497	1,769	14,044	6,302	1,047		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,074	9,629		13,319	1,163		50
51	Recovery Room	263	894		1,494	585		51
52	Delivery Room & Labor Room	434	2,524		4,899	1,758		52
53	Anesthesiology	74	61		1,926	295		53
54	Radiology-Diagnostic	785	6,912		9,994	401		54
56	Radioisotope		658		654			56
56.01	ULTRA SOUND				2,087	1		56.01
56.02	MAMMOGRAPHY	199	1,522		2,314	76		56.02
57	CT Scan		624		1,931	81		57
58	MRI				1,247			58
59	Cardiac Catheterization	153	1,271		2,002	451		59
59.01	GASTRO INTESTINAL	552	2,351		4,200	715		59.01
60	Laboratory		6,245		850			60
63	Blood Storing, Processing & Trans.		361					63
65	Respiratory Therapy		713		3,621			65
66	Physical Therapy	209	2,850		7,902			66
67	Occupational Therapy		134					67
68	Speech Pathology		578		1,262			68
69	Electrocardiology	601			1,786	161		69
69.01	CARDIAC HEHAB	3	2,473		699	52		69.01
71	Medical Supplies Charged to Patients						25,821	71
72	Impl. Dev. Charged to Patients						45,463	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		99					74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	1,486	4,407		19,712	4,393		91
91.01	FAMILY PRACTICES	16	4,351			1		91.01
91.02	PSYCH DAY HOSPITAL		1,776		890	91		91.02
91.03	WOUND CARE				483	69		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	11,820	106,832	240,077	218,798	33,657	71,284	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		330					190
191	Research				136			191
192	Physicians' Private Offices	272	5,615					192
194	MARKETING		484		724			194
194.0 1	MACNEAL SCHOOL							194.0 1
194.0 2	COMMUNITY RELATIONS				614			194.0 2
194.0 3	RETAIL PHARMACY							194.0 3

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS			75,510				194.0 5
194.0 6	VACANT SPACE		1,884					194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,092	115,145	315,587	220,272	33,657	71,284	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		15	16	21	22	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	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	105,474						15
16	Medical Records & Library		100,560					16
21	I&R Services-Salary & Fringes Apprvd			46,928				21
22	I&R Services-Other Prgm Costs Apprvd				129,004			22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		7,335			1,760,175		30
31	Intensive Care Unit		1,486			166,750		31
40	Subprovider - IPF		875			279,147		40
41	Subprovider - IRF		236			128,492		41
43	Nursery		405			67,234		43
44	Skilled Nursing Facility		276			122,152		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		10,091			550,946		50
51	Recovery Room		1,201			52,390		51
52	Delivery Room & Labor Room		1,091			146,481		52
53	Anesthesiology		3,616			13,502		53
54	Radiology-Diagnostic		4,072			414,291		54
56	Radioisotope		1,009			38,119		56
56.01	ULTRA SOUND		2,163			7,985		56.01
56.02	MAMMOGRAPHY		1,809			86,859		56.02
57	CT Scan		8,271			45,838		57
58	MRI		2,419			5,748		58
59	Cardiac Catheterization		3,106			82,986		59
59.01	GASTRO INTESTINAL		4,153			139,135		59.01
60	Laboratory		7,321			351,170		60
63	Blood Storing, Processing & Trans.		233			20,976		63
65	Respiratory Therapy		669			46,962		65
66	Physical Therapy		1,397			165,716		66
67	Occupational Therapy		663			12,288		67
68	Speech Pathology		291			33,665		68
69	Electrocardiology		2,373			8,358		69
69.01	CARDIAC HEHAB		163			128,773		69.01
71	Medical Supplies Charged to Patients		5,359			54,194		71
72	Impl. Dev. Charged to Patients		4,003			89,985		72
73	Drugs Charged to Patients	105,474	13,487			143,277		73
74	Renal Dialysis		102			8,203		74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		9,456			290,428		91
91.01	FAMILY PRACTICES		994			241,226		91.01
91.02	PSYCH DAY HOSPITAL		329			93,710		91.02
91.03	WOUND CARE		106			1,648		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	105,474	100,560			5,798,809		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					16,950		190
191	Research					263		191
192	Physicians' Private Offices					288,355		192
194	MARKETING					28,985		194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS					2,175		194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		15	16	21	22	24	25	
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS					75,510		194.0 5
194.0 6	VACANT SPACE					72,786		194.0 6
200	Cross Foot Adjustments			46,928	129,004	175,932		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	105,474	100,560	46,928	129,004	6,459,765		202

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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	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,760,175						30
31	Intensive Care Unit	166,750						31
40	Subprovider - IPF	279,147						40
41	Subprovider - IRF	128,492						41
43	Nursery	67,234						43
44	Skilled Nursing Facility	122,152						44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	550,946						50
51	Recovery Room	52,390						51
52	Delivery Room & Labor Room	146,481						52
53	Anesthesiology	13,502						53
54	Radiology-Diagnostic	414,291						54
56	Radioisotope	38,119						56
56.01	ULTRA SOUND	7,985						56.01
56.02	MAMMOGRAPHY	86,859						56.02
57	CT Scan	45,838						57
58	MRI	5,748						58
59	Cardiac Catheterization	82,986						59
59.01	GASTRO INTESTINAL	139,135						59.01
60	Laboratory	351,170						60
63	Blood Storing, Processing & Trans.	20,976						63
65	Respiratory Therapy	46,962						65
66	Physical Therapy	165,716						66
67	Occupational Therapy	12,288						67
68	Speech Pathology	33,665						68
69	Electrocardiology	8,358						69
69.01	CARDIAC HEHAB	128,773						69.01
71	Medical Supplies Charged to Patients	54,194						71
72	Impl. Dev. Charged to Patients	89,985						72
73	Drugs Charged to Patients	143,277						73
74	Renal Dialysis	8,203						74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	290,428						91
91.01	FAMILY PRACTICES	241,226						91.01
91.02	PSYCH DAY HOSPITAL	93,710						91.02
91.03	WOUND CARE	1,648						91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	5,798,809						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	16,950						190
191	Research	263						191
192	Physicians' Private Offices	288,355						192
194	MARKETING	28,985						194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS	2,175						194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS	75,510						194.0 5
194.0 6	VACANT SPACE	72,786						194.0 6
200	Cross Foot Adjustments	175,932						200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,459,765						202

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MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	715,225						1
2	Cap Rel Costs-Mvble Equip		709,638					2
4	Employee Benefits Department			38,463,908				4
5	Administrative & General	74,066	74,066	3,546,367	-14,409,996	75,545,099		5
6	Maintenance & Repairs	293,163	293,163	701,946		6,970,494	347,996	6
8	Laundry & Linen Service	461	461	200,178		485,110	461	8
9	Housekeeping	6,026	6,026	900,478		1,511,145	6,026	9
10	Dietary	17,495	17,495	991,232		1,610,273	17,495	10
11	Cafeteria	6,611	6,611			59,927	6,611	11
13	Nursing Administration	1,352	1,352	560,653		775,850	1,352	13
14	Central Services & Supply	3,768	3,768	152,660		431,837	3,768	14
15	Pharmacy	4,660	4,660	1,169,827		2,129,186	4,660	15
16	Medical Records & Library	4,855	4,855	796,098		1,243,191	4,855	16
21	I&R Services-Salary & Fringes Apprvd			2,382,843		2,883,037		21
22	I&R Services-Other Prgm Costs Apprvd	5,650	5,650	1,624,107		3,015,206	5,650	22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	85,870	85,870	8,357,813		11,059,948	85,870	30
31	Intensive Care Unit	7,570	7,570	1,262,481		1,691,874	7,570	31
40	Subprovider - IPF	14,126	14,126	907,761		1,264,923	14,126	40
41	Subprovider - IRF	6,658	6,658	337,298		503,919	6,658	41
43	Nursery	3,411	3,411	385,091		519,108	3,411	43
44	Skilled Nursing Facility	5,248	5,248	807,537		1,084,055	5,248	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,560	28,560	1,707,270		3,780,154	28,560	50
51	Recovery Room	2,652	2,652	270,609		358,806	2,652	51
52	Delivery Room & Labor Room	7,486	7,486	779,705		1,059,538	7,486	52
53	Anesthesiology	180	180	240,852		505,316	180	53
54	Radiology-Diagnostic	20,499	20,499	1,342,993		5,189,292	20,499	54
56	Radioisotope	1,953	1,953	125,127		318,641	1,953	56
56.01	ULTRA SOUND			379,043		420,113		56.01
56.02	MAMMOGRAPHY	4,513	4,513	345,504		535,826	4,513	56.02
57	CT Scan	1,850	1,850	296,990		416,821	1,850	57
58	MRI			167,881		234,279		58
59	Cardiac Catheterization	3,771	3,771	382,402		1,389,619	3,771	59
59.01	GASTRO INTESTINAL	6,972	6,972	549,486		1,066,844	6,972	59.01
60	Laboratory	18,521	18,521	55,973		2,715,309	18,521	60
63	Blood Storing, Processing & Trans.	1,071	1,071			259,350	1,071	63
65	Respiratory Therapy	2,116	2,116	483,704		702,408	2,116	65
66	Physical Therapy	8,452	8,452	894,218		1,203,310	8,452	66
67	Occupational Therapy	396	396	445,549		540,760	396	67
68	Speech Pathology	1,713	1,713	229,073		294,858	1,713	68
69	Electrocardiology			287,203		386,796		69
69.01	CARDIAC HEHAB	7,336	7,336	83,623		175,225	7,336	69.01
71	Medical Supplies Charged to Patients					2,589,631		71
72	Impl. Dev. Charged to Patients					4,559,383		72
73	Drugs Charged to Patients					2,736,106		73
74	Renal Dialysis	295	295			340,111	295	74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	13,070	13,070	2,463,928		3,416,391	13,070	91
91.01	FAMILY PRACTICES	12,904	12,904	1,372,258		2,031,293	12,904	91.01
91.02	PSYCH DAY HOSPITAL	5,268	5,268	114,393		191,667	5,268	91.02
91.03	WOUND CARE			71,123		111,354		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	690,568	690,568	38,173,277	-14,409,996	74,768,284	323,339	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	980	980			8,883	980	190
191	Research			24,484		14,263		191
192	Physicians' Private Offices	16,655	16,655			150,975	16,655	192
194	MARKETING	1,435	1,435	161,814		400,060	1,435	194
194.0 1	MACNEAL SCHOOL							194.0 1
194.0 2	COMMUNITY RELATIONS			104,333		175,632		194.0 2

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MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS							194.0 5
194.0 6	VACANT SPACE	5,587				27,002	5,587	194.0 6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,456,736	3,003,029	8,074,153		14,409,996	8,300,095	202
203	Unit Cost Multiplier (Wkst. B, Part I)	4.833075	4.231776	0.209915		0.190747	23.851122	203
204	Cost to be allocated (Per Wkst. B, Part II)					671,398	2,719,426	204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.008887	7.814532	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	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service	727,489						8
9	Housekeeping		341,509					9
10	Dietary	4,373	17,495	288,445				10
11	Cafeteria		6,611	96,811	43,793			11
13	Nursing Administration		1,352		693	322,787		13
14	Central Services & Supply	12,670	3,768		470		7,149,014	14
15	Pharmacy		4,660		1,237	968		15
16	Medical Records & Library		4,855		1,178			16
21	I&R Services-Salary & Fringes Apprvd				4,236			21
22	I&R Services-Other Prgm Costs Apprvd	630	5,650		979			22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	221,266	85,870	82,900	13,111	151,628		30
31	Intensive Care Unit	28,308	7,570	7,977	1,515	29,540		31
40	Subprovider - IPF	30,488	14,126	13,937	1,292	15,116		40
41	Subprovider - IRF	24,797	6,658	4,968	523	6,448		41
43	Nursery	6,773	3,411		457	10,339		43
44	Skilled Nursing Facility	29,914	5,248	12,836	1,253	10,043		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	64,627	28,560		2,648	11,153		50
51	Recovery Room	15,846	2,652		297	5,613		51
52	Delivery Room & Labor Room	26,108	7,486		974	16,859		52
53	Anesthesiology	4,433	180		383	2,833		53
54	Radiology-Diagnostic	47,251	20,499		1,987	3,841		54
56	Radioisotope		1,953		130			56
56.01	ULTRA SOUND				415	13		56.01
56.02	MAMMOGRAPHY	11,954	4,513		460	728		56.02
57	CT Scan		1,850		384	773		57
58	MRI				248			58
59	Cardiac Catheterization	9,188	3,771		398	4,328		59
59.01	GASTRO INTESTINAL	33,200	6,972		835	6,858		59.01
60	Laboratory		18,521		169			60
63	Blood Storing, Processing & Trans.		1,071					63
65	Respiratory Therapy		2,116		720			65
66	Physical Therapy	12,572	8,452		1,571			66
67	Occupational Therapy		396					67
68	Speech Pathology		1,713		251			68
69	Electrocardiology	36,159			355	1,540		69
69.01	CARDIAC HEHAB	171	7,336		139	495		69.01
71	Medical Supplies Charged to Patients						2,589,631	71
72	Impl. Dev. Charged to Patients						4,559,383	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		295					74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	89,413	13,070		3,919	42,129		91
91.01	FAMILY PRACTICES	957	12,904			7		91.01
91.02	PSYCH DAY HOSPITAL		5,268		177	876		91.02
91.03	WOUND CARE				96	659		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	711,098	316,852	219,429	43,500	322,787	7,149,014	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		980					190
191	Research				27			191
192	Physicians' Private Offices	16,391	16,655					192
194	MARKETING		1,435		144			194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS				122			194.0
2								2

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

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS			69,016				194.0 5
194.0 6	VACANT SPACE		5,587					194.0 6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	588,638	1,943,118	2,437,784	1,084,848	980,948	647,414	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.809137	5.689800	8.451469	24.772178	3.038995	0.090560	203
204	Cost to be allocated (Per Wkst. B, Part II)	12,092	115,145	315,587	220,272	33,657	71,284	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.016622	0.337165	1.094098	5.029845	0.104270	0.009971	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	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		15	16	21	22			

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	2,736,106						15
16	Medical Records & Library		679,269,888					16
21	I&R Services-Salary & Fringes Apprvd			10,518				21
22	I&R Services-Other Prgm Costs Apprvd				10,518			22
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		49,559,917	5,834	5,834			30
31	Intensive Care Unit		10,043,916					31
40	Subprovider - IPF		5,908,796					40
41	Subprovider - IRF		1,591,616					41
43	Nursery		2,737,617					43
44	Skilled Nursing Facility		1,867,112					44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		68,181,407	511	511			50
51	Recovery Room		8,115,961					51
52	Delivery Room & Labor Room		7,369,798					52
53	Anesthesiology		24,432,813					53
54	Radiology-Diagnostic		27,511,461					54
56	Radioisotope		6,818,608					56
56.01	ULTRA SOUND		14,613,892					56.01
56.02	MAMMOGRAPHY		12,223,821					56.02
57	CT Scan		55,882,344					57
58	MRI		16,346,598					58
59	Cardiac Catheterization		20,989,066					59
59.01	GASTRO INTESTINAL		28,058,648					59.01
60	Laboratory		49,469,298					60
63	Blood Storing, Processing & Trans.		1,576,121					63
65	Respiratory Therapy		4,523,351					65
66	Physical Therapy		9,441,471					66
67	Occupational Therapy		4,482,049					67
68	Speech Pathology		1,963,452					68
69	Electrocardiology		16,036,506					69
69.01	CARDIAC HEHAB		1,100,258					69.01
71	Medical Supplies Charged to Patients		36,206,509					71
72	Impl. Dev. Charged to Patients		27,046,812					72
73	Drugs Charged to Patients	2,736,106	90,930,836					73
74	Renal Dialysis		686,472					74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		63,892,033	281	281			91
91.01	FAMILY PRACTICES		6,717,696	3,892	3,892			91.01
91.02	PSYCH DAY HOSPITAL		2,226,027					91.02
91.03	WOUND CARE		717,606					91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,736,106	679,269,888	10,518	10,518			118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
194	MARKETING							194
194.0	MACNEAL SCHOOL							194.0
1								1

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

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		15	16	21	22			
194.0 2	COMMUNITY RELATIONS							194.0 2
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS							194.0 5
194.0 6	VACANT SPACE							194.0 6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,706,567	1,652,929	3,537,903	3,782,015			202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.989204	0.002433	336.366515	359.575490			203
204	Cost to be allocated (Per Wkst. B, Part II)	105,474	100,560	46,928	129,004			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.038549	0.000148	4.461685	12.265069			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	

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

		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	17,492,104		17,492,104		17,492,104	30
31	Intensive Care Unit	2,480,280		2,480,280	7,334	2,487,614	31
40	Subprovider - IPF	2,158,274		2,158,274		2,158,274	40
41	Subprovider - IRF	895,198		895,198	10,871	906,069	41
43	Nursery	773,772		773,772		773,772	43
44	Skilled Nursing Facility	1,644,658		1,644,658		1,644,658	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,662,564		5,662,564		5,662,564	50
51	Recovery Room	562,572		562,572		562,572	51
52	Delivery Room & Labor Room	1,597,203		1,597,203		1,597,203	52
53	Anesthesiology	688,150		688,150		688,150	53
54	Radiology-Diagnostic	6,950,756		6,950,756		6,950,756	54
56	Radioisotope	456,924		456,924		456,924	56
56.01	ULTRA SOUND	546,124		546,124		546,124	56.01
56.02	MAMMOGRAPHY	824,371		824,371		824,371	56.02
57	CT Scan	698,803		698,803		698,803	57
58	MRI	324,882		324,882		324,882	58
59	Cardiac Catheterization	1,847,596		1,847,596	7,905	1,855,501	59
59.01	GASTRO INTESTINAL	1,612,956		1,612,956		1,612,956	59.01
60	Laboratory	3,904,919		3,904,919		3,904,919	60
63	Blood Storing, Processing & Trans.	344,294		344,294		344,294	63
65	Respiratory Therapy	927,740		927,740		927,740	65
66	Physical Therapy	1,754,578		1,754,578		1,754,578	66
67	Occupational Therapy	666,511		666,511		666,511	67
68	Speech Pathology	412,700		412,700		412,700	68
69	Electrocardiology	542,325		542,325		542,325	69
69.01	CARDIAC HEHAB	433,123		433,123		433,123	69.01
71	Medical Supplies Charged to Patients	3,406,202		3,406,202		3,406,202	71
72	Impl. Dev. Charged to Patients	5,907,774		5,907,774		5,907,774	72
73	Drugs Charged to Patients	6,186,077		6,186,077		6,186,077	73
74	Renal Dialysis	415,370		415,370		415,370	74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	4,907,065		4,907,065		4,907,065	91
91.01	FAMILY PRACTICES	2,817,091		2,817,091	22	2,817,113	91.01
91.02	PSYCH DAY HOSPITAL	396,312		396,312	1,110	397,422	91.02
91.03	WOUND CARE	138,721		138,721		138,721	91.03
92	Observation Beds (Non-Distinct Part)	1,566,811		1,566,811		1,566,811	92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
200	Subtotal (sum of lines 30 thru 199)	81,944,800		81,944,800	27,242	81,972,042	200
201	Less Observation Beds	1,566,811		1,566,811		1,566,811	201
202	Total (line 200 minus line 201)	80,377,989		80,377,989		80,405,231	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	38,778,657		38,778,657				30
31	Intensive Care Unit	10,043,916		10,043,916				31
40	Subprovider - IPF	5,908,796		5,908,796				40
41	Subprovider - IRF	1,591,616		1,591,616				41
43	Nursery	2,737,617		2,737,617				43
44	Skilled Nursing Facility	1,867,112		1,867,112				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,492,259	39,689,148	68,181,407	0.083051	0.083051	0.083051	50
51	Recovery Room	2,630,457	5,485,504	8,115,961	0.069317	0.069317	0.069317	51
52	Delivery Room & Labor Room	7,369,798		7,369,798	0.216723	0.216723	0.216723	52
53	Anesthesiology	9,145,156	15,287,657	24,432,813	0.028165	0.028165	0.028165	53
54	Radiology-Diagnostic	5,831,789	21,679,672	27,511,461	0.252649	0.252649	0.252649	54
56	Radioisotope	1,230,334	5,588,274	6,818,608	0.067011	0.067011	0.067011	56
56.01	ULTRA SOUND	3,099,876	11,514,016	14,613,892	0.037370	0.037370	0.037370	56.01
56.02	MAMMOGRAPHY	7,039	12,216,782	12,223,821	0.067440	0.067440	0.067440	56.02
57	CT Scan	18,311,937	37,570,407	55,882,344	0.012505	0.012505	0.012505	57
58	MRI	2,478,955	13,867,643	16,346,598	0.019875	0.019875	0.019875	58
59	Cardiac Catheterization	9,910,979	11,078,087	20,989,066	0.088027	0.088027	0.088403	59
59.01	GASTRO INTESTINAL	5,328,815	22,729,833	28,058,648	0.057485	0.057485	0.057485	59.01
60	Laboratory	24,094,272	25,375,026	49,469,298	0.078936	0.078936	0.078936	60
63	Blood Storing, Processing & Trans.	1,139,162	436,959	1,576,121	0.218444	0.218444	0.218444	63
65	Respiratory Therapy	3,921,900	601,451	4,523,351	0.205100	0.205100	0.205100	65
66	Physical Therapy	4,073,573	5,367,898	9,441,471	0.185837	0.185837	0.185837	66
67	Occupational Therapy	3,681,940	800,109	4,482,049	0.148707	0.148707	0.148707	67
68	Speech Pathology	1,255,543	707,909	1,963,452	0.210191	0.210191	0.210191	68
69	Electrocardiology	6,506,395	9,530,111	16,036,506	0.033818	0.033818	0.033818	69
69.01	CARDIAC HEHAB	392	1,099,866	1,100,258	0.393656	0.393656	0.393656	69.01
71	Medical Supplies Charged to Patients	14,417,262	21,789,247	36,206,509	0.094077	0.094077	0.094077	71
72	Impl. Dev. Charged to Patients	15,685,489	11,361,323	27,046,812	0.218428	0.218428	0.218428	72
73	Drugs Charged to Patients	32,373,604	58,557,232	90,930,836	0.068031	0.068031	0.068031	73
74	Renal Dialysis	564,809	121,663	686,472	0.605079	0.605079	0.605079	74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	14,162,468	49,729,565	63,892,033	0.076802	0.076802	0.076802	91
91.01	FAMILY PRACTICES		6,717,696	6,717,696	0.419354	0.419354	0.419357	91.01
91.02	PSYCH DAY HOSPITAL		2,226,027	2,226,027	0.178036	0.178036	0.178534	91.02
91.03	WOUND CARE	658	716,948	717,606	0.193311	0.193311	0.193311	91.03
92	Observation Beds (Non-Distinct Part)	1,611,428	9,169,832	10,781,260	0.145327	0.145327	0.145327	92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
200	Subtotal (sum of lines 30 thru 199)	278,254,003	401,015,885	679,269,888				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	278,254,003	401,015,885	679,269,888				202

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

	COST CENTER DESCRIPTIONS	Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
44	Skilled Nursing Facility						44
	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
56	Radioisotope						56
56.01	ULTRA SOUND						56.01
56.02	MAMMOGRAPHY						56.02
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.01	GASTRO INTESTINAL						59.01
60	Laboratory						60
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
69.01	CARDIAC HEHAB						69.01
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency						91
91.01	FAMILY PRACTICES						91.01
91.02	PSYCH DAY HOSPITAL						91.02
91.03	WOUND CARE						91.03
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
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

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

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	38,778,657		38,778,657				30
31	Intensive Care Unit	10,043,916		10,043,916				31
40	Subprovider - IPF	5,908,796		5,908,796				40
41	Subprovider - IRF	1,591,616		1,591,616				41
43	Nursery	2,737,617		2,737,617				43
44	Skilled Nursing Facility	1,867,112		1,867,112				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,492,259	39,689,148	68,181,407				50
51	Recovery Room	2,630,457	5,485,504	8,115,961				51
52	Delivery Room & Labor Room	7,369,798		7,369,798				52
53	Anesthesiology	9,145,156	15,287,657	24,432,813				53
54	Radiology-Diagnostic	5,831,789	21,679,672	27,511,461				54
56	Radioisotope	1,230,334	5,588,274	6,818,608				56
56.01	ULTRA SOUND	3,099,876	11,514,016	14,613,892				56.01
56.02	MAMMOGRAPHY	7,039	12,216,782	12,223,821				56.02
57	CT Scan	18,311,937	37,570,407	55,882,344				57
58	MRI	2,478,955	13,867,643	16,346,598				58
59	Cardiac Catheterization	9,910,979	11,078,087	20,989,066				59
59.01	GASTRO INTESTINAL	5,328,815	22,729,833	28,058,648				59.01
60	Laboratory	24,094,272	25,375,026	49,469,298				60
63	Blood Storing, Processing & Trans.	1,139,162	436,959	1,576,121				63
65	Respiratory Therapy	3,921,900	601,451	4,523,351				65
66	Physical Therapy	4,073,573	5,367,898	9,441,471				66
67	Occupational Therapy	3,681,940	800,109	4,482,049				67
68	Speech Pathology	1,255,543	707,909	1,963,452				68
69	Electrocardiology	6,506,395	9,530,111	16,036,506				69
69.01	CARDIAC HEHAB	392	1,099,866	1,100,258				69.01
71	Medical Supplies Charged to Patients	14,417,262	21,789,247	36,206,509				71
72	Impl. Dev. Charged to Patients	15,685,489	11,361,323	27,046,812				72
73	Drugs Charged to Patients	32,373,604	58,557,232	90,930,836				73
74	Renal Dialysis	564,809	121,663	686,472				74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	14,162,468	49,729,565	63,892,033				91
91.01	FAMILY PRACTICES		6,717,696	6,717,696				91.01
91.02	PSYCH DAY HOSPITAL		2,226,027	2,226,027				91.02
91.03	WOUND CARE	658	716,948	717,606				91.03
92	Observation Beds (Non-Distinct Part)	1,611,428	9,169,832	10,781,260				92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
200	Subtotal (sum of lines 30 thru 199)	278,254,003	401,015,885	679,269,888				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	278,254,003	401,015,885	679,269,888				202

KPMG LLP Compu-Max 2552-10

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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**

		Total Cost (B Part I col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
	COST CENTER DESCRIPTIONS	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	17,492,104		17,492,104		17,492,104	30
31	Intensive Care Unit	2,480,280		2,480,280	7,334	2,487,614	31
40	Subprovider - IPF	2,158,274		2,158,274		2,158,274	40
41	Subprovider - IRF	895,198		895,198	10,871	906,069	41
43	Nursery	773,772		773,772		773,772	43
44	Skilled Nursing Facility	1,644,658		1,644,658		1,644,658	44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	5,662,564		5,662,564		5,662,564	50
51	Recovery Room	562,572		562,572		562,572	51
52	Delivery Room & Labor Room	1,597,203		1,597,203		1,597,203	52
53	Anesthesiology	688,150		688,150		688,150	53
54	Radiology-Diagnostic	6,950,756		6,950,756		6,950,756	54
56	Radioisotope	456,924		456,924		456,924	56
56.01	ULTRA SOUND	546,124		546,124		546,124	56.01
56.02	MAMMOGRAPHY	824,371		824,371		824,371	56.02
57	CT Scan	698,803		698,803		698,803	57
58	MRI	324,882		324,882		324,882	58
59	Cardiac Catheterization	1,847,596		1,847,596	7,905	1,855,501	59
59.01	GASTRO INTESTINAL	1,612,956		1,612,956		1,612,956	59.01
60	Laboratory	3,904,919		3,904,919		3,904,919	60
63	Blood Storing, Processing & Trans.	344,294		344,294		344,294	63
65	Respiratory Therapy	927,740		927,740		927,740	65
66	Physical Therapy	1,754,578		1,754,578		1,754,578	66
67	Occupational Therapy	666,511		666,511		666,511	67
68	Speech Pathology	412,700		412,700		412,700	68
69	Electrocardiology	542,325		542,325		542,325	69
69.01	CARDIAC HEHAB	433,123		433,123		433,123	69.01
71	Medical Supplies Charged to Patients	3,406,202		3,406,202		3,406,202	71
72	Impl. Dev. Charged to Patients	5,907,774		5,907,774		5,907,774	72
73	Drugs Charged to Patients	6,186,077		6,186,077		6,186,077	73
74	Renal Dialysis	415,370		415,370		415,370	74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	4,907,065		4,907,065		4,907,065	91
91.01	FAMILY PRACTICES	2,817,091		2,817,091	22	2,817,113	91.01
91.02	PSYCH DAY HOSPITAL	396,312		396,312	1,110	397,422	91.02
91.03	WOUND CARE	138,721		138,721		138,721	91.03
92	Observation Beds (Non-Distinct Part)	1,566,811		1,566,811		1,566,811	92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
200	Subtotal (sum of lines 30 thru 199)	81,944,800		81,944,800	27,242	81,972,042	200
201	Less Observation Beds	1,566,811		1,566,811		1,566,811	201
202	Total (line 200 minus line 201)	80,377,989		80,377,989	27,242	80,405,231	202

KPMG LLP Compu-Max 2552-10

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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**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	38,778,657		38,778,657				30
31	Intensive Care Unit	10,043,916		10,043,916				31
40	Subprovider - IPF	5,908,796		5,908,796				40
41	Subprovider - IRF	1,591,616		1,591,616				41
43	Nursery	2,737,617		2,737,617				43
44	Skilled Nursing Facility	1,867,112		1,867,112				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,492,259	39,689,148	68,181,407	0.083051	0.083051	0.083051	50
51	Recovery Room	2,630,457	5,485,504	8,115,961	0.069317	0.069317	0.069317	51
52	Delivery Room & Labor Room	7,369,798		7,369,798	0.216723	0.216723	0.216723	52
53	Anesthesiology	9,145,156	15,287,657	24,432,813	0.028165	0.028165	0.028165	53
54	Radiology-Diagnostic	5,831,789	21,679,672	27,511,461	0.252649	0.252649	0.252649	54
56	Radioisotope	1,230,334	5,588,274	6,818,608	0.067011	0.067011	0.067011	56
56.01	ULTRA SOUND	3,099,876	11,514,016	14,613,892	0.037370	0.037370	0.037370	56.01
56.02	MAMMOGRAPHY	7,039	12,216,782	12,223,821	0.067440	0.067440	0.067440	56.02
57	CT Scan	18,311,937	37,570,407	55,882,344	0.012505	0.012505	0.012505	57
58	MRI	2,478,955	13,867,643	16,346,598	0.019875	0.019875	0.019875	58
59	Cardiac Catheterization	9,910,979	11,078,087	20,989,066	0.088027	0.088027	0.088403	59
59.01	GASTRO INTESTINAL	5,328,815	22,729,833	28,058,648	0.057485	0.057485	0.057485	59.01
60	Laboratory	24,094,272	25,375,026	49,469,298	0.078936	0.078936	0.078936	60
63	Blood Storing, Processing & Trans.	1,139,162	436,959	1,576,121	0.218444	0.218444	0.218444	63
65	Respiratory Therapy	3,921,900	601,451	4,523,351	0.205100	0.205100	0.205100	65
66	Physical Therapy	4,073,573	5,367,898	9,441,471	0.185837	0.185837	0.185837	66
67	Occupational Therapy	3,681,940	800,109	4,482,049	0.148707	0.148707	0.148707	67
68	Speech Pathology	1,255,543	707,909	1,963,452	0.210191	0.210191	0.210191	68
69	Electrocardiology	6,506,395	9,530,111	16,036,506	0.033818	0.033818	0.033818	69
69.01	CARDIAC HEHAB	392	1,099,866	1,100,258	0.393656	0.393656	0.393656	69.01
71	Medical Supplies Charged to Patients	14,417,262	21,789,247	36,206,509	0.094077	0.094077	0.094077	71
72	Impl. Dev. Charged to Patients	15,685,489	11,361,323	27,046,812	0.218428	0.218428	0.218428	72
73	Drugs Charged to Patients	32,373,604	58,557,232	90,930,836	0.068031	0.068031	0.068031	73
74	Renal Dialysis	564,809	121,663	686,472	0.605079	0.605079	0.605079	74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	14,162,468	49,729,565	63,892,033	0.076802	0.076802	0.076802	91
91.01	FAMILY PRACTICES		6,717,696	6,717,696	0.419354	0.419354	0.419357	91.01
91.02	PSYCH DAY HOSPITAL		2,226,027	2,226,027	0.178036	0.178036	0.178534	91.02
91.03	WOUND CARE	658	716,948	717,606	0.193311	0.193311	0.193311	91.03
92	Observation Beds (Non-Distinct Part)	1,611,428	9,169,832	10,781,260	0.145327	0.145327	0.145327	92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
200	Subtotal (sum of lines 30 thru 199)	278,254,003	401,015,885	679,269,888				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	278,254,003	401,015,885	679,269,888				202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

Check [] Title V [XX] PPS
Applicable [XX] 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)	1,760,175		1,760,175	19,593	89.84	4,707	422,877	30
31	Intensive Care Unit	166,750		166,750	1,716	97.17	632	61,411	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	279,147		279,147	2,999	93.08	984	91,591	40
41	Subprovider - IRF	128,492		128,492	1,069	120.20	667	80,173	41
42	Subprovider I								42
43	Nursery	67,234		67,234	1,320	50.93			43
44	Skilled Nursing Facility	122,152		122,152	2,762	44.23	1,591	70,370	44
45	Nursing Facility								45
200	Total (lines 30-199)	2,523,950		2,523,950	29,459		8,581	726,422	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
COMPONENT CCN: 14-0054
**WORKSHEET D
PART II**

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☒ PPS
 Applicable ☒ Title XVIII, Part A ☐ IPF
 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	550,946	68,181,407	0.008081	10,012,166	80,908	50
51	Recovery Room	52,390	8,115,961	0.006455	765,782	4,943	51
52	Delivery Room & Labor Room	146,481	7,369,798	0.019876			52
53	Anesthesiology	13,502	24,432,813	0.000553	2,694,538	1,490	53
54	Radiology-Diagnostic	414,291	27,511,461	0.015059	1,847,959	27,828	54
56	Radioisotope	38,119	6,818,608	0.005590	478,440	2,674	56
56.01	ULTRA SOUND	7,985	14,613,892	0.000546	961,372	525	56.01
56.02	MAMMOGRAPHY	86,859	12,223,821	0.007106			56.02
57	CT Scan	45,838	55,882,344	0.000820	6,213,051	5,095	57
58	MRI	5,748	16,346,598	0.000352	703,282	248	58
59	Cardiac Catheterization	82,986	20,989,066	0.003954	2,231,817	8,825	59
59.01	GASTRO INTESTINAL	139,135	28,058,648	0.004959	1,502,645	7,452	59.01
60	Laboratory	351,170	49,469,298	0.007099	7,819,841	55,513	60
63	Blood Storing, Processing & Tra	20,976	1,576,121	0.013309	343,941	4,578	63
65	Respiratory Therapy	46,962	4,523,351	0.010382	1,107,569	11,499	65
66	Physical Therapy	165,716	9,441,471	0.017552	1,165,389	20,455	66
67	Occupational Therapy	12,288	4,482,049	0.002742	1,012,765	2,777	67
68	Speech Pathology	33,665	1,963,452	0.017146	376,128	6,449	68
69	Electrocardiology	8,358	16,036,506	0.000521	2,556,248	1,332	69
69.01	CARDIAC HEHAB	128,773	1,100,258	0.117039			69.01
71	Medical Supplies Charged to Pat	54,194	36,206,509	0.001497	3,977,252	5,954	71
72	Impl. Dev. Charged to Patients	89,985	27,046,812	0.003327	4,952,236	16,476	72
73	Drugs Charged to Patients	143,277	90,930,836	0.001576	8,883,269	14,000	73
74	Renal Dialysis	8,203	686,472	0.011950	271,201	3,241	74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	290,428	63,892,033	0.004546	4,751,315	21,599	91
91.01	FAMILY PRACTICES	241,226	6,717,696	0.035909			91.01
91.02	PSYCH DAY HOSPITAL	93,710	2,226,027	0.042097			91.02
91.03	WOUND CARE	1,648	717,606	0.002297			91.03
92	Observation Beds (Non-Distinct	157,663	10,781,260	0.014624	526,869	7,705	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,432,522	618,342,174		65,155,075	311,566	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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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

		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)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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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)	19,593		4,707		30
31	Intensive Care Unit	1,716		632		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	2,999		984		40
41	Subprovider - IRF	1,069		667		41
42	Subprovider I					42
43	Nursery	1,320				43
44	Skilled Nursing Facility	2,762		1,591		44
45	Nursing Facility					45
200	Total (lines 30-199)	29,459		8,581		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-0054
**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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-0054
**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	68,181,407			10,012,166		8,422,891		50
51	Recovery Room	8,115,961			765,782		1,801,169		51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813			2,694,538		3,117,208		53
54	Radiology-Diagnostic	27,511,461			1,847,959		2,278,415		54
56	Radioisotope	6,818,608			478,440		1,376,861		56
56.01	ULTRA SOUND	14,613,892			961,372		1,247,448		56.01
56.02	MAMMOGRAPHY	12,223,821							56.02
57	CT Scan	55,882,344			6,213,051		7,230,189		57
58	MRI	16,346,598			703,282		2,219,638		58
59	Cardiac Catheterization	20,989,066			2,231,817		2,169,065		59
59.01	GASTRO INTESTINAL	28,058,648			1,502,645		4,219,468		59.01
60	Laboratory	49,469,298			7,819,841		3,820,791		60
63	Blood Storing, Processing & Tra	1,576,121			343,941		31,194		63
65	Respiratory Therapy	4,523,351			1,107,569		108,601		65
66	Physical Therapy	9,441,471			1,165,389		93,475		66
67	Occupational Therapy	4,482,049			1,012,765		82,464		67
68	Speech Pathology	1,963,452			376,128		46,041		68
69	Electrocardiology	16,036,506			2,556,248		1,767,998		69
69.01	CARDIAC HEHAB	1,100,258					514,695		69.01
71	Medical Supplies Charged to Pat	36,206,509			3,977,252		3,914,407		71
72	Impl. Dev. Charged to Patients	27,046,812			4,952,236		3,503,697		72
73	Drugs Charged to Patients	90,930,836			8,883,269		15,699,204		73
74	Renal Dialysis	686,472			271,201		37,641		74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033			4,751,315		4,623,150		91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027					149,026		91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260			526,869		1,689,966		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174			65,155,075		70,164,702		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 14-0054
**WORKSHEET D
PART V**

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

			Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)		
(A)	Cost Center Description	1	2	3	4	5	6	7		
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.083051	8,422,891			699,530				50
51	Recovery Room	0.069317	1,801,169			124,852				51
52	Delivery Room & Labor Room	0.216723								52
53	Anesthesiology	0.028165	3,117,208			87,796				53
54	Radiology-Diagnostic	0.252649	2,278,415			575,639				54
56	Radioisotope	0.067011	1,376,861			92,265				56
56.01	ULTRA SOUND	0.037370	1,247,448			46,617				56.01
56.02	MAMMOGRAPHY	0.067440								56.02
57	CT Scan	0.012505	7,230,189			90,414				57
58	MRI	0.019875	2,219,638			44,115				58
59	Cardiac Catheterization	0.088027	2,169,065			190,936				59
59.01	GASTRO INTESTINAL	0.057485	4,219,468			242,556				59.01
60	Laboratory	0.078936	3,820,791			301,598				60
63	Blood Storing, Processing & Tra	0.218444	31,194			6,814				63
65	Respiratory Therapy	0.205100	108,601			22,274				65
66	Physical Therapy	0.185837	93,475			17,371				66
67	Occupational Therapy	0.148707	82,464			12,263				67
68	Speech Pathology	0.210191	46,041			9,677				68
69	Electrocardiology	0.033818	1,767,998			59,790				69
69.01	CARDIAC HEHAB	0.393656	514,695			202,613				69.01
71	Medical Supplies Charged to Pat	0.094077	3,914,407			368,256				71
72	Impl. Dev. Charged to Patients	0.218428	3,503,697			765,306				72
73	Drugs Charged to Patients	0.068031	15,699,204		43,166	1,068,033		2,937		73
74	Renal Dialysis	0.605079	37,641			22,776				74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency	0.076802	4,623,150			355,067				91
91.01	FAMILY PRACTICES	0.419354								91.01
91.02	PSYCH DAY HOSPITAL	0.178036	149,026			26,532				91.02
91.03	WOUND CARE	0.193311								91.03
92	Observation Beds (Non-Distinct	0.145327	1,689,966			245,598				92
	OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		70,164,702		43,166	5,678,688		2,937		200
201	Less PBP Clinic Lab. Services-Program Only Charges									201
202	Net Charges (line 200 - line 201)		70,164,702		43,166	5,678,688		2,937		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-S054****WORKSHEET D
PART II**

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

		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	550,946	68,181,407	0.008081			50
51	Recovery Room	52,390	8,115,961	0.006455			51
52	Delivery Room & Labor Room	146,481	7,369,798	0.019876			52
53	Anesthesiology	13,502	24,432,813	0.000553			53
54	Radiology-Diagnostic	414,291	27,511,461	0.015059	15,403	232	54
56	Radioisotope	38,119	6,818,608	0.005590			56
56.01	ULTRA SOUND	7,985	14,613,892	0.000546	10,140	6	56.01
56.02	MAMMOGRAPHY	86,859	12,223,821	0.007106	1,740	12	56.02
57	CT Scan	45,838	55,882,344	0.000820	49,142	40	57
58	MRI	5,748	16,346,598	0.000352	24,878	9	58
59	Cardiac Catheterization	82,986	20,989,066	0.003954			59
59.01	GASTRO INTESTINAL	139,135	28,058,648	0.004959			59.01
60	Laboratory	351,170	49,469,298	0.007099	126,666	899	60
63	Blood Storing, Processing & Tra	20,976	1,576,121	0.013309			63
65	Respiratory Therapy	46,962	4,523,351	0.010382	9,419	98	65
66	Physical Therapy	165,716	9,441,471	0.017552	24,961	438	66
67	Occupational Therapy	12,288	4,482,049	0.002742	3,864	11	67
68	Speech Pathology	33,665	1,963,452	0.017146	1,002	17	68
69	Electrocardiology	8,358	16,036,506	0.000521	8,568	4	69
69.01	CARDIAC HEHAB	128,773	1,100,258	0.117039			69.01
71	Medical Supplies Charged to Pat	54,194	36,206,509	0.001497	36		71
72	Impl. Dev. Charged to Patients	89,985	27,046,812	0.003327			72
73	Drugs Charged to Patients	143,277	90,930,836	0.001576	293,618	463	73
74	Renal Dialysis	8,203	686,472	0.011950			74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	290,428	63,892,033	0.004546			91
91.01	FAMILY PRACTICES	241,226	6,717,696	0.035909			91.01
91.02	PSYCH DAY HOSPITAL	93,710	2,226,027	0.042097			91.02
91.03	WOUND CARE	1,648	717,606	0.002297			91.03
92	Observation Beds (Non-Distinct		10,781,260				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,274,859	618,342,174		569,437	2,229	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-S054
**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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-S054
**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	68,181,407							50
51	Recovery Room	8,115,961							51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813							53
54	Radiology-Diagnostic	27,511,461			15,403		597		54
56	Radioisotope	6,818,608							56
56.01	ULTRA SOUND	14,613,892			10,140				56.01
56.02	MAMMOGRAPHY	12,223,821			1,740				56.02
57	CT Scan	55,882,344			49,142				57
58	MRI	16,346,598			24,878				58
59	Cardiac Catheterization	20,989,066							59
59.01	GASTRO INTESTINAL	28,058,648							59.01
60	Laboratory	49,469,298			126,666				60
63	Blood Storing, Processing & Tra	1,576,121							63
65	Respiratory Therapy	4,523,351			9,419				65
66	Physical Therapy	9,441,471			24,961				66
67	Occupational Therapy	4,482,049			3,864				67
68	Speech Pathology	1,963,452			1,002				68
69	Electrocardiology	16,036,506			8,568		520		69
69.01	CARDIAC HEHAB	1,100,258							69.01
71	Medical Supplies Charged to Pat	36,206,509			36				71
72	Impl. Dev. Charged to Patients	27,046,812							72
73	Drugs Charged to Patients	90,930,836			293,618				73
74	Renal Dialysis	686,472							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033							91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027							91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174			569,437		1,117		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**COMPONENT CCN: 14-S054****WORKSHEET D
PART V**

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

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.083051							50
51	Recovery Room	0.069317							51
52	Delivery Room & Labor Room	0.216723							52
53	Anesthesiology	0.028165							53
54	Radiology-Diagnostic	0.252649	597			151			54
56	Radioisotope	0.067011							56
56.01	ULTRA SOUND	0.037370							56.01
56.02	MAMMOGRAPHY	0.067440							56.02
57	CT Scan	0.012505							57
58	MRI	0.019875							58
59	Cardiac Catheterization	0.088027							59
59.01	GASTRO INTESTINAL	0.057485							59.01
60	Laboratory	0.078936							60
63	Blood Storing, Processing & Tra	0.218444							63
65	Respiratory Therapy	0.205100							65
66	Physical Therapy	0.185837							66
67	Occupational Therapy	0.148707							67
68	Speech Pathology	0.210191							68
69	Electrocardiology	0.033818	520			18			69
69.01	CARDIAC HEHAB	0.393656							69.01
71	Medical Supplies Charged to Pat	0.094077							71
72	Impl. Dev. Charged to Patients	0.218428							72
73	Drugs Charged to Patients	0.068031							73
74	Renal Dialysis	0.605079							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.076802							91
91.01	FAMILY PRACTICES	0.419354							91.01
91.02	PSYCH DAY HOSPITAL	0.178036							91.02
91.03	WOUND CARE	0.193311							91.03
92	Observation Beds (Non-Distinct	0.145327							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		1,117			169			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		1,117			169			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
COMPONENT CCN: 14-T054
**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	550,946	68,181,407	0.008081	29,791	241	50
51	Recovery Room	52,390	8,115,961	0.006455	2,385	15	51
52	Delivery Room & Labor Room	146,481	7,369,798	0.019876			52
53	Anesthesiology	13,502	24,432,813	0.000553	6,585	4	53
54	Radiology-Diagnostic	414,291	27,511,461	0.015059	29,312	441	54
56	Radioisotope	38,119	6,818,608	0.005590	4,462	25	56
56.01	ULTRA SOUND	7,985	14,613,892	0.000546	16,899	9	56.01
56.02	MAMMOGRAPHY	86,859	12,223,821	0.007106			56.02
57	CT Scan	45,838	55,882,344	0.000820	32,230	26	57
58	MRI	5,748	16,346,598	0.000352	10,773	4	58
59	Cardiac Catheterization	82,986	20,989,066	0.003954			59
59.01	GASTRO INTESTINAL	139,135	28,058,648	0.004959			59.01
60	Laboratory	351,170	49,469,298	0.007099	130,853	929	60
63	Blood Storing, Processing & Tra	20,976	1,576,121	0.013309	1,931	26	63
65	Respiratory Therapy	46,962	4,523,351	0.010382	29,853	310	65
66	Physical Therapy	165,716	9,441,471	0.017552	1,332,038	23,380	66
67	Occupational Therapy	12,288	4,482,049	0.002742			67
68	Speech Pathology	33,665	1,963,452	0.017146			68
69	Electrocardiology	8,358	16,036,506	0.000521	2,601	1	69
69.01	CARDIAC HEHAB	128,773	1,100,258	0.117039			69.01
71	Medical Supplies Charged to Pat	54,194	36,206,509	0.001497	10,561	16	71
72	Impl. Dev. Charged to Patients	89,985	27,046,812	0.003327	246	1	72
73	Drugs Charged to Patients	143,277	90,930,836	0.001576	346,698	546	73
74	Renal Dialysis	8,203	686,472	0.011950	3,831	46	74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	290,428	63,892,033	0.004546			91
91.01	FAMILY PRACTICES	241,226	6,717,696	0.035909			91.01
91.02	PSYCH DAY HOSPITAL	93,710	2,226,027	0.042097			91.02
91.03	WOUND CARE	1,648	717,606	0.002297			91.03
92	Observation Beds (Non-Distinct		10,781,260				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,274,859	618,342,174		1,991,049	26,020	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-T054
**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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-T054
**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	68,181,407			29,791				50
51	Recovery Room	8,115,961			2,385				51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813			6,585				53
54	Radiology-Diagnostic	27,511,461			29,312				54
56	Radioisotope	6,818,608			4,462				56
56.01	ULTRA SOUND	14,613,892			16,899				56.01
56.02	MAMMOGRAPHY	12,223,821							56.02
57	CT Scan	55,882,344			32,230				57
58	MRI	16,346,598			10,773				58
59	Cardiac Catheterization	20,989,066							59
59.01	GASTRO INTESTINAL	28,058,648							59.01
60	Laboratory	49,469,298			130,853				60
63	Blood Storing, Processing & Tra	1,576,121			1,931				63
65	Respiratory Therapy	4,523,351			29,853				65
66	Physical Therapy	9,441,471			1,332,038				66
67	Occupational Therapy	4,482,049							67
68	Speech Pathology	1,963,452							68
69	Electrocardiology	16,036,506			2,601				69
69.01	CARDIAC HEHAB	1,100,258							69.01
71	Medical Supplies Charged to Pat	36,206,509			10,561				71
72	Impl. Dev. Charged to Patients	27,046,812			246				72
73	Drugs Charged to Patients	90,930,836			346,698				73
74	Renal Dialysis	686,472			3,831				74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033							91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027							91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174			1,991,049				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**COMPONENT CCN: 14-T054****WORKSHEET D
PART V**

Check ☐ Title V - O/P ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF
 Applicable ☒ Title XVIII, Part B ☐ IPF ☐ SNF ☐ Swing Bed NF
 Boxes: ☐ Title XIX - O/P ☒ IRF ☐ NF ☐ ICF/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	0.083051							50
51	Recovery Room	0.069317							51
52	Delivery Room & Labor Room	0.216723							52
53	Anesthesiology	0.028165							53
54	Radiology-Diagnostic	0.252649							54
56	Radioisotope	0.067011							56
56.01	ULTRA SOUND	0.037370							56.01
56.02	MAMMOGRAPHY	0.067440							56.02
57	CT Scan	0.012505							57
58	MRI	0.019875							58
59	Cardiac Catheterization	0.088027							59
59.01	GASTRO INTESTINAL	0.057485							59.01
60	Laboratory	0.078936							60
63	Blood Storing, Processing & Tra	0.218444							63
65	Respiratory Therapy	0.205100							65
66	Physical Therapy	0.185837							66
67	Occupational Therapy	0.148707							67
68	Speech Pathology	0.210191							68
69	Electrocardiology	0.033818							69
69.01	CARDIAC HEHAB	0.393656							69.01
71	Medical Supplies Charged to Pat	0.094077							71
72	Impl. Dev. Charged to Patients	0.218428							72
73	Drugs Charged to Patients	0.068031							73
74	Renal Dialysis	0.605079							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.076802							91
91.01	FAMILY PRACTICES	0.419354							91.01
91.02	PSYCH DAY HOSPITAL	0.178036							91.02
91.03	WOUND CARE	0.193311							91.03
92	Observation Beds (Non-Distinct	0.145327							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-5848
**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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-5848
**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	68,181,407			2,440				50
51	Recovery Room	8,115,961							51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813							53
54	Radiology-Diagnostic	27,511,461			62,340				54
56	Radioisotope	6,818,608							56
56.01	ULTRA SOUND	14,613,892			24,298				56.01
56.02	MAMMOGRAPHY	12,223,821							56.02
57	CT Scan	55,882,344			24,077				57
58	MRI	16,346,598			19,772				58
59	Cardiac Catheterization	20,989,066							59
59.01	GASTRO INTESTINAL	28,058,648							59.01
60	Laboratory	49,469,298			277,649				60
63	Blood Storing, Processing & Tra	1,576,121			1,931				63
65	Respiratory Therapy	4,523,351			64,309				65
66	Physical Therapy	9,441,471			183,828				66
67	Occupational Therapy	4,482,049			193,672				67
68	Speech Pathology	1,963,452			17,508				68
69	Electrocardiology	16,036,506			24,348				69
69.01	CARDIAC HEHAB	1,100,258							69.01
71	Medical Supplies Charged to Pat	36,206,509			705				71
72	Impl. Dev. Charged to Patients	27,046,812							72
73	Drugs Charged to Patients	90,930,836			711,749				73
74	Renal Dialysis	686,472							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033							91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027							91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174			1,608,626				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 14-5848
**WORKSHEET D
PART V**

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

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.083051							50
51	Recovery Room	0.069317							51
52	Delivery Room & Labor Room	0.216723							52
53	Anesthesiology	0.028165							53
54	Radiology-Diagnostic	0.252649							54
56	Radioisotope	0.067011							56
56.01	ULTRA SOUND	0.037370							56.01
56.02	MAMMOGRAPHY	0.067440							56.02
57	CT Scan	0.012505							57
58	MRI	0.019875							58
59	Cardiac Catheterization	0.088027							59
59.01	GASTRO INTESTINAL	0.057485							59.01
60	Laboratory	0.078936							60
63	Blood Storing, Processing & Tra	0.218444							63
65	Respiratory Therapy	0.205100							65
66	Physical Therapy	0.185837							66
67	Occupational Therapy	0.148707							67
68	Speech Pathology	0.210191							68
69	Electrocardiology	0.033818							69
69.01	CARDIAC HEHAB	0.393656							69.01
71	Medical Supplies Charged to Pat	0.094077							71
72	Impl. Dev. Charged to Patients	0.218428							72
73	Drugs Charged to Patients	0.068031							73
74	Renal Dialysis	0.605079							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.076802							91
91.01	FAMILY PRACTICES	0.419354							91.01
91.02	PSYCH DAY HOSPITAL	0.178036							91.02
91.03	WOUND CARE	0.193311							91.03
92	Observation Beds (Non-Distinct	0.145327							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

Check [] Title V
Applicable [] Title XVIII, Part A
Boxes: [XX] 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)	1,760,175		1,760,175	19,593	89.84	1,178	105,832	30
31	Intensive Care Unit	166,750		166,750	1,716	97.17	233	22,641	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	279,147		279,147	2,999	93.08			40
41	Subprovider - IRF	128,492		128,492	1,069	120.20	57	6,851	41
42	Subprovider I								42
43	Nursery	67,234		67,234	1,320	50.93	631	32,137	43
44	Skilled Nursing Facility	122,152		122,152	2,762	44.23			44
45	Nursing Facility								45
200	Total (lines 30-199)	2,523,950		2,523,950	29,459		2,099	167,461	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-0054****WORKSHEET D
PART II**

Check ☐ Title V ☒ Hospital ☐ SUB (Other)
Applicable ☐ Title XVIII, Part A ☐ IPF
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	550,946	68,181,407	0.008081			50
51	Recovery Room	52,390	8,115,961	0.006455			51
52	Delivery Room & Labor Room	146,481	7,369,798	0.019876			52
53	Anesthesiology	13,502	24,432,813	0.000553			53
54	Radiology-Diagnostic	414,291	27,511,461	0.015059			54
56	Radioisotope	38,119	6,818,608	0.005590			56
56.01	ULTRA SOUND	7,985	14,613,892	0.000546			56.01
56.02	MAMMOGRAPHY	86,859	12,223,821	0.007106			56.02
57	CT Scan	45,838	55,882,344	0.000820			57
58	MRI	5,748	16,346,598	0.000352			58
59	Cardiac Catheterization	82,986	20,989,066	0.003954			59
59.01	GASTRO INTESTINAL	139,135	28,058,648	0.004959			59.01
60	Laboratory	351,170	49,469,298	0.007099			60
63	Blood Storing, Processing & Tra	20,976	1,576,121	0.013309			63
65	Respiratory Therapy	46,962	4,523,351	0.010382			65
66	Physical Therapy	165,716	9,441,471	0.017552			66
67	Occupational Therapy	12,288	4,482,049	0.002742			67
68	Speech Pathology	33,665	1,963,452	0.017146			68
69	Electrocardiology	8,358	16,036,506	0.000521			69
69.01	CARDIAC HEHAB	128,773	1,100,258	0.117039			69.01
71	Medical Supplies Charged to Pat	54,194	36,206,509	0.001497			71
72	Impl. Dev. Charged to Patients	89,985	27,046,812	0.003327			72
73	Drugs Charged to Patients	143,277	90,930,836	0.001576			73
74	Renal Dialysis	8,203	686,472	0.011950			74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	290,428	63,892,033	0.004546			91
91.01	FAMILY PRACTICES	241,226	6,717,696	0.035909			91.01
91.02	PSYCH DAY HOSPITAL	93,710	2,226,027	0.042097			91.02
91.03	WOUND CARE	1,648	717,606	0.002297			91.03
92	Observation Beds (Non-Distinct	157,663	10,781,260	0.014624			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,432,522	618,342,174				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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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

		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)								30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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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)	19,593		1,178		30
31	Intensive Care Unit	1,716		233		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	2,999				40
41	Subprovider - IRF	1,069		57		41
42	Subprovider I					42
43	Nursery	1,320		631		43
44	Skilled Nursing Facility	2,762				44
45	Nursing Facility					45
200	Total (lines 30-199)	29,459		2,099		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-0054
**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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-0054
**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	68,181,407							50
51	Recovery Room	8,115,961							51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813							53
54	Radiology-Diagnostic	27,511,461							54
56	Radioisotope	6,818,608							56
56.01	ULTRA SOUND	14,613,892							56.01
56.02	MAMMOGRAPHY	12,223,821							56.02
57	CT Scan	55,882,344							57
58	MRI	16,346,598							58
59	Cardiac Catheterization	20,989,066							59
59.01	GASTRO INTESTINAL	28,058,648							59.01
60	Laboratory	49,469,298							60
63	Blood Storing, Processing & Tra	1,576,121							63
65	Respiratory Therapy	4,523,351							65
66	Physical Therapy	9,441,471							66
67	Occupational Therapy	4,482,049							67
68	Speech Pathology	1,963,452							68
69	Electrocardiology	16,036,506							69
69.01	CARDIAC HEHAB	1,100,258							69.01
71	Medical Supplies Charged to Pat	36,206,509							71
72	Impl. Dev. Charged to Patients	27,046,812							72
73	Drugs Charged to Patients	90,930,836							73
74	Renal Dialysis	686,472							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033							91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027							91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0054

WORKSHEET D
PART V

Check
Applicable
Boxes:

☐ Title V - O/P

☐ Title XVIII, Part B

☒ Title XIX - O/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ Swing Bed SNF

☐ Swing Bed NF

☐ ICF/IID

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.083051							50
51	Recovery Room	0.069317							51
52	Delivery Room & Labor Room	0.216723							52
53	Anesthesiology	0.028165							53
54	Radiology-Diagnostic	0.252649							54
56	Radioisotope	0.067011							56
56.01	ULTRA SOUND	0.037370							56.01
56.02	MAMMOGRAPHY	0.067440							56.02
57	CT Scan	0.012505							57
58	MRI	0.019875							58
59	Cardiac Catheterization	0.088027							59
59.01	GASTRO INTESTINAL	0.057485							59.01
60	Laboratory	0.078936							60
63	Blood Storing, Processing & Tra	0.218444							63
65	Respiratory Therapy	0.205100							65
66	Physical Therapy	0.185837							66
67	Occupational Therapy	0.148707							67
68	Speech Pathology	0.210191							68
69	Electrocardiology	0.033818							69
69.01	CARDIAC HEHAB	0.393656							69.01
71	Medical Supplies Charged to Pat	0.094077							71
72	Impl. Dev. Charged to Patients	0.218428							72
73	Drugs Charged to Patients	0.068031							73
74	Renal Dialysis	0.605079							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.076802							91
91.01	FAMILY PRACTICES	0.419354							91.01
91.02	PSYCH DAY HOSPITAL	0.178036							91.02
91.03	WOUND CARE	0.193311							91.03
92	Observation Beds (Non-Distinct	0.145327							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-S054****WORKSHEET D
PART II**

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

☐ Hospital
☒ IPF
☐ IRF

☐ SUB (Other)

		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	550,946	68,181,407	0.008081			50
51	Recovery Room	52,390	8,115,961	0.006455			51
52	Delivery Room & Labor Room	146,481	7,369,798	0.019876			52
53	Anesthesiology	13,502	24,432,813	0.000553			53
54	Radiology-Diagnostic	414,291	27,511,461	0.015059			54
56	Radioisotope	38,119	6,818,608	0.005590			56
56.01	ULTRA SOUND	7,985	14,613,892	0.000546			56.01
56.02	MAMMOGRAPHY	86,859	12,223,821	0.007106			56.02
57	CT Scan	45,838	55,882,344	0.000820			57
58	MRI	5,748	16,346,598	0.000352			58
59	Cardiac Catheterization	82,986	20,989,066	0.003954			59
59.01	GASTRO INTESTINAL	139,135	28,058,648	0.004959			59.01
60	Laboratory	351,170	49,469,298	0.007099			60
63	Blood Storing, Processing & Tra	20,976	1,576,121	0.013309			63
65	Respiratory Therapy	46,962	4,523,351	0.010382			65
66	Physical Therapy	165,716	9,441,471	0.017552			66
67	Occupational Therapy	12,288	4,482,049	0.002742			67
68	Speech Pathology	33,665	1,963,452	0.017146			68
69	Electrocardiology	8,358	16,036,506	0.000521			69
69.01	CARDIAC HEHAB	128,773	1,100,258	0.117039			69.01
71	Medical Supplies Charged to Pat	54,194	36,206,509	0.001497			71
72	Impl. Dev. Charged to Patients	89,985	27,046,812	0.003327			72
73	Drugs Charged to Patients	143,277	90,930,836	0.001576			73
74	Renal Dialysis	8,203	686,472	0.011950			74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	290,428	63,892,033	0.004546			91
91.01	FAMILY PRACTICES	241,226	6,717,696	0.035909			91.01
91.02	PSYCH DAY HOSPITAL	93,710	2,226,027	0.042097			91.02
91.03	WOUND CARE	1,648	717,606	0.002297			91.03
92	Observation Beds (Non-Distinct		10,781,260				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,274,859	618,342,174				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-S054
**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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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WORKSHEET D
PART IV

		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	68,181,407							50
51	Recovery Room	8,115,961							51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813							53
54	Radiology-Diagnostic	27,511,461							54
56	Radioisotope	6,818,608							56
56.01	ULTRA SOUND	14,613,892							56.01
56.02	MAMMOGRAPHY	12,223,821							56.02
57	CT Scan	55,882,344							57
58	MRI	16,346,598							58
59	Cardiac Catheterization	20,989,066							59
59.01	GASTRO INTESTINAL	28,058,648							59.01
60	Laboratory	49,469,298							60
63	Blood Storing, Processing & Tra	1,576,121							63
65	Respiratory Therapy	4,523,351							65
66	Physical Therapy	9,441,471							66
67	Occupational Therapy	4,482,049							67
68	Speech Pathology	1,963,452							68
69	Electrocardiology	16,036,506							69
69.01	CARDIAC HEHAB	1,100,258							69.01
71	Medical Supplies Charged to Pat	36,206,509							71
72	Impl. Dev. Charged to Patients	27,046,812							72
73	Drugs Charged to Patients	90,930,836							73
74	Renal Dialysis	686,472							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033							91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027							91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174							200

Page: 92

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**COMPONENT CCN: 14-S054****WORKSHEET D
PART V**

Check ☐ Title V - O/P ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF
 Applicable ☐ Title XVIII, Part B ☒ IPF ☐ SNF ☐ Swing Bed NF
 Boxes: ☒ Title XIX - O/P ☐ IRF ☐ NF ☐ ICF/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	0.083051							50
51	Recovery Room	0.069317							51
52	Delivery Room & Labor Room	0.216723							52
53	Anesthesiology	0.028165							53
54	Radiology-Diagnostic	0.252649							54
56	Radioisotope	0.067011							56
56.01	ULTRA SOUND	0.037370							56.01
56.02	MAMMOGRAPHY	0.067440							56.02
57	CT Scan	0.012505							57
58	MRI	0.019875							58
59	Cardiac Catheterization	0.088027							59
59.01	GASTRO INTESTINAL	0.057485							59.01
60	Laboratory	0.078936							60
63	Blood Storing, Processing & Tra	0.218444							63
65	Respiratory Therapy	0.205100							65
66	Physical Therapy	0.185837							66
67	Occupational Therapy	0.148707							67
68	Speech Pathology	0.210191							68
69	Electrocardiology	0.033818							69
69.01	CARDIAC HEHAB	0.393656							69.01
71	Medical Supplies Charged to Pat	0.094077							71
72	Impl. Dev. Charged to Patients	0.218428							72
73	Drugs Charged to Patients	0.068031							73
74	Renal Dialysis	0.605079							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.076802							91
91.01	FAMILY PRACTICES	0.419354							91.01
91.02	PSYCH DAY HOSPITAL	0.178036							91.02
91.03	WOUND CARE	0.193311							91.03
92	Observation Beds (Non-Distinct	0.145327							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS**COMPONENT CCN: 14-T054****WORKSHEET D
PART II**

Check ☐ Title V ☐ Hospital ☐ SUB (Other)
 Applicable ☐ Title XVIII, Part A ☐ IPF
 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	550,946	68,181,407	0.008081			50
51	Recovery Room	52,390	8,115,961	0.006455			51
52	Delivery Room & Labor Room	146,481	7,369,798	0.019876			52
53	Anesthesiology	13,502	24,432,813	0.000553			53
54	Radiology-Diagnostic	414,291	27,511,461	0.015059			54
56	Radioisotope	38,119	6,818,608	0.005590			56
56.01	ULTRA SOUND	7,985	14,613,892	0.000546			56.01
56.02	MAMMOGRAPHY	86,859	12,223,821	0.007106			56.02
57	CT Scan	45,838	55,882,344	0.000820			57
58	MRI	5,748	16,346,598	0.000352			58
59	Cardiac Catheterization	82,986	20,989,066	0.003954			59
59.01	GASTRO INTESTINAL	139,135	28,058,648	0.004959			59.01
60	Laboratory	351,170	49,469,298	0.007099			60
63	Blood Storing, Processing & Tra	20,976	1,576,121	0.013309			63
65	Respiratory Therapy	46,962	4,523,351	0.010382			65
66	Physical Therapy	165,716	9,441,471	0.017552			66
67	Occupational Therapy	12,288	4,482,049	0.002742			67
68	Speech Pathology	33,665	1,963,452	0.017146			68
69	Electrocardiology	8,358	16,036,506	0.000521			69
69.01	CARDIAC HEHAB	128,773	1,100,258	0.117039			69.01
71	Medical Supplies Charged to Pat	54,194	36,206,509	0.001497			71
72	Impl. Dev. Charged to Patients	89,985	27,046,812	0.003327			72
73	Drugs Charged to Patients	143,277	90,930,836	0.001576			73
74	Renal Dialysis	8,203	686,472	0.011950			74
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	290,428	63,892,033	0.004546			91
91.01	FAMILY PRACTICES	241,226	6,717,696	0.035909			91.01
91.02	PSYCH DAY HOSPITAL	93,710	2,226,027	0.042097			91.02
91.03	WOUND CARE	1,648	717,606	0.002297			91.03
92	Observation Beds (Non-Distinct		10,781,260				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,274,859	618,342,174				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T054

WORKSHEET D
PART IV

Check
Applicable
Boxes:

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

☐ Hospital
☐ IPF
☒ IRF

☐ SUB (Other)
☐ SNF
☐ NF

☐ ICF/IID

☐ PPS
☐ TEFRA
☒ 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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-T054
**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	68,181,407							50
51	Recovery Room	8,115,961							51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813							53
54	Radiology-Diagnostic	27,511,461							54
56	Radioisotope	6,818,608							56
56.01	ULTRA SOUND	14,613,892							56.01
56.02	MAMMOGRAPHY	12,223,821							56.02
57	CT Scan	55,882,344							57
58	MRI	16,346,598							58
59	Cardiac Catheterization	20,989,066							59
59.01	GASTRO INTESTINAL	28,058,648							59.01
60	Laboratory	49,469,298							60
63	Blood Storing, Processing & Tra	1,576,121							63
65	Respiratory Therapy	4,523,351							65
66	Physical Therapy	9,441,471							66
67	Occupational Therapy	4,482,049							67
68	Speech Pathology	1,963,452							68
69	Electrocardiology	16,036,506							69
69.01	CARDIAC HEHAB	1,100,258							69.01
71	Medical Supplies Charged to Pat	36,206,509							71
72	Impl. Dev. Charged to Patients	27,046,812							72
73	Drugs Charged to Patients	90,930,836							73
74	Renal Dialysis	686,472							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033							91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027							91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS
COMPONENT CCN: 14-T054
**WORKSHEET D
PART V**

Check ☐ Title V - O/P ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF
 Applicable ☐ Title XVIII, Part B ☐ IPF ☐ SNF ☐ Swing Bed NF
 Boxes: ☒ Title XIX - O/P ☒ IRF ☐ NF ☐ ICF/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	0.083051							50
51	Recovery Room	0.069317							51
52	Delivery Room & Labor Room	0.216723							52
53	Anesthesiology	0.028165							53
54	Radiology-Diagnostic	0.252649							54
56	Radioisotope	0.067011							56
56.01	ULTRA SOUND	0.037370							56.01
56.02	MAMMOGRAPHY	0.067440							56.02
57	CT Scan	0.012505							57
58	MRI	0.019875							58
59	Cardiac Catheterization	0.088027							59
59.01	GASTRO INTESTINAL	0.057485							59.01
60	Laboratory	0.078936							60
63	Blood Storing, Processing & Tra	0.218444							63
65	Respiratory Therapy	0.205100							65
66	Physical Therapy	0.185837							66
67	Occupational Therapy	0.148707							67
68	Speech Pathology	0.210191							68
69	Electrocardiology	0.033818							69
69.01	CARDIAC HEHAB	0.393656							69.01
71	Medical Supplies Charged to Pat	0.094077							71
72	Impl. Dev. Charged to Patients	0.218428							72
73	Drugs Charged to Patients	0.068031							73
74	Renal Dialysis	0.605079							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.076802							91
91.01	FAMILY PRACTICES	0.419354							91.01
91.02	PSYCH DAY HOSPITAL	0.178036							91.02
91.03	WOUND CARE	0.193311							91.03
92	Observation Beds (Non-Distinct	0.145327							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-5848

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
56	Radioisotope									56
56.01	ULTRA SOUND									56.01
56.02	MAMMOGRAPHY									56.02
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
59.01	GASTRO INTESTINAL									59.01
60	Laboratory									60
63	Blood Storing, Processing & Tra									63
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
69.01	CARDIAC HEHAB									69.01
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
	OUTPATIENT SERVICE COST CENTERS									
91	Emergency									91
91.01	FAMILY PRACTICES									91.01
91.02	PSYCH DAY HOSPITAL									91.02
91.03	WOUND CARE									91.03
92	Observation Beds (Non-Distinct									92
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-5848
**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	68,181,407							50
51	Recovery Room	8,115,961							51
52	Delivery Room & Labor Room	7,369,798							52
53	Anesthesiology	24,432,813							53
54	Radiology-Diagnostic	27,511,461							54
56	Radioisotope	6,818,608							56
56.01	ULTRA SOUND	14,613,892							56.01
56.02	MAMMOGRAPHY	12,223,821							56.02
57	CT Scan	55,882,344							57
58	MRI	16,346,598							58
59	Cardiac Catheterization	20,989,066							59
59.01	GASTRO INTESTINAL	28,058,648							59.01
60	Laboratory	49,469,298							60
63	Blood Storing, Processing & Tra	1,576,121							63
65	Respiratory Therapy	4,523,351							65
66	Physical Therapy	9,441,471							66
67	Occupational Therapy	4,482,049							67
68	Speech Pathology	1,963,452							68
69	Electrocardiology	16,036,506							69
69.01	CARDIAC HEHAB	1,100,258							69.01
71	Medical Supplies Charged to Pat	36,206,509							71
72	Impl. Dev. Charged to Patients	27,046,812							72
73	Drugs Charged to Patients	90,930,836							73
74	Renal Dialysis	686,472							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	63,892,033							91
91.01	FAMILY PRACTICES	6,717,696							91.01
91.02	PSYCH DAY HOSPITAL	2,226,027							91.02
91.03	WOUND CARE	717,606							91.03
92	Observation Beds (Non-Distinct	10,781,260							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	618,342,174							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS**COMPONENT CCN: 14-5848****WORKSHEET D
PART V**

Check ☐ Title V - O/P ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF
 Applicable ☐ Title XVIII, Part B ☐ IPF ☒ SNF ☐ Swing Bed NF
 Boxes: ☒ Title XIX - O/P ☐ IRF ☐ NF ☐ ICF/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	0.083051							50
51	Recovery Room	0.069317							51
52	Delivery Room & Labor Room	0.216723							52
53	Anesthesiology	0.028165							53
54	Radiology-Diagnostic	0.252649							54
56	Radioisotope	0.067011							56
56.01	ULTRA SOUND	0.037370							56.01
56.02	MAMMOGRAPHY	0.067440							56.02
57	CT Scan	0.012505							57
58	MRI	0.019875							58
59	Cardiac Catheterization	0.088027							59
59.01	GASTRO INTESTINAL	0.057485							59.01
60	Laboratory	0.078936							60
63	Blood Storing, Processing & Tra	0.218444							63
65	Respiratory Therapy	0.205100							65
66	Physical Therapy	0.185837							66
67	Occupational Therapy	0.148707							67
68	Speech Pathology	0.210191							68
69	Electrocardiology	0.033818							69
69.01	CARDIAC HEHAB	0.393656							69.01
71	Medical Supplies Charged to Pat	0.094077							71
72	Impl. Dev. Charged to Patients	0.218428							72
73	Drugs Charged to Patients	0.068031							73
74	Renal Dialysis	0.605079							74
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.076802							91
91.01	FAMILY PRACTICES	0.419354							91.01
91.02	PSYCH DAY HOSPITAL	0.178036							91.02
91.03	WOUND CARE	0.193311							91.03
92	Observation Beds (Non-Distinct	0.145327							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0054****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)	19,593	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,593	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)	17,838	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,707	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)	17,492,104	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)	17,492,104	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	17,492,104	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0054****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)					892.77	38
39	Program general inpatient routine service cost (line 9 x line 38)					4,202,268	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					4,202,268	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	2,487,614	1,716	1,449.66	632	916,185	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,988,750	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					11,107,203	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					484,288	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					311,566	51
52	Total Program excludable cost (sum of lines 50 and 51)					795,854	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					10,311,349	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

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)					1,755	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					892.77	88
89	Observation bed cost (line 87 x line 88) (see instructions)					1,566,811	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	1,760,175	17,492,104	0.100627	1,566,811	157,663	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S054****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)	2,999	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,999	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)	2,999	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)	984	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)	2,158,274	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)	2,158,274	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,158,274	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S054****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)	719.66	38
39	Program general inpatient routine service cost (line 9 x line 38)	708,145	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)	708,145	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	43,121	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	751,266	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	91,591	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,229	51
52	Total Program excludable cost (sum of lines 50 and 51)	93,820	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	657,446	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T054****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)	1,069	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,069	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)	1,069	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)	667	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)	906,069	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)	906,069	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	906,069	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T054****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)	847.59	38
39	Program general inpatient routine service cost (line 9 x line 38)	565,343	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)	565,343	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	303,234	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	868,577	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	80,173	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	26,020	51
52	Total Program excludable cost (sum of lines 50 and 51)	106,193	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	762,384	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

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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-5848****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)	2,762	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,762	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)	2,762	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)	1,591	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)	1,644,658	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)	1,644,658	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,644,658	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-5848****WORKSHEET D-1
PARTS III & IV**

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 III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	1,644,658	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	595.46	71
72	Program routine service cost (line 9 x line 71)	947,377	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	947,377	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	947,377	83
84	Program inpatient ancillary services (see instructions)	169,036	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	1,116,413	86

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0054****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)	19,593	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,593	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)	17,838	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)	1,178	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)	1,320	15
16	Nursery days (title V or XIX only)	631	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)	17,492,104	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)	17,492,104	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	17,492,104	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0054****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)					892.77	38
39	Program general inpatient routine service cost (line 9 x line 38)					1,051,683	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)					1,051,683	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)	773,772	1,320	586.19	631	369,886	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	2,480,280	1,716	1,445.38	233	336,774	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					1,758,343	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					160,610	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)					160,610	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise etner zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

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)					1,755	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S054****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)	2,999	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,999	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)	2,999	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,158,274	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)	2,158,274	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,158,274	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S054****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)	719.66	38
39	Program general inpatient routine service cost (line 9 x line 38)		39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)		41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)		49

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T054****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)	1,069	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,069	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)	1,069	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)	57	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)	895,198	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)	895,198	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	895,198	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-T054****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)	837.42	38
39	Program general inpatient routine service cost (line 9 x line 38)	47,733	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)	47,733	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	47,733	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	6,851	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	6,851	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-5848****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)	2,762	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,762	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)	2,762	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	1,644,658	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)	1,644,658	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,644,658	37

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MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-5848****WORKSHEET D-1
PARTS III & IV**

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 III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	1,644,658	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	595.46	71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)	122,152	75
76	Per diem capital-related costs (line 75 ÷ line 2)	44.23	76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)		86

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MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-0054****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		9,410,287		30
31	Intensive Care Unit		3,639,764		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051	10,012,166	831,520	50
51	Recovery Room	0.069317	765,782	53,082	51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165	2,694,538	75,892	53
54	Radiology-Diagnostic	0.252649	1,847,959	466,885	54
56	Radioisotope	0.067011	478,440	32,061	56
56.01	ULTRA SOUND	0.037370	961,372	35,926	56.01
56.02	MAMMOGRAPHY	0.067440			56.02
57	CT Scan	0.012505	6,213,051	77,694	57
58	MRI	0.019875	703,282	13,978	58
59	Cardiac Catheterization	0.088403	2,231,817	197,299	59
59.01	GASTRO INTESTINAL	0.057485	1,502,645	86,380	59.01
60	Laboratory	0.078936	7,819,841	617,267	60
63	Blood Storing, Processing & Trans.	0.218444	343,941	75,132	63
65	Respiratory Therapy	0.205100	1,107,569	227,162	65
66	Physical Therapy	0.185837	1,165,389	216,572	66
67	Occupational Therapy	0.148707	1,012,765	150,605	67
68	Speech Pathology	0.210191	376,128	79,059	68
69	Electrocardiology	0.033818	2,556,248	86,447	69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077	3,977,252	374,168	71
72	Impl. Dev. Charged to Patients	0.218428	4,952,236	1,081,707	72
73	Drugs Charged to Patients	0.068031	8,883,269	604,338	73
74	Renal Dialysis	0.605079	271,201	164,098	74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802	4,751,315	364,910	91
91.01	FAMILY PRACTICES	0.419357			91.01
91.02	PSYCH DAY HOSPITAL	0.178534			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327	526,869	76,568	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		65,155,075	5,988,750	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		65,155,075		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-S054****WORKSHEET D-3**

Check ☐ Title V ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF ☒ PPS
Applicable ☒ Title XVIII, Part A ☒ IPF ☐ SNF ☐ 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
40	Subprovider - IPF		1,901,554		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051			50
51	Recovery Room	0.069317			51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165			53
54	Radiology-Diagnostic	0.252649	15,403	3,892	54
56	Radioisotope	0.067011			56
56.01	ULTRA SOUND	0.037370	10,140	379	56.01
56.02	MAMMOGRAPHY	0.067440	1,740	117	56.02
57	CT Scan	0.012505	49,142	615	57
58	MRI	0.019875	24,878	494	58
59	Cardiac Catheterization	0.088403			59
59.01	GASTRO INTESTINAL	0.057485			59.01
60	Laboratory	0.078936	126,666	9,999	60
63	Blood Storing, Processing & Trans.	0.218444			63
65	Respiratory Therapy	0.205100	9,419	1,932	65
66	Physical Therapy	0.185837	24,961	4,639	66
67	Occupational Therapy	0.148707	3,864	575	67
68	Speech Pathology	0.210191	1,002	211	68
69	Electrocardiology	0.033818	8,568	290	69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077	36	3	71
72	Impl. Dev. Charged to Patients	0.218428			72
73	Drugs Charged to Patients	0.068031	293,618	19,975	73
74	Renal Dialysis	0.605079			74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802			91
91.01	FAMILY PRACTICES	0.419357			91.01
91.02	PSYCH DAY HOSPITAL	0.178534			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		569,437	43,121	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		569,437		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-T054****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
40	Subprovider - IPF				40
41	Subprovider - IRF		987,572		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051	29,791	2,474	50
51	Recovery Room	0.069317	2,385	165	51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165	6,585	185	53
54	Radiology-Diagnostic	0.252649	29,312	7,406	54
56	Radioisotope	0.067011	4,462	299	56
56.01	ULTRA SOUND	0.037370	16,899	632	56.01
56.02	MAMMOGRAPHY	0.067440			56.02
57	CT Scan	0.012505	32,230	403	57
58	MRI	0.019875	10,773	214	58
59	Cardiac Catheterization	0.088403			59
59.01	GASTRO INTESTINAL	0.057485			59.01
60	Laboratory	0.078936	130,853	10,329	60
63	Blood Storing, Processing & Trans.	0.218444	1,931	422	63
65	Respiratory Therapy	0.205100	29,853	6,123	65
66	Physical Therapy	0.185837	1,332,038	247,542	66
67	Occupational Therapy	0.148707			67
68	Speech Pathology	0.210191			68
69	Electrocardiology	0.033818	2,601	88	69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077	10,561	994	71
72	Impl. Dev. Charged to Patients	0.218428	246	54	72
73	Drugs Charged to Patients	0.068031	346,698	23,586	73
74	Renal Dialysis	0.605079	3,831	2,318	74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802			91
91.01	FAMILY PRACTICES	0.419357			91.01
91.02	PSYCH DAY HOSPITAL	0.178534			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,991,049	303,234	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,991,049		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-5848****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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051	2,440	203	50
51	Recovery Room	0.069317			51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165			53
54	Radiology-Diagnostic	0.252649	62,340	15,750	54
56	Radioisotope	0.067011			56
56.01	ULTRA SOUND	0.037370	24,298	908	56.01
56.02	MAMMOGRAPHY	0.067440			56.02
57	CT Scan	0.012505	24,077	301	57
58	MRI	0.019875	19,772	393	58
59	Cardiac Catheterization	0.088027			59
59.01	GASTRO INTESTINAL	0.057485			59.01
60	Laboratory	0.078936	277,649	21,917	60
63	Blood Storing, Processing & Trans.	0.218444	1,931	422	63
65	Respiratory Therapy	0.205100	64,309	13,190	65
66	Physical Therapy	0.185837	183,828	34,162	66
67	Occupational Therapy	0.148707	193,672	28,800	67
68	Speech Pathology	0.210191	17,508	3,680	68
69	Electrocardiology	0.033818	24,348	823	69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077	705	66	71
72	Impl. Dev. Charged to Patients	0.218428			72
73	Drugs Charged to Patients	0.068031	711,749	48,421	73
74	Renal Dialysis	0.605079			74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802			91
91.01	FAMILY PRACTICES	0.419354			91.01
91.02	PSYCH DAY HOSPITAL	0.178036			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,608,626	169,036	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,608,626		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT
COMPONENT CCN: 14-0054
WORKSHEET D-3

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☐ Swing Bed SNF ☐ PPS
Applicable ☐ Title XVIII, Part A ☐ IPF ☐ SNF ☐ 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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051			50
51	Recovery Room	0.069317			51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165			53
54	Radiology-Diagnostic	0.252649			54
56	Radioisotope	0.067011			56
56.01	ULTRA SOUND	0.037370			56.01
56.02	MAMMOGRAPHY	0.067440			56.02
57	CT Scan	0.012505			57
58	MRI	0.019875			58
59	Cardiac Catheterization	0.088027			59
59.01	GASTRO INTESTINAL	0.057485			59.01
60	Laboratory	0.078936			60
63	Blood Storing, Processing & Trans.	0.218444			63
65	Respiratory Therapy	0.205100			65
66	Physical Therapy	0.185837			66
67	Occupational Therapy	0.148707			67
68	Speech Pathology	0.210191			68
69	Electrocardiology	0.033818			69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077			71
72	Impl. Dev. Charged to Patients	0.218428			72
73	Drugs Charged to Patients	0.068031			73
74	Renal Dialysis	0.605079			74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802			91
91.01	FAMILY PRACTICES	0.419354			91.01
91.02	PSYCH DAY HOSPITAL	0.178036			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-S054****WORKSHEET D-3**

Check ☐ Title V ☐ Hospital ☐ SUB (Other) ☐ Swing Bed SNF ☐ PPS
Applicable ☐ Title XVIII, Part A ☒ IPF ☐ SNF ☐ 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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051			50
51	Recovery Room	0.069317			51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165			53
54	Radiology-Diagnostic	0.252649			54
56	Radioisotope	0.067011			56
56.01	ULTRA SOUND	0.037370			56.01
56.02	MAMMOGRAPHY	0.067440			56.02
57	CT Scan	0.012505			57
58	MRI	0.019875			58
59	Cardiac Catheterization	0.088027			59
59.01	GASTRO INTESTINAL	0.057485			59.01
60	Laboratory	0.078936			60
63	Blood Storing, Processing & Trans.	0.218444			63
65	Respiratory Therapy	0.205100			65
66	Physical Therapy	0.185837			66
67	Occupational Therapy	0.148707			67
68	Speech Pathology	0.210191			68
69	Electrocardiology	0.033818			69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077			71
72	Impl. Dev. Charged to Patients	0.218428			72
73	Drugs Charged to Patients	0.068031			73
74	Renal Dialysis	0.605079			74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802			91
91.01	FAMILY PRACTICES	0.419354			91.01
91.02	PSYCH DAY HOSPITAL	0.178036			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT
COMPONENT CCN: 14-T054
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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051			50
51	Recovery Room	0.069317			51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165			53
54	Radiology-Diagnostic	0.252649			54
56	Radioisotope	0.067011			56
56.01	ULTRA SOUND	0.037370			56.01
56.02	MAMMOGRAPHY	0.067440			56.02
57	CT Scan	0.012505			57
58	MRI	0.019875			58
59	Cardiac Catheterization	0.088027			59
59.01	GASTRO INTESTINAL	0.057485			59.01
60	Laboratory	0.078936			60
63	Blood Storing, Processing & Trans.	0.218444			63
65	Respiratory Therapy	0.205100			65
66	Physical Therapy	0.185837			66
67	Occupational Therapy	0.148707			67
68	Speech Pathology	0.210191			68
69	Electrocardiology	0.033818			69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077			71
72	Impl. Dev. Charged to Patients	0.218428			72
73	Drugs Charged to Patients	0.068031			73
74	Renal Dialysis	0.605079			74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802			91
91.01	FAMILY PRACTICES	0.419354			91.01
91.02	PSYCH DAY HOSPITAL	0.178036			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

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MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT**COMPONENT CCN: 14-5848****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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.083051			50
51	Recovery Room	0.069317			51
52	Delivery Room & Labor Room	0.216723			52
53	Anesthesiology	0.028165			53
54	Radiology-Diagnostic	0.252649			54
56	Radioisotope	0.067011			56
56.01	ULTRA SOUND	0.037370			56.01
56.02	MAMMOGRAPHY	0.067440			56.02
57	CT Scan	0.012505			57
58	MRI	0.019875			58
59	Cardiac Catheterization	0.088027			59
59.01	GASTRO INTESTINAL	0.057485			59.01
60	Laboratory	0.078936			60
63	Blood Storing, Processing & Trans.	0.218444			63
65	Respiratory Therapy	0.205100			65
66	Physical Therapy	0.185837			66
67	Occupational Therapy	0.148707			67
68	Speech Pathology	0.210191			68
69	Electrocardiology	0.033818			69
69.01	CARDIAC HEHAB	0.393656			69.01
71	Medical Supplies Charged to Patients	0.094077			71
72	Impl. Dev. Charged to Patients	0.218428			72
73	Drugs Charged to Patients	0.068031			73
74	Renal Dialysis	0.605079			74
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.076802			91
91.01	FAMILY PRACTICES	0.419354			91.01
91.02	PSYCH DAY HOSPITAL	0.178036			91.02
91.03	WOUND CARE	0.193311			91.03
92	Observation Beds (Non-Distinct Part)	0.145327			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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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)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	11,505,983			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)	126,681			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	6,478,404			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	251.38			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)	78.16			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).	34.87			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)	0.32			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)	113.35			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	104.18			10
11	FTE count for residents in dental and podiatric programs	0.99			11
12	Current year allowable FTE (see instructions)	105.17			12
13	Total allowable FTE count for the prior year	95.68			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	95.86			14
15	Sum of lines 12 through 14 divided by 3	98.90			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	98.90			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.393428			19
20	Prior year resident to bed ratio (see instructions)	0.379472			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.379472			21
22	IME payment adjustment (see instructions)	2,161,537			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,217,046			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)	-9.17			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)	2,161,537			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,217,046			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0578			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3391			31
32	Sum of lines 30 and 31	0.3969			32
33	Allowable disproportionate share percentage (see instructions)	0.2196			33
34	Disproportionate share adjustment (see instructions)	631,679			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		0.000473811	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,206,135	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,326,375	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,326,375			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

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

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	15,752,255			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)	16,969,301			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,247,210			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)	1,998,717			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)				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).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	20,215,228			59
60	Primary payer payments	67,067			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	20,148,161			61
62	Deductibles billed to program beneficiaries	1,163,224			62
63	Coinsurance billed to program beneficiaries	26,674			63
64	Allowable bad debts (see instructions)	502,537			64
65	Adjusted reimbursable bad debts (see instructions)	326,649			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	335,914			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	19,284,912			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-103,167			70.93
70.94	HRR adjustment amount (see instructions)	-184,095			70.94
71	Amount due provider (see instructions)	18,997,650			71
71.01	Sequestration adjustment (see instructions)	379,953			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	18,393,752			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	223,945			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	209,487			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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MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0054****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)	2,937			1
2	Medical and other services reimbursed under OPPS (see instructions)	5,678,688			2
3	OPPS payments	6,643,706			3
4	Outlier payment (see instructions)	7,502			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				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	2,937			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	43,166			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)	43,166			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)	43,166			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	40,229			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)	2,937			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)	6,651,208			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	1,242,196			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)	5,411,949			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	787,293			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	6,199,242			30
31	Primary payer payments	5,486			31
32	Subtotal (line 30 minus line 31)	6,193,756			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)	215,639			34
35	Adjusted reimbursable bad debts (see instructions)	140,165			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	131,022			36
37	Subtotal (see instructions)	6,333,921			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)	6,333,921			40
40.01	Sequestration adjustment (see instructions)	126,678			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	6,258,253			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-51,010			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S054****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)	169			2
3	OPPS payments	117			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)				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				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)	117			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	23			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)	94			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)	94			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	94			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)	94			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)	94			40
40.01	Sequestration adjustment (see instructions)	2			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	92			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				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

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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T054****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)				2
3	OPPS payments				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)				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				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)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				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)				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)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				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)				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)				40
40.01	Sequestration adjustment (see instructions)				40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-5848****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)				2
3	OPPS payments				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)				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				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)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				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)				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)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				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)				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)				40
40.01	Sequestration adjustment (see instructions)				40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-0054****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				18,393,752		6,258,253	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)				18,393,752		6,258,253	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		223,945			6.01
	based on the cost report (1)		.02				-51,010	6.02
7	Total Medicare program liability (see instructions)				18,617,697		6,207,243	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-S054****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				759,756		92	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)				759,756		92	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		16			6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				759,772		92	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-T054****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				1,114,176			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)				1,114,176			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		22,586			6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				1,136,762			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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-5848****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				738,714			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)				738,714			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					6.01
	based on the cost report (1)		.02					6.02
7	Total Medicare program liability (see instructions)				738,714			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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S054****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)	866,537	1
2	Net IPF PPS Outlier payment	5,666	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)		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
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)		8
9	Average daily census (see instructions)	19,860,927	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	872,203	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)	872,203	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	872,203	18
19	Deductibles	79,416	19
20	Subtotal (line 18 minus line 19)	792,787	20
21	Coinurance	17,509	21
22	Subtotal (line 20 minus line 21)	775,278	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)	775,278	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)		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)	775,278	31
31.01	Sequestration adjustment (see instructions)	15,506	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	759,756	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)	16	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)	5,666	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T054****WORKSHEET E-3
PART III**

Check
Applicable
Box :

[] Hospital
[XX] Subprovider IRF

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,071,920		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.027300		2
3	Inpatient Rehabilitation LIP payments (see instructions)	26,691		3
4	Outlier payments	63,324		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	7.079470		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	1,161,935		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	1,161,935		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	1,161,935		19
20	Deductibles	1,316		20
21	Subtotal (line 19 minus line 20)	1,160,619		21
22	Coinsurance	658		22
23	Subtotal (line 21 minus line 22)	1,159,961		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	1,159,961		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	1,159,961		32
32.01	Sequestration adjustment (see instructions)	23,199		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	1,114,176		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33 and 34)	22,586		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)	63,324		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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**WORKSHEET E-3
PART VI****PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES**

	PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	Resource Utilization Group (RUGS) payment	803,177	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	803,177	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	49,387	7
8	Allowable bad debts (see instructions)		8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		9
10	Adjusted reimbursable bad debts (see instructions)		10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	753,790	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	753,790	15
15.01	Sequestration adjustment (see instructions)	15,076	15.01
15.02	Demonstration payment adjustment amount after sequestration		15.02
16	Interim payments	738,714	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16 and 17)		18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0054****WORKSHEET E-3
PART VII**

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	1,758,343		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	1,758,343		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	1,758,343		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahrge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,758,343		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	1,758,343		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S054****WORKSHEET E-3
PART VII**

Check ☐ Title V
 Applicable ☒ Title XIX
 Boxes:

☐ Hospital
☒ Subprovider IPF
☐ SNF

☐ NF
☐ ICF/IID

☐ PPS
☐ TEFRA
☒ Other

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

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-T054****WORKSHEET E-3
PART VII**

Check ☐ Title V ☐ Hospital ☐ NF ☐ PPS
 Applicable ☒ Title XIX ☒ Subprovider IRF ☐ ICF/IID ☐ TEFRA
 Boxes: ☐ SNF ☒ Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	47,733		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	47,733		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	47,733		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
	CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahrge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	47,733		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
	PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	47,733		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-5848****WORKSHEET E-3
PART VII**

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

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

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2017 To: 02/28/2018	Run Date: 09/25/2018 Run Time: 11:01 Version: 2018.04 (09/20/2018)
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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		62.07	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))		35.88	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)		0.32	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)		98.27	5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		104.38	6	
7	Enter the lesser of line 5 or line 6		98.27	7	
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	81.03	22.65	103.68	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	76.29	21.32	97.61	9
10	Weighted dental and podiatric resident FTE count for the current year		0.99		10
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.99		10.01
11	Total weighted FTE count	76.29	22.31		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	75.05	22.62		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	75.69	21.78		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	75.68	22.24		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	75.68	22.24		17
18	Per resident amount	65,320.87	64,797.94		18
19	Approved amount for resident costs	4,943,483	1,441,106	6,384,589	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			6.11	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			6,384,589	25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	6,990	3,941		26
27	Total inpatient days (see instructions)	23,774	23,774		27
28	Ratio of inpatient days to total inpatient days	0.294019	0.165769		28
29	Program direct GME amount	1,877,190	1,058,367		29
30	Reduction for direct GME payments for Medicare Advantage		149,547		30
31	Net Program direct GME amount			2,786,010	31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			686,472	33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
	Part A Reasonable Cost				
37	Reasonable cost (see instructions)			14,477,600	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			67,067	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			14,410,533	41
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)			5,681,794	42
43	Primary payer payments (see instructions)			5,486	43
44	Total Part B reasonable cost (line 42 minus line 43)			5,676,308	44
45	Total reasonable cost (sum of lines 41 and 44)			20,086,841	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.717412	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.282588	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			2,786,010	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			1,998,717	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			787,293	50

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

Check ☐ Title V
Applicable ☐ Title XVIII
Box: ☒ Title XIX

	COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care 1	Other 2	Total 3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			10.01
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
15.01	Unweighted adjustment for residents in initial years of new programs			15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
16.01	Unweighted adjustment for residents displaced by program or hospital closure			16.01
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21
22	Allowable additional direct GME FTE resident count (see instructions)			22
23	Enter the locality adjustment national average per resident amount (see instructions)			23
24	Multiply line 22 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	1,545	5,010	26
27	Total inpatient days (see instructions)	23,774	23,774	27
28	Ratio of inpatient days to total inpatient days	0.064987	0.210734	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	Part A Reasonable Cost			
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
	Part B Reasonable Cost			
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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BALANCE SHEET**WORKSHEET G**

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	-4,988,027				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	31,143,062				4
5	Other receivables	726,390				5
6	Allowances for uncollectible notes and accounts receivable	-9,457,484				6
7	Inventory	4,318,855				7
8	Prepaid expenses	61,894				8
9	Other current assets	964,815				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	22,769,505				11
FIXED ASSETS						
12	Land	6,377,656				12
13	Land improvements	930,000				13
14	Accumulated depreciation					14
15	Buildings	105,868,644				15
16	Accumulated depreciation					16
17	Leasehold improvements	95,300				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	33,021,112				23
24	Accumulated depreciation	-45,442,550				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	92,876				29
30	Total fixed assets (sum of lines 12-29)	100,943,038				30
OTHER ASSETS						
31	Investments	1,288,509				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	79,661,635				34
35	Total other assets (sum of lines 31-34)	80,950,144				35
36	Total assets (sum of lines 11, 30 and 35)	204,662,687				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	9,639,224				37
38	Salaries, wages and fees payable	13,094,598				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	-807,665				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	842,019				44
45	Total current liabilities (sum of lines 37 thru 44)	22,768,176				45
LONG TERM LIABILITIES						
46	Mortgage payable	180,611,773				46
47	Notes payable	551,529				47
48	Unsecured loans					48
49	Other long term liabilities	3,004,964				49
50	Total long term liabilities (sum of lines 46 thru 49)	184,168,266				50
51	Total liabilities (sum of lines 45 and 50)	206,936,442				51
CAPITAL ACCOUNTS						
52	General fund balance	-2,273,755				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	-2,273,755				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	204,662,687				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		2,183,658		1
2	Net income (loss) (from Worksheet G-3, line 29)		9,354,803		2
3	Total (sum of line 1 and line 2)		11,538,461		3
4	Additions (credit adjustments) (specify)				4
5					5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		11,538,461		11
12	Deductions (debit adjustments) (specify)				12
13	CHANGE IN RETAINED EARNING	13,561,161			13
14	CHANGE IN EQUITY	251,040			14
15	ROUNDING	15			15
16					16
17					17
18	Total deductions (sum of lines 12-17)		13,812,216		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-2,273,755		19

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				1
2	Net income (loss) (from Worksheet G-3, line 29)				2
3	Total (sum of line 1 and line 2)				3
4	Additions (credit adjustments) (specify)				4
5					5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)				11
12	Deductions (debit adjustments) (specify)				12
13	CHANGE IN RETAINED EARNING				13
14	CHANGE IN EQUITY				14
15	ROUNDING				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 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	41,516,274		41,516,274	1
2	Subprovider IPF	5,908,796		5,908,796	2
3	Subprovider IRF	1,591,616		1,591,616	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	1,867,112		1,867,112	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	50,883,798		50,883,798	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	10,043,916		10,043,916	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,043,916		10,043,916	16
17	Total inpatient routine care services (sum of lines 10 and 16)	60,927,714		60,927,714	17
18	Ancillary services	201,551,733	332,455,825	534,007,558	18
19	Outpatient services	15,774,553	68,560,071	84,334,624	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	DIETARY	1,739	21,542	23,281	27
27.01	HHA CLOSURE		59,571	59,571	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	278,255,739	401,097,009	679,352,748	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		94,993,667	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		94,993,667	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)	679,352,748	1
2	Less contractual allowances and discounts on patients' accounts	578,525,579	2
3	Net patient revenues (line 1 minus line 2)	100,827,169	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	94,993,667	4
5	Net income from service to patients (line 3 minus line 4)	5,833,502	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	3,189	7
8	Revenues from telephone and other miscellaneous communication services	73,245	8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	260,618	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines	12,478	21
22	Rental of hosptial space	347,338	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	2,831,462	24
25	Total other income (sum of lines 6-24)	3,528,330	25
26	Total (line 5 plus line 25)	9,361,832	26
27	Other expenses (CASH OVER/SHORT)	7,029	27
28	Total other expenses (sum of line 27 and subscripts)	7,029	28
29	Net income (or loss) for the period (line 26 minus line 28)	9,354,803	29

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WORKSHEET L

PART I - FULLY PROSPECTIVE METHOD

PART II - PAYMENT UNDER REASONABLE COST

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS 0	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
40	Subprovider - IPF							40
41	Subprovider - IRF							41
43	Nursery							43
44	Skilled Nursing Facility							44
	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
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
63	Blood Storing, Processing & Trans.							63
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
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
194	MARKETING							194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS							194.0
2								2

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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		
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS							194.0 5
194.0 6	VACANT SPACE							194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202