

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☐ Electronically filed cost report 2. ☒ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☒ Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 12/02/2019 Time: 11:34
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2018 and ending 06/30/2019, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		2,469,301	-534,016			1
2	SUBPROVIDER - IPF		-3,806	-25			2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		2,465,495	-534,041			200

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

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

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

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

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
0	1	2	3	4	5	6	7	8	
3 Hospital	BOARD OF TRUSTEES OF THE UNIVERSITY	14-0150	16974	1	07 / 01 / 1966	N	P	O	3
4 Subprovider - IPF	BOT FOR THE UOFI - PSYCH	14-S150	16974	4	07 / 01 / 1984	N	P	O	4
5 Subprovider - IRF									5
6 Subprovider - (OTHER)									6
7 Swing Beds - SNF									7
8 Swing Beds - NF									8
9 Hospital-Based SNF									9
10 Hospital-Based NF									10
11 Hospital-Based OLTC									11
12 Hospital-Based HHA									12
13 Separately Certified ASC									13
14 Hospital-Based Hospice									14
15 Hospital-Based Health Clinic - RHC									15
16 Hospital-Based Health Clinic - FQHC									16
17 Hospital-Based (CMHC)									17
18 Renal Dialysis	UIH	14-2316	16974		01 / 01 / 2004				18
19 Other									19

20 Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2018	To: 06 / 30 / 2019	20
21 Type of control (see instructions)	10		21

Inpatient PPS Information

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1	2	3	4	5	6	
24 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,267	502	137		37,322	670	24
25 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2	06 / 25 / 2019	27
35 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)			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)	Y	Y	40
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

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)	Y		60
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	1
		Y/N 1	IME 4	Direct GME 5
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N		61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)			61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)			61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.01	272.42	0.014506	64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65		FAMILY PRACTICE	1350	0.08	15.66	0.005083	65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.29	4.42	0.225919	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			2150	1.29	4.42	0.225919	67

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 is yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

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

TEFRA Providers

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

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

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

Rural Providers

Rural Providers				1	2	
105	Does this hospital qualify as a CAH?			N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elinination 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-L, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	
		10,572,904	156,500	10,572,904	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.	N			121
122	Does the cost report contain state health care related taxes as defined in §1903(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.	01 / 01 / 1980			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.	01 / 29 / 1998			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.	01 / 01 / 1980			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.	10 / 01 / 2004	05 / 13 / 2014		132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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

All Providers

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

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

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2018	12 / 29 / 2018		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	12/10/2019	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

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

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	303	110,595			15,038	3,323	70,159	1
2	HMO and other (see instructions)						10,783	38,631		2
3	HMO IPF Subprovider							4,450		3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		303	110,595			15,038	3,323	70,159	7
8	Intensive Care Unit	31	42	15,330			4,012	629	13,139	8
8.01	PEDS ICU	31.01	18	6,570				263	1,687	8.01
8.02	NEONATAL ICU	31.02	52	18,980				2,715	8,629	8.02
9	Coronary Care Unit	32	19	6,935			1,440	206	5,688	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,131	3,360	13
14	Total (see instructions)		434	158,410			20,490	8,267	102,662	14
15	CAH Visits									15
16	Subprovider - IPF	40	50	18,250			1,267	3,918	13,012	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		484							27
28	Observation Bed Days							421	7,270	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		8	2,920				109	1,426	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,313	2,091	19,417	1
2	HMO and other (see instructions)						7,253		2
3	HMO IPF Subprovider						461		3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	PEDS ICU								8.01
8.02	NEONATAL ICU								8.02
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	486.54	4,384.75			3,313	2,091	19,417	14
15	CAH Visits								15
16	Subprovider - IPF	3.85	86.96			106	162	1,011	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	490.39	4,471.71						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	337,034,266	8,405,324	345,439,590	8,534,702.15	40.47	1
2	Non-physician anesthetist Part A		1,772,143		1,772,143	23,164.00	76.50	2
3	Non-physician anesthetest Part B		855,470		855,470	10,400.00	82.26	3
4	Physician-Part A - Administrative		972,995		972,995	8,326.00	116.86	4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B		5,756,968		5,756,968	95,015.00	60.59	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	23,036,670	8,405,324	31,441,994	1,094,150.10	28.74	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		14,452,489	2,323	14,454,812	369,872.00	39.08	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		8,929,053		8,929,053	145,318.96	61.44	11
12	Contract management and administrative services		140,163		140,163	3,566.80	39.30	12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries							14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative		3,085,470		3,085,470	24,250.00	127.24	15
16	Home office & Contract Physicians Part A - Teaching		16,237,567		16,237,567	106,390.00	152.62	16
	WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		147,056,574		147,056,574			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		6,859,633		6,859,633			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		443,854		443,854			21
22	Physician Part A - Administrative		517,563		517,563			22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B		2,895,984		2,895,984			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		13,725,668		13,725,668			25
25.50	Home office wage-related							25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related		1,581,787		1,581,787			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		8,324,300		8,324,300			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		1,589,812	-116,000	1,473,812	36,674.03	40.19	26
27	Administrative & General		51,460,437	77,867	51,538,304	1,140,232.28	45.20	27
28	Administrative & General under contract (see instructions)		369,855		369,855	4,501.20	82.17	28
29	Maintenance & Repairs		941,906		941,906	20,637.05	45.64	29
30	Operation of Plant							30
31	Laundry & Linen Service							31
32	Housekeeping		113		113	2.76	40.94	32
33	Housekeeping under contract (see instructions)		7,171,157		7,171,157	369,919.65	19.39	33
34	Dietary		3,750,255	-126,533	3,623,722	175,352.73	20.67	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		6,971,895	-1,039,764	5,932,131	121,654.00	48.76	38
39	Central Services and Supply		3,207,218		3,207,218	115,621.01	27.74	39
40	Pharmacy		3,336,024	-642,624	2,693,400	101,469.98	26.54	40
41	Medical Records & Medical Records Library		3,291,759		3,291,759	108,396.50	30.37	41
42	Social Service		7,003,720	-396,259	6,607,461	210,956.27	31.32	42
43	Other General Service		3,622,299		3,622,299	64,197.55	56.42	43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		313,154,027		313,154,027	7,686,393.90	40.74	1
2	Excluded area salaries (see instructions)		14,452,489	2,323	14,454,812	369,872.00	39.08	2
3	Subtotal salaries (line 1 minus line 2)		298,701,538	-2,323	298,699,215	7,316,521.90	40.83	3
4	Subtotal other wages & related costs (see instructions)		12,154,686		12,154,686	173,135.76	70.20	4
5	Subtotal wage-related costs (see instructions)		149,155,924		149,155,924		49.94%	5
6	Total (sum of lines 3 through 5)		460,012,148	-2,323	460,009,825	7,489,657.66	61.42	6
7	Total overhead cost (see instructions)		92,716,450	-2,243,313	90,473,137	2,469,615.01	36.63	7

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

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		1
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)	198,026,885	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	-35,918,667	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	621,497	10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,200,128	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	521,193	17
18	Medicare Taxes - Employers Portion Only	4,163,410	18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	2,884,831	23
24	Total Wage Related cost (Sum of lines 1-23)	171,499,277	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3****Part V - Contract Labor and Benefit Cost****PART V****Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	8,929,053		1
2	Hospital	8,929,053		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	122				2	19	1
2	Number of times per week patient receives dialysis	3.00						2
3	Average patient dialysis time including setup	4.50						3
4	CAPD exchanges per day				4		4	4
5	Number of days in year dialysis furnished	312						5
6	Number of stations	24						6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	0.82						8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

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

TRANSPLANT INFORMATION

11	Number of patients on transplant list	50	11
12	Number of patients transplanted during the cost reporting period	23	12

EPOETIN

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

ARANESP

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

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

21	MCP X	INITIAL METHOD	
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Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ARANESP	202,416		120,681		22
22.01		EPOGEN	27,350		5,002		22.01

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

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA**WORKSHEET S-10**

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.288505	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	271,506,440	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	44,384,572	5
6	Medicaid charges	1,009,556,864	6
7	Medicaid cost (line 1 times line 6)	291,262,203	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

9	Net revenue from stand-alone SCHIP	1,103,336	9
10	Stand-alone SCHIP charges	12,993,267	10
11	Stand-alone SCHIP cost (line 1 times line 10)	3,748,622	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.	2,645,286	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)	1,443,620	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	27,343,454	14
15	State or local indigent care program cost (line 1 times line 14)	7,888,723	15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.	6,445,103	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	20,381,600	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	9,090,390	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)	53,389,298	679,039	54,068,337	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	15,403,079	679,039	16,082,118	21
22	Payments received from patients for amounts previously written off as charity care	54,200	18,690	72,890	22
23	Cost of charity care (line 21 minus line 22)	15,348,879	660,349	16,009,228	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)	5,984,937	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,517,321	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,872,801	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,112,136	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,964,842	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	17,974,070	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	27,064,460	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				9,599,462	9,599,462		9,599,462	1
2	00200	Cap Rel Costs-Mvble Equip				17,659,029	17,659,029	-5,498,058	12,160,971	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,589,812	819,271	2,409,083	201,417,493	203,826,576	-619,912	203,206,664	4
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GEN	38,127,288	371,464,302	409,591,590	-230,166,888	179,424,702	-61,635,303	117,789,399	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	8,414,362	3,441,577	11,855,939	-512,004	11,343,935	-191,341	11,152,594	5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	4,918,787	15,203,340	20,122,127	-342,288	19,779,839	-5,368	19,774,471	5.03
6	00600	Maintenance & Repairs	941,906	20,453,902	21,395,808	-15,843	21,379,965	-65,766	21,314,199	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping	113	6,856,749	6,856,862	-96,746	6,760,116	-1,016,727	5,743,389	9
10	01000	Dietary	3,750,255	3,425,319	7,175,574	-188,896	6,986,678	-2,014,369	4,972,309	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	6,971,895	585,327	7,557,222	-1,452,806	6,104,416	-49,821	6,054,595	13
14	01400	Central Services & Supply	3,207,218	7,247,765	10,454,983	-2,058,758	8,396,225	-78	8,396,147	14
15	01500	Pharmacy	3,336,024	44,163,744	47,499,768	-30,277,014	17,222,754	-8,226,296	8,996,458	15
16	01600	Medical Records & Library	3,291,759	1,306,715	4,598,474	-47,459	4,551,015	-102,592	4,448,423	16
17	01700	Social Service	6,250,143	1,033,766	7,283,909	-654,323	6,629,586	-103,379	6,526,207	17
17.01	01701	PALLIATIVE CARE	753,577	25,007	778,584	-10,761	767,823	-185,300	582,523	17.01
18	01850	UTILMGMT / DSCH PLANNING	3,622,299	191,690	3,813,989	-90,891	3,723,098		3,723,098	18
19	01900	Nonphysician Anesthetists								19
21	02100	I&R Services-Salary & Fringes Apprvd	23,036,670	731,352	23,768,022	7,938,339	31,706,361		31,706,361	21
22	02200	I&R Services-Other Prgm Costs Apprvd	955,789	1,652,420	2,608,209	-342,772	2,265,437	16,057,220	18,322,657	22
23	02300	PARAMED ED PRGM-(SPECIFY)				1,827,371	1,827,371	271,440	2,098,811	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	51,117,297	5,781,138	56,898,435	1,053,326	57,951,761	-3,198,249	54,753,512	30
31	03100	Intensive Care Unit	15,225,401	2,284,050	17,509,451	-1,594,657	15,914,794	-2,080	15,912,714	31
31.01	02080	PEDS ICU	3,207,833	317,311	3,525,144	-267,449	3,257,695		3,257,695	31.01
31.02	02060	NEONATAL ICU	8,968,040	900,022	9,868,062	-656,840	9,211,222	-387	9,210,835	31.02
32	03200	Coronary Care Unit	7,771,252	1,307,902	9,079,154	-1,019,059	8,060,095		8,060,095	32
33	03300	Burn Intensive Care Unit								33
34	03400	Surgical Intensive Care Unit								34
40	04000	Subprovider - IPF	7,941,788	529,344	8,471,132	-222,977	8,248,155		8,248,155	40
43	04300	Nursery				1,180,596	1,180,596		1,180,596	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	14,651,732	47,318,607	61,970,339	-43,323,582	18,646,757	-298,051	18,348,706	50
51	05100	Recovery Room	3,912,811	468,520	4,381,331	-83,530	4,297,801		4,297,801	51
52	05200	Delivery Room & Labor Room	13,975,616	2,221,892	16,197,508	-6,932,574	9,264,934	-866,016	8,398,918	52
53	05300	Anesthesiology	1,554,062	2,582,638	4,136,700	-2,414,046	1,722,654	-855,470	867,184	53
54	05400	Radiology-Diagnostic	6,746,237	923,971	7,670,208	-2,402,428	5,267,780	-1,585	5,266,195	54
54.01	03630	RADIO ULTRASOUND	828,194	140,635	968,829	168,313	1,137,142		1,137,142	54.01
54.02	03650	RADIO ANGIOGRAPHY	1,674,031	5,410,985	7,085,016	-4,678,402	2,406,614	-203,353	2,203,261	54.02
54.03	05401	RADIO WEST HARRISON	428,520	630,020	1,058,540	80,537	1,139,077	-2,197	1,136,880	54.03
54.04	05402	RADIO MILE SQUARE	196,282	46,652	242,934	76,288	319,222		319,222	54.04
55	05500	Radiology-Therapeutic	1,671,613	4,082,847	5,754,460	-355,527	5,398,933	-1,072,871	4,326,062	55
56	05600	Radioisotope	362,805	889,705	1,252,510	-50,528	1,201,982		1,201,982	56
57	05700	CT Scan	1,344,897	532,020	1,876,917	449,546	2,326,463		2,326,463	57
58	05800	MRI	1,820,707	500,405	2,321,112	-104,282	2,216,830		2,216,830	58
59	05900	Cardiac Catheterization	1,019,026	3,101,751	4,120,777	-3,017,085	1,103,692	-73	1,103,619	59
60	06000	Laboratory	11,561,250	18,652,219	30,213,469	-3,771,722	26,441,747	-7,002	26,434,745	60
60.01	03420	LAB TISSUE TYPING	302,299	1,113,857	1,416,156	-6,347	1,409,809		1,409,809	60.01
60.02	06001	LAB OUTREACH	1,819,194	2,702,117	4,521,311	3,518,113	8,039,424	-505,346	7,534,078	60.02
62	06200	Whole Blood & Packed Red Blood Cells								62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	7,788	7,079,260	7,087,048	-108	7,086,940	-162,790	6,924,150	63
64	06400	Intravenous Therapy	404,328	165,810	570,138	-158,128	412,010		412,010	64
65	06500	Respiratory Therapy	3,342,189	566,341	3,908,530	-510,147	3,398,383	-106	3,398,277	65
66	06600	Physical Therapy	2,002,711	196,998	2,199,709	-53,667	2,146,042	-3,526	2,142,516	66
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	112,690	717,466	830,156	-718,006	112,150		112,150	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	570,857	137,603	708,460	-12,801	695,659		695,659	66.02
66.03	06603	PHYSICAL THERAPY-OCC	2,494,951	66,261	2,561,212	-49,280	2,511,932	-2,725	2,509,207	66.03
67	06700	Occupational Therapy	1,564,916	55,215	1,620,131	-38,477	1,581,654	-10,815	1,570,839	67
67.01	06701	OCCUPATIONAL THERAPY-OCC	599,726	26,133	625,859	-16,992	608,867		608,867	67.01
68	06800	Speech Pathology	473,346	12,293	485,639	-6,900	478,739		478,739	68
69	06900	Electrocardiology	224,044	11,690	235,734	-5,152	230,582		230,582	69
70	07000	Electroencephalography	508,130	29,224	537,354	-22,187	515,167		515,167	70
71	07100	Medical Supplies Charged to Patients				68,986,704	68,986,704	-1,896,821	67,089,883	71
73	07300	Drugs Charged to Patients				75,635,378	75,635,378	-428,443	75,206,935	73
74	07400	Renal Dialysis	3,494,661	1,925,898	5,420,559	16,005	5,436,564		5,436,564	74
76	03950	OTHER ANCILLARY SVC								76

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
76.01	03340	GASTROENTROLOGY	2,587,966	2,108,412	4,696,378	-1,522,979	3,173,399		3,173,399	76.01
76.02	03951	BONE MARROW TRANSPLANT	728,148	1,089,289	1,817,437	-13,686	1,803,751	-82,051	1,721,700	76.02
76.03	03140	CARDIAC SERVICES	2,097,100	2,825,526	4,922,626	-2,341,399	2,581,227		2,581,227	76.03
76.04	03952	TELEMEDCINE PROGRAM		11,004,147	11,004,147	-10,146,493	857,654	-295,583	562,071	76.04
76.05	03953	SLEEP LAB WEST HARRISON	357,620	1,098,924	1,456,544	-7,765	1,448,779	-30,026	1,418,753	76.05
76.06	03954	SICKLE CELL	1,116,730	84,471	1,201,201	-58,192	1,143,009	-226,814	916,195	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD		17,715	17,715	101,968	119,683		119,683	76.07
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	113,824	35,031	148,855	-33,517	115,338		115,338	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	24,264,022	33,612,532	57,876,554	-29,958,922	27,917,632	-1,101,105	26,816,527	90
91	09100	Emergency	9,811,731	2,049,260	11,860,991	-1,359,850	10,501,141	-1,696	10,499,445	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	EYE EAR INFIRMARY	2,317,091	817,604	3,134,695	-389,707	2,744,988	-1,887	2,743,101	93.01
93.02	04952	OCC PSYCH	1,013,987	98,346	1,112,333	-37,582	1,074,751		1,074,751	93.02
93.03	04951	OCC ADOLESCENTS	2,597,698	1,145,833	3,743,531	-894,241	2,849,290	-1,271	2,848,019	93.03
93.04	04953	LION'S EYE INST.	448,527	3,567,266	4,015,793	-3,521,105	494,688		494,688	93.04
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	3,348,381	5,926,590	9,274,971	-675,738	8,599,233	-76,652	8,522,581	105
107	10700	Liver Acquisition	522,581	2,087,887	2,610,468	3,629	2,614,097	-2,636	2,611,461	107
109	10900	Pancreas Acquisition	14,495	833,065	847,560	69,696	917,256	-10	917,246	109
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)		68,560	68,560	-3,892	64,668	-13,060	51,608	112
118		SUBTOTALS (sum of lines 1-117)	334,409,022	660,501,504	994,910,526	66,396	994,976,922	-74,736,347	920,240,575	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		649	649		649	-649		190
191	19100	Research	489,931	81,752	571,683	-17,259	554,424		554,424	191
192	19200	Physicians' Private Offices	1,858,633	2,624,235	4,482,868	-25,843	4,457,025		4,457,025	192
192.01	19201	PILSEN-OFFSITE CLINIC	276,680	811,931	1,088,611	-23,294	1,065,317	-45,636	1,019,681	192.01
194	07950	OUTPATIENT PHARMACY		24,854,490	24,854,490		24,854,490		24,854,490	194
200		TOTAL (sum of lines 118-199)	337,034,266	688,874,561	1,025,908,827		1,025,908,827	-74,782,632	951,126,195	200

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	WOMENS HEALTH	A	Adults & Pediatrics	30	3,538,278	839,860	1
2	WOMENS HEALTH	A	Nursery	43	954,122	226,474	2
500	Total reclassifications				4,492,400	1,066,334	500
	Code Letter - A						
1	CHARGEABLE MED SPLS	B	Medical Supplies Charged to P	71		68,986,704	1
2	CHARGEABLE MED SPLS	B					2
3	CHARGEABLE MED SPLS	B					3
4	CHARGEABLE MED SPLS	B					4
5	CHARGEABLE MED SPLS	B					5
6	CHARGEABLE MED SPLS	B					6
7	CHARGEABLE MED SPLS	B					7
8	CHARGEABLE MED SPLS	B					8
9	CHARGEABLE MED SPLS	B					9
10	CHARGEABLE MED SPLS	B					10
11	CHARGEABLE MED SPLS	B					11
12	CHARGEABLE MED SPLS	B					12
13	CHARGEABLE MED SPLS	B					13
14	CHARGEABLE MED SPLS	B					14
15	CHARGEABLE MED SPLS	B					15
16	CHARGEABLE MED SPLS	B					16
17	CHARGEABLE MED SPLS	B					17
18	CHARGEABLE MED SPLS	B					18
19	CHARGEABLE MED SPLS	B					19
20	CHARGEABLE MED SPLS	B					20
21	CHARGEABLE MED SPLS	B					21
22	CHARGEABLE MED SPLS	B					22
23	CHARGEABLE MED SPLS	B					23
24	CHARGEABLE MED SPLS	B					24
25	CHARGEABLE MED SPLS	B					25
26	CHARGEABLE MED SPLS	B					26
27	CHARGEABLE MED SPLS	B					27
28	CHARGEABLE MED SPLS	B					28
29	CHARGEABLE MED SPLS	B					29
30	CHARGEABLE MED SPLS	B					30
31	CHARGEABLE MED SPLS	B					31
32	CHARGEABLE MED SPLS	B					32
33	CHARGEABLE MED SPLS	B					33
34	CHARGEABLE MED SPLS	B					34
35	CHARGEABLE MED SPLS	B					35
36	CHARGEABLE MED SPLS	B					36
37	CHARGEABLE MED SPLS	B					37
38	CHARGEABLE MED SPLS	B					38
39	CHARGEABLE MED SPLS	B					39
40	CHARGEABLE MED SPLS	B					40
41	CHARGEABLE MED SPLS	B					41
42	CHARGEABLE MED SPLS	B					42
43	CHARGEABLE MED SPLS	B					43
44	CHARGEABLE MED SPLS	B					44
45	CHARGEABLE MED SPLS	B					45
46	CHARGEABLE MED SPLS	B					46
47	CHARGEABLE MED SPLS	B					47
48	CHARGEABLE MED SPLS	B					48
49	CHARGEABLE MED SPLS	B					49
50	CHARGEABLE MED SPLS	B					50
51	CHARGEABLE MED SPLS	B					51
52	CHARGEABLE MED SPLS	B					52
53	CHARGEABLE MED SPLS	B					53
54	CHARGEABLE MED SPLS	B					54
55	CHARGEABLE MED SPLS	B					55
56	CHARGEABLE MED SPLS	B					56
57	CHARGEABLE MED SPLS	B					57
58	CHARGEABLE MED SPLS	B					58
59	CHARGEABLE MED SPLS	B					59
500	Total reclassifications					68,986,704	500
	Code Letter - B						
1	CHARGEABLE DRUGS	C	Drugs Charged to Patients	73		75,635,378	1
2	CHARGEABLE DRUGS	C	Renal Dialysis	74		229,766	2
3	CHARGEABLE DRUGS	C					3
4	CHARGEABLE DRUGS	C					4
5	CHARGEABLE DRUGS	C					5
6	CHARGEABLE DRUGS	C					6
7	CHARGEABLE DRUGS	C					7
8	CHARGEABLE DRUGS	C					8
9	CHARGEABLE DRUGS	C					9

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
10	CHARGEABLE DRUGS	C					10
11	CHARGEABLE DRUGS	C					11
12	CHARGEABLE DRUGS	C					12
13	CHARGEABLE DRUGS	C					13
14	CHARGEABLE DRUGS	C					14
15	CHARGEABLE DRUGS	C					15
16	CHARGEABLE DRUGS	C					16
17	CHARGEABLE DRUGS	C					17
18	CHARGEABLE DRUGS	C					18
19	CHARGEABLE DRUGS	C					19
20	CHARGEABLE DRUGS	C					20
21	CHARGEABLE DRUGS	C					21
22	CHARGEABLE DRUGS	C					22
23	CHARGEABLE DRUGS	C					23
24	CHARGEABLE DRUGS	C					24
25	CHARGEABLE DRUGS	C					25
26	CHARGEABLE DRUGS	C					26
27	CHARGEABLE DRUGS	C					27
28	CHARGEABLE DRUGS	C					28
29	CHARGEABLE DRUGS	C					29
30	CHARGEABLE DRUGS	C					30
31	CHARGEABLE DRUGS	C					31
32	CHARGEABLE DRUGS	C					32
33	CHARGEABLE DRUGS	C					33
34	CHARGEABLE DRUGS	C					34
35	CHARGEABLE DRUGS	C					35
36	CHARGEABLE DRUGS	C					36
37	CHARGEABLE DRUGS	C					37
38	CHARGEABLE DRUGS	C					38
39	CHARGEABLE DRUGS	C					39
40	CHARGEABLE DRUGS	C					40
41	CHARGEABLE DRUGS	C					41
42	CHARGEABLE DRUGS	C					42
43	CHARGEABLE DRUGS	C					43
44	CHARGEABLE DRUGS	C					44
45	CHARGEABLE DRUGS	C					45
500	Total reclassifications					75,865,144	500
	Code Letter - C						
1	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	528,000		1
2	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,299,371	2
500	Total reclassifications				528,000	1,299,371	500
	Code Letter - D						
1	RADIOLOGY ADMIN & NURSING	E	Recovery Room	51	48,531	6,726	1
2	RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	243,412	33,736	2
3	RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	177,819	24,645	3
4	RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	88,720	12,296	4
5	RADIOLOGY ADMIN & NURSING	E	RADIO MILE SQUARE	54.04	70,521	9,774	5
6	RADIOLOGY ADMIN & NURSING	E	Radioisotope	56	35,640	4,939	6
7	RADIOLOGY ADMIN & NURSING	E	CT Scan	57	792,415	109,825	7
8	RADIOLOGY ADMIN & NURSING	E	MRI	58	196,018	27,167	8
9	RADIOLOGY ADMIN & NURSING	E	CARDIAC SERVICES	76.03	218,009	30,215	9
500	Total reclassifications				1,871,085	259,323	500
	Code Letter - E						
1	DEPRECIATION-BLDG	F	Cap Rel Costs-Bldg & Fixt	1		9,599,462	1
2	DEPRECIATION-EQUIP	F	Cap Rel Costs-Mvble Equip	2		12,160,971	2
3	AMORTIZATION BOND DSCT	F	Cap Rel Costs-Mvble Equip	2		5,209,672	3
4	INTEREST ON INDEBTEDNESS	F	Cap Rel Costs-Mvble Equip	2		57,987	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		250,733	5
500	Total reclassifications					27,278,825	500
	Code Letter - F						
1	BENEFIT EXPENSE	G	Employee Benefits Department	4		207,065,874	1
2	BENEFIT EXPENSE	G					2
3	BENEFIT EXPENSE	G					3
4	BENEFIT EXPENSE	G					4
5	BENEFIT EXPENSE	G					5
6	BENEFIT EXPENSE	G					6
7	BENEFIT EXPENSE	G					7
8	BENEFIT EXPENSE	G					8
9	BENEFIT EXPENSE	G					9
10	BENEFIT EXPENSE	G					10
11	BENEFIT EXPENSE	G					11
12	BENEFIT EXPENSE	G					12

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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
13	BENEFIT EXPENSE	G					13
14	BENEFIT EXPENSE	G					14
15	BENEFIT EXPENSE	G					15
16	BENEFIT EXPENSE	G					16
17	BENEFIT EXPENSE	G					17
18	BENEFIT EXPENSE	G					18
19	BENEFIT EXPENSE	G					19
20	BENEFIT EXPENSE	G					20
21	BENEFIT EXPENSE	G					21
22	BENEFIT EXPENSE	G					22
23	BENEFIT EXPENSE	G					23
24	BENEFIT EXPENSE	G					24
25	BENEFIT EXPENSE	G					25
26	BENEFIT EXPENSE	G					26
27	BENEFIT EXPENSE	G					27
28	BENEFIT EXPENSE	G					28
29	BENEFIT EXPENSE	G					29
30	BENEFIT EXPENSE	G					30
31	BENEFIT EXPENSE	G					31
32	BENEFIT EXPENSE	G					32
33	BENEFIT EXPENSE	G					33
34	BENEFIT EXPENSE	G					34
35	BENEFIT EXPENSE	G					35
36	BENEFIT EXPENSE	G					36
37	BENEFIT EXPENSE	G					37
38	BENEFIT EXPENSE	G					38
39	BENEFIT EXPENSE	G					39
40	BENEFIT EXPENSE	G					40
41	BENEFIT EXPENSE	G					41
42	BENEFIT EXPENSE	G					42
43	BENEFIT EXPENSE	G					43
44	BENEFIT EXPENSE	G					44
45	BENEFIT EXPENSE	G					45
46	BENEFIT EXPENSE	G					46
47	BENEFIT EXPENSE	G					47
48	BENEFIT EXPENSE	G					48
49	BENEFIT EXPENSE	G					49
50	BENEFIT EXPENSE	G					50
51	BENEFIT EXPENSE	G					51
52	BENEFIT EXPENSE	G					52
53	BENEFIT EXPENSE	G					53
54	BENEFIT EXPENSE	G					54
55	BENEFIT EXPENSE	G					55
56	BENEFIT EXPENSE	G					56
57	BENEFIT EXPENSE	G					57
58	BENEFIT EXPENSE	G					58
59	BENEFIT EXPENSE	G					59
60	BENEFIT EXPENSE	G					60
61	BENEFIT EXPENSE	G					61
62	BENEFIT EXPENSE	G					62
63	BENEFIT EXPENSE	G					63
64	BENEFIT EXPENSE	G					64
65	BENEFIT EXPENSE	G					65
66	BENEFIT EXPENSE	G					66
67	BENEFIT EXPENSE	G					67
68	BENEFIT EXPENSE	G					68
69	BENEFIT EXPENSE	G					69
500	Total reclassifications					207,065,874	500
	Code Letter - G						
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	153,522		1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	131,867		2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	1,410,506		3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	714,546		4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	361,957		5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	83,455		6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	7,095		7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					9
10	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					10
11	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					11
12	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					12
500	Total reclassifications				2,862,948		500
	Code Letter - H						
1	GLUCOSE MGMT	I	Adults & Pediatrics	30	72,171	1,019	1

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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
2	GLUCOSE MGMT	I	Intensive Care Unit	31	13,516	191
3	GLUCOSE MGMT	I	PEDS ICU	31.01	1,735	24
4	GLUCOSE MGMT	I	Coronary Care Unit	32	5,851	83
5	GLUCOSE MGMT	I	Subprovider - IPF	40	13,385	189
500	Total reclassifications				106,658	1,506
	Code Letter - I					
1	TELEMEDICINE PERSONNEL	J	TELEMEDICINE PROGRAM	76.04		91,300
500	Total reclassifications					91,300
	Code Letter - J					
1	OUTREACH LAB	K	LAB OUTREACH	60.02	1,217,187	2,329,630
2	OUTREACH LAB	K				
500	Total reclassifications				1,217,187	2,329,630
	Code Letter - K					
1	MOU COSTS NOT IN LINE 5.01	L	MEDICAL CENTER ALL OTHER ADMI	5.01		1,719,605
2	MOU COSTS NOT IN LINE 5.01	L				
3	MOU COSTS NOT IN LINE 5.01	L				
4	MOU COSTS NOT IN LINE 5.01	L				
5	MOU COSTS NOT IN LINE 5.01	L				
6	MOU COSTS NOT IN LINE 5.01	L				
7	MOU COSTS NOT IN LINE 5.01	L				
500	Total reclassifications					1,719,605
	Code Letter - L					
1	TRANSPLANT DIRECTORS	M				
2	TRANSPLANT DIRECTORS	M				
3	TRANSPLANT DIRECTORS	M				
500	Total reclassifications					
	Code Letter - M					
1	RESIDENT BILLING BENEFITS	N	I&R Services-Salary & Fringes	21	8,405,324	
500	Total reclassifications				8,405,324	
	Code Letter - N					
1	RAPID RESPONSE TEAM	O	Adults & Pediatrics	30	345,930	42,242
2	RAPID RESPONSE TEAM	O	Intensive Care Unit	31	64,784	7,911
3	RAPID RESPONSE TEAM	O	Coronary Care Unit	32	28,046	3,425
500	Total reclassifications				438,760	53,578
	Code Letter - O					
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Clinic	90	110,257	
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Kidney Acquisition	105	4,367	
500	Total reclassifications				114,624	
	Code Letter - P					
1	AMBULATORY HEART CENTER	Q	HEART CENTER-ROOSEVELT RD	76.07	101,968	
2	AMBULATORY HEART CENTER	Q				
500	Total reclassifications				101,968	
	Code Letter - Q					
1	TERM PAY OUT	S	Adults & Pediatrics	30	4,883	
2	TERM PAY OUT	S	Intensive Care Unit	31	1,407	
3	TERM PAY OUT	S	Coronary Care Unit	32	715	
4	TERM PAY OUT	S	LAB OUTREACH	60.02	928	
500	Total reclassifications				7,933	
	Code Letter - S					
1	RADIATION ONCOLOGY RESIDENTS	T	I&R Services-Salary & Fringes	21		259,169
500	Total reclassifications					259,169
	Code Letter - T					
1	TUITION-U OF I	V	Employee Benefits Department	4		2,872,943
2	TUITION-U OF I	V	Social Service	17		812
3	TUITION-U OF I	V				
4	TUITION-U OF I	V				
5	TUITION-U OF I	V				
6	TUITION-U OF I	V				
7	TUITION-U OF I	V				
8	TUITION-U OF I	V				
9	TUITION-U OF I	V				
10	TUITION-U OF I	V				
11	TUITION-U OF I	V				
12	TUITION-U OF I	V				
13	TUITION-U OF I	V				

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
14	TUITION-U OF I	V					14
15	TUITION-U OF I	V					15
16	TUITION-U OF I	V					16
17	TUITION-U OF I	V					17
18	TUITION-U OF I	V					18
19	TUITION-U OF I	V					19
20	TUITION-U OF I	V					20
21	TUITION-U OF I	V					21
22	TUITION-U OF I	V					22
23	TUITION-U OF I	V					23
24	TUITION-U OF I	V					24
25	TUITION-U OF I	V					25
26	TUITION-U OF I	V					26
27	TUITION-U OF I	V					27
28	TUITION-U OF I	V					28
29	TUITION-U OF I	V					29
30	TUITION-U OF I	V					30
31	TUITION-U OF I	V					31
32	TUITION-U OF I	V					32
33	TUITION-U OF I	V					33
34	TUITION-U OF I	V					34
35	TUITION-U OF I	V					35
36	TUITION-U OF I	V					36
500	Total reclassifications					2,873,755	500
	Code Letter - V						
1	DIAGNOSTIC SERVICES NURSING	W	Recovery Room	51	156,817	11,568	1
2	DIAGNOSTIC SERVICES NURSING	W	RADIO ANGIOGRAPHY	54.02	75,958	5,603	2
3	DIAGNOSTIC SERVICES NURSING	W	RADIO ANGIOGRAPHY	54.02	75,958	5,603	3
4	DIAGNOSTIC SERVICES NURSING	W	RADIO WEST HARRISON	54.03	24,503	1,807	4
5	DIAGNOSTIC SERVICES NURSING	W	MRI	58	49,005	3,615	5
6	DIAGNOSTIC SERVICES NURSING	W	GASTROENTROLOGY	76.01	83,309	6,145	6
7	DIAGNOSTIC SERVICES NURSING	W	CARDIAC SERVICES	76.03	24,503	1,807	7
500	Total reclassifications				490,053	36,148	500
	Code Letter - W						
1	WTB REVIEW	X	Clinic	90	727		1
500	Total reclassifications				727		500
	Code Letter - X						
	GRAND TOTAL (Increases)				20,637,667	389,186,266	

(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

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	WOMENS HEALTH	A	Delivery Room & Labor Room	52	4,492,400	1,066,334		1
2	WOMENS HEALTH	A						2
500	Total reclassifications				4,492,400	1,066,334		500
	Code letter - A							
1	CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		61,906		1
2	CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		1,572		2
3	CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		13,975		3
4	CHARGEABLE MED SPLS	B	Maintenance & Repairs	6		2,763		4
5	CHARGEABLE MED SPLS	B	Housekeeping	9		96,744		5
6	CHARGEABLE MED SPLS	B	Dietary	10		339		6
7	CHARGEABLE MED SPLS	B	Nursing Administration	13		14,305		7
8	CHARGEABLE MED SPLS	B	Central Services & Supply	14		311,232		8
9	CHARGEABLE MED SPLS	B	Pharmacy	15		809,673		9
10	CHARGEABLE MED SPLS	B	Social Service	17		165,330		10
11	CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		39,209		11
12	CHARGEABLE MED SPLS	B	Adults & Pediatrics	30		2,319,604		12
13	CHARGEABLE MED SPLS	B	Intensive Care Unit	31		1,252,501		13
14	CHARGEABLE MED SPLS	B	PEDS ICU	31.01		140,675		14
15	CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		496,998		15
16	CHARGEABLE MED SPLS	B	Coronary Care Unit	32		803,226		16
17	CHARGEABLE MED SPLS	B	Subprovider - IPF	40		58,105		17
18	CHARGEABLE MED SPLS	B	Operating Room	50		42,939,163		18
19	CHARGEABLE MED SPLS	B	Recovery Room	51		180,932		19
20	CHARGEABLE MED SPLS	B	Delivery Room & Labor Room	52		1,033,956		20
21	CHARGEABLE MED SPLS	B	Anesthesiology	53		2,194,343		21
22	CHARGEABLE MED SPLS	B	Radiology-Diagnostic	54		134,392		22
23	CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		54,397		23
24	CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,785,064		24
25	CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		12,930		25
26	CHARGEABLE MED SPLS	B	RADIO MILE SQUARE	54.04		1,242		26
27	CHARGEABLE MED SPLS	B	Radiology-Therapeutic	55		65,643		27
28	CHARGEABLE MED SPLS	B	Radioisotope	56		12,364		28
29	CHARGEABLE MED SPLS	B	CT Scan	57		301,864		29
30	CHARGEABLE MED SPLS	B	MRI	58		126,077		30
31	CHARGEABLE MED SPLS	B	Cardiac Catheterization	59		2,936,680		31
32	CHARGEABLE MED SPLS	B	Laboratory	60		58,990		32
33	CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		9		33
34	CHARGEABLE MED SPLS	B	LAB OUTREACH	60.02		661		34
35	CHARGEABLE MED SPLS	B	Intravenous Therapy	64		152,895		35
36	CHARGEABLE MED SPLS	B	Respiratory Therapy	65		405,307		36
37	CHARGEABLE MED SPLS	B	Physical Therapy	66		11,199		37
38	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY MAXWELL ST	66.02		2,395		38
39	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY-OCC	66.03		8,206		39
40	CHARGEABLE MED SPLS	B	Occupational Therapy	67		6,253		40
41	CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY-OCC	67.01		6,925		41
42	CHARGEABLE MED SPLS	B	Speech Pathology	68		197		42
43	CHARGEABLE MED SPLS	B	Electrocardiology	69		2,023		43
44	CHARGEABLE MED SPLS	B	Electroencephalography	70		15,145		44
45	CHARGEABLE MED SPLS	B	Renal Dialysis	74		155,706		45
46	CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		1,425,272		46
47	CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		1,936		47
48	CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		2,579,147		48
49	CHARGEABLE MED SPLS	B	SLEEP LAB WEST HARRISON	76.05		1,509		49
50	CHARGEABLE MED SPLS	B	SICKLE CELL	76.06		30,862		50
51	CHARGEABLE MED SPLS	B	HYPERBARIC OXYGEN THERAPY	76.98		275		51
52	CHARGEABLE MED SPLS	B	Clinic	90		1,447,767		52
53	CHARGEABLE MED SPLS	B	Emergency	91		1,069,068		53
54	CHARGEABLE MED SPLS	B	EYE EAR INFIRMARY	93.01		80,244		54
55	CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		7,031		55
56	CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		103,757		56
57	CHARGEABLE MED SPLS	B	LION'S EYE INST.	93.04		19,583		57
58	CHARGEABLE MED SPLS	B	Research	191		7,953		58
59	CHARGEABLE MED SPLS	B	PILSEN-OFFSITE CLINIC	192.01		19,185		59
500	Total reclassifications					68,986,704		500
	Code letter - B							
1	CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		264,152		1
2	CHARGEABLE DRUGS	C	Maintenance & Repairs	6		24		2
3	CHARGEABLE DRUGS	C	Central Services & Supply	14		1,703,101		3
4	CHARGEABLE DRUGS	C	Pharmacy	15		27,470,034		4
5	CHARGEABLE DRUGS	C	UTILMGMT / DSCH PLANNING	18		65		5
6	CHARGEABLE DRUGS	C	Adults & Pediatrics	30		485,930		6
7	CHARGEABLE DRUGS	C	Intensive Care Unit	31		205,521		7
8	CHARGEABLE DRUGS	C	PEDS ICU	31.01		10,096		8

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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
9	CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		18,847		9
10	CHARGEABLE DRUGS	C	Coronary Care Unit	32		112,973		10
11	CHARGEABLE DRUGS	C	Subprovider - IPF	40		3,837		11
12	CHARGEABLE DRUGS	C	Operating Room	50		140,258		12
13	CHARGEABLE DRUGS	C	Recovery Room	51		42,880		13
14	CHARGEABLE DRUGS	C	Delivery Room & Labor Room	52		61,461		14
15	CHARGEABLE DRUGS	C	Anesthesiology	53		197,580		15
16	CHARGEABLE DRUGS	C	Radiology-Diagnostic	54		25,186		16
17	CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		39,853		17
18	CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		234,412		18
19	CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		27,835		19
20	CHARGEABLE DRUGS	C	Radiology-Therapeutic	55		6,849		20
21	CHARGEABLE DRUGS	C	Radioisotope	56		71,922		21
22	CHARGEABLE DRUGS	C	CT Scan	57		130,489		22
23	CHARGEABLE DRUGS	C	MRI	58		224,047		23
24	CHARGEABLE DRUGS	C	Cardiac Catheterization	59		64,834		24
25	CHARGEABLE DRUGS	C	Laboratory	60		290		25
26	CHARGEABLE DRUGS	C	Intravenous Therapy	64		158		26
27	CHARGEABLE DRUGS	C	Respiratory Therapy	65		57,272		27
28	CHARGEABLE DRUGS	C	Physical Therapy	66		121		28
29	CHARGEABLE DRUGS	C	PHYSICAL THERAPY-OCC	66.03		5		29
30	CHARGEABLE DRUGS	C	Renal Dialysis	74		137,682		30
31	CHARGEABLE DRUGS	C	GASTROENTEROLOGY	76.01		33,760		31
32	CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		1,663		32
33	CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		4,884		33
34	CHARGEABLE DRUGS	C	TELEMEDICINE PROGRAM	76.04		10,237,793		34
35	CHARGEABLE DRUGS	C	SICKLE CELL	76.06		9,345		35
36	CHARGEABLE DRUGS	C	HYPERBARIC OXYGEN THERAPY	76.98		7		36
37	CHARGEABLE DRUGS	C	Clinic	90		29,203,245		37
38	CHARGEABLE DRUGS	C	Emergency	91		136,554		38
39	CHARGEABLE DRUGS	C	EYE EAR INFIRMARY	93.01		277,657		39
40	CHARGEABLE DRUGS	C	OCC PSYCH	93.02		16,599		40
41	CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		698,941		41
42	CHARGEABLE DRUGS	C	LION'S EYE INST.	93.04		3,494,958		42
43	CHARGEABLE DRUGS	C	Kidney Acquisition	105		399		43
44	CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	112		10,987		44
45	CHARGEABLE DRUGS	C	Research	191		638		45
500	Total reclassifications					75,865,144		500
	Code letter - C							
1	PHARMACY ALLIED HEALTH	D	Pharmacy	15	528,000			1
2	PHARMACY ALLIED HEALTH	D	Pharmacy	15		1,299,371		2
500	Total reclassifications				528,000	1,299,371		500
	Code letter - D							
1	RADIOLOGY ADMIN & NURSING	E	Radiology-Diagnostic	54	1,871,085	259,323		1
2	RADIOLOGY ADMIN & NURSING	E						2
3	RADIOLOGY ADMIN & NURSING	E						3
4	RADIOLOGY ADMIN & NURSING	E						4
5	RADIOLOGY ADMIN & NURSING	E						5
6	RADIOLOGY ADMIN & NURSING	E						6
7	RADIOLOGY ADMIN & NURSING	E						7
8	RADIOLOGY ADMIN & NURSING	E						8
9	RADIOLOGY ADMIN & NURSING	E						9
500	Total reclassifications				1,871,085	259,323		500
	Code letter - E							
1	DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADMI	5.01		27,258,491		1
2	DEPRECIATION-EQUIP	F						2
3	AMORTIZATION BOND DSCT	F						3
4	INTEREST ON INDEBTEDNESS	F						4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		20,334		5
500	Total reclassifications					27,278,825		500
	Code letter - F							
1	BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADMI	5.01		202,042,039		1
2	BENEFIT EXPENSE	G	HOSPITAL ADMIN & GENERAL	5.02		125,327		2
3	BENEFIT EXPENSE	G	AMBULATORY ADMIN & GENERAL	5.03		76,343		3
4	BENEFIT EXPENSE	G	Maintenance & Repairs	6		13,056		4
5	BENEFIT EXPENSE	G	Housekeeping	9		2		5
6	BENEFIT EXPENSE	G	Dietary	10		61,529		6
7	BENEFIT EXPENSE	G	Nursing Administration	13		130,253		7
8	BENEFIT EXPENSE	G	Central Services & Supply	14		44,425		8
9	BENEFIT EXPENSE	G	Pharmacy	15		55,182		9
10	BENEFIT EXPENSE	G	Medical Records & Library	16		45,188		10

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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
11	BENEFIT EXPENSE	G	Social Service	17		93,546		11
12	BENEFIT EXPENSE	G	PALLATIVE CARE	17.01		10,761		12
13	BENEFIT EXPENSE	G	UTILMGMT / DSCB PLANNING	18		51,117		13
14	BENEFIT EXPENSE	G	I&R Services-Salary & Fringes	21		719,475		14
15	BENEFIT EXPENSE	G	I&R Services-Other Prgm Costs	22		13,337		15
16	BENEFIT EXPENSE	G	Adults & Pediatrics	30		811,915		16
17	BENEFIT EXPENSE	G	Intensive Care Unit	31		221,612		17
18	BENEFIT EXPENSE	G	PEDS ICU	31.01		45,487		18
19	BENEFIT EXPENSE	G	NEONATAL ICU	31.02		135,150		19
20	BENEFIT EXPENSE	G	Coronary Care Unit	32		140,480		20
21	BENEFIT EXPENSE	G	Subprovider - IPF	40		171,536		21
22	BENEFIT EXPENSE	G	Operating Room	50		235,343		22
23	BENEFIT EXPENSE	G	Recovery Room	51		83,045		23
24	BENEFIT EXPENSE	G	Delivery Room & Labor Room	52		220,425		24
25	BENEFIT EXPENSE	G	Anesthesiology	53		21,808		25
26	BENEFIT EXPENSE	G	Radiology-Diagnostic	54		112,442		26
27	BENEFIT EXPENSE	G	RADIO ULTRASOUND	54.01		14,160		27
28	BENEFIT EXPENSE	G	RADIO ANGIOGRAPHY	54.02		24,114		28
29	BENEFIT EXPENSE	G	RADIO WEST HARRISON	54.03		6,024		29
30	BENEFIT EXPENSE	G	RADIO MILE SQUARE	54.04		2,765		30
31	BENEFIT EXPENSE	G	Radiology-Therapeutic	55		23,402		31
32	BENEFIT EXPENSE	G	Radioisotope	56		6,821		32
33	BENEFIT EXPENSE	G	CT Scan	57		20,341		33
34	BENEFIT EXPENSE	G	MRI	58		29,963		34
35	BENEFIT EXPENSE	G	Cardiac Catheterization	59		15,571		35
36	BENEFIT EXPENSE	G	Laboratory	60		163,069		36
37	BENEFIT EXPENSE	G	LAB TISSUE TYPING	60.01		4,244		37
38	BENEFIT EXPENSE	G	LAB OUTREACH	60.02		28,971		38
39	BENEFIT EXPENSE	G	Blood Storing, Processing & T	63		108		39
40	BENEFIT EXPENSE	G	Intravenous Therapy	64		5,075		40
41	BENEFIT EXPENSE	G	Respiratory Therapy	65		47,568		41
42	BENEFIT EXPENSE	G	Physical Therapy	66		33,363		42
43	BENEFIT EXPENSE	G	PHYSICAL THERAPY-ROOSEVELT RD	66.01		1,666		43
44	BENEFIT EXPENSE	G	PHYSICAL THERAPY MAXWELL ST	66.02		7,967		44
45	BENEFIT EXPENSE	G	PHYSICAL THERAPY-OCC	66.03		36,149		45
46	BENEFIT EXPENSE	G	Occupational Therapy	67		29,602		46
47	BENEFIT EXPENSE	G	OCCUPATIONAL THERAPY-OCC	67.01		8,437		47
48	BENEFIT EXPENSE	G	Speech Pathology	68		6,703		48
49	BENEFIT EXPENSE	G	Electrocardiology	69		3,129		49
50	BENEFIT EXPENSE	G	Electroencephalography	70		7,042		50
51	BENEFIT EXPENSE	G	Renal Dialysis	74		52,240		51
52	BENEFIT EXPENSE	G	GASTROENTEROLOGY	76.01		40,962		52
53	BENEFIT EXPENSE	G	BONE MARROW TRANSPLANT	76.02		10,087		53
54	BENEFIT EXPENSE	G	CARDIAC SERVICES	76.03		31,902		54
55	BENEFIT EXPENSE	G	SLEEP LAB WEST HARRISON	76.05		5,011		55
56	BENEFIT EXPENSE	G	SICKLE CELL	76.06		17,985		56
57	BENEFIT EXPENSE	G	HYPERBARIC OXYGEN THERAPY	76.98		1,555		57
58	BENEFIT EXPENSE	G	Clinic	90		362,110		58
59	BENEFIT EXPENSE	G	Emergency	91		148,772		59
60	BENEFIT EXPENSE	G	EYE EAR INFIRMARY	93.01		31,806		60
61	BENEFIT EXPENSE	G	OCC PSYCH	93.02		13,952		61
62	BENEFIT EXPENSE	G	OCC ADOLESCENTS	93.03		41,802		62
63	BENEFIT EXPENSE	G	LION'S EYE INST.	93.04		6,564		63
64	BENEFIT EXPENSE	G	Kidney Acquisition	105		48,024		64
65	BENEFIT EXPENSE	G	Liver Acquisition	107		7,416		65
66	BENEFIT EXPENSE	G	Pancreas Acquisition	109		204		66
67	BENEFIT EXPENSE	G	Research	191		8,453		67
68	BENEFIT EXPENSE	G	Physicians' Private Offices	192		25,843		68
69	BENEFIT EXPENSE	G	PILSEN-OFFSITE CLINIC	192.01		4,109		69
500	Total reclassifications					207,065,874		500
	Code letter - G							
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Employee Benefits Department	4	116,000			1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADM	5.01	74,000			2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Dietary	10	126,533			3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Social Service	17	396,259			4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Adults & Pediatrics	30	71,401			5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PEDS ICU	31.01	71,401			6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	GASTROENTEROLOGY	76.01	111,239			7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	137,262			8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OCC ADOLESCENTS	93.03	48,371			9
10	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	1,346,015			10
11	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	350,912			11
12	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	13,555			12
500	Total reclassifications				2,862,948			500

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RECLASSIFICATIONS
WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
	Code letter - H							
1	GLUCOSE MGMT	I	Nursing Administration	13	106,658	1,506		1
2	GLUCOSE MGMT	I						2
3	GLUCOSE MGMT	I						3
4	GLUCOSE MGMT	I						4
5	GLUCOSE MGMT	I						5
500	Total reclassifications				106,658	1,506		500
	Code letter - I							
1	TELEMEDICINE PERSONNEL	J	MEDICAL CENTER ALL OTHER ADMI	5.01		91,300		1
500	Total reclassifications					91,300		500
	Code letter - J							
1	OUTREACH LAB	K	Laboratory	60	1,216,320	2,328,403		1
2	OUTREACH LAB	K	LAB TISSUE TYPING	60.01	867	1,227		2
500	Total reclassifications				1,217,187	2,329,630		500
	Code letter - K							
1	MOU COSTS NOT IN LINE 5.01	L	HOSPITAL ADMIN & GENERAL	5.02		384,955		1
2	MOU COSTS NOT IN LINE 5.01	L	AMBULATORY ADMIN & GENERAL	5.03		250,970		2
3	MOU COSTS NOT IN LINE 5.01	L	Nursing Administration	13		8,000		3
4	MOU COSTS NOT IN LINE 5.01	L	Adults & Pediatrics	30		100,000		4
5	MOU COSTS NOT IN LINE 5.01	L	PHYSICAL THERAPY-ROOSEVELT RD	66.01		696,000		5
6	MOU COSTS NOT IN LINE 5.01	L	HYPERBARIC OXYGEN THERAPY	76.98		31,680		6
7	MOU COSTS NOT IN LINE 5.01	L	Clinic	90		248,000		7
500	Total reclassifications					1,719,605		500
	Code letter - L							
1	TRANSPLANT DIRECTORS	M						1
2	TRANSPLANT DIRECTORS	M						2
3	TRANSPLANT DIRECTORS	M						3
500	Total reclassifications							500
	Code letter - M							
1	RESIDENT BILLING BENEFITS	N	Employee Benefits Department	4		8,405,324		1
500	Total reclassifications					8,405,324		500
	Code letter - N							
1	RAPID RESPONSE TEAM	O	Nursing Administration	13	438,760	53,578		1
2	RAPID RESPONSE TEAM	O						2
3	RAPID RESPONSE TEAM	O						3
500	Total reclassifications				438,760	53,578		500
	Code letter - O							
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Pharmacy	15	114,624			1
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P						2
500	Total reclassifications				114,624			500
	Code letter - P							
1	AMBULATORY HEART CENTER	Q	Clinic	90	81,628			1
2	AMBULATORY HEART CENTER	Q	PHYSICAL THERAPY-ROOSEVELT RD	66.01	20,340			2
500	Total reclassifications				101,968			500
	Code letter - Q							
1	TERM PAY OUT	S	MEDICAL CENTER ALL OTHER ADMI	5.01	928			1
2	TERM PAY OUT	S	Nursing Administration	13	4,293			2
3	TERM PAY OUT	S	Intensive Care Unit	31	2,712			3
4	TERM PAY OUT	S						4
500	Total reclassifications				7,933			500
	Code letter - S							
1	RADIATION ONCOLOGY RESIDENTS	T	Radiology-Therapeutic	55		259,169		1
500	Total reclassifications					259,169		500
	Code letter - T							
1	TUITION-U OF I	V	MEDICAL CENTER ALL OTHER ADMI	5.01		2,246,472		1
2	TUITION-U OF I	V	HOSPITAL ADMIN & GENERAL	5.02		150		2
3	TUITION-U OF I	V	AMBULATORY ADMIN & GENERAL	5.03		1,000		3
4	TUITION-U OF I	V	Dietary	10		495		4
5	TUITION-U OF I	V	Nursing Administration	13		169,252		5
6	TUITION-U OF I	V	Pharmacy	15		130		6
7	TUITION-U OF I	V	Medical Records & Library	16		2,271		7
8	TUITION-U OF I	V	UTILMGMT / DSCH PLANNING	18		500		8
9	TUITION-U OF I	V	I&R Services-Salary & Fringes	21		6,679		9

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RECLASSIFICATIONS
WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
10	TUITION-U OF I	V	I&R Services-Other Prgm Costs	22		329,435		10
11	TUITION-U OF I	V	Adults & Pediatrics	30		2,207		11
12	TUITION-U OF I	V	Intensive Care Unit	31		120		12
13	TUITION-U OF I	V	PEDS ICU	31.01		1,549		13
14	TUITION-U OF I	V	NEONATAL ICU	31.02		5,845		14
15	TUITION-U OF I	V	Coronary Care Unit	32		500		15
16	TUITION-U OF I	V	Subprovider - IPF	40		3,073		16
17	TUITION-U OF I	V	Operating Room	50		8,818		17
18	TUITION-U OF I	V	Recovery Room	51		315		18
19	TUITION-U OF I	V	Delivery Room & Labor Room	52		57,998		19
20	TUITION-U OF I	V	Anesthesiology	53		315		20
21	TUITION-U OF I	V	RADIO ULTRASOUND	54.01		425		21
22	TUITION-U OF I	V	RADIO ANGIOGRAPHY	54.02		398		22
23	TUITION-U OF I	V	Radiology-Therapeutic	55		464		23
24	TUITION-U OF I	V	Laboratory	60		4,650		24
25	TUITION-U OF I	V	Physical Therapy	66		8,984		25
26	TUITION-U OF I	V	PHYSICAL THERAPY MAXWELL ST	66.02		2,439		26
27	TUITION-U OF I	V	PHYSICAL THERAPY-OCC	66.03		4,920		27
28	TUITION-U OF I	V	Occupational Therapy	67		2,622		28
29	TUITION-U OF I	V	OCCUPATIONAL THERAPY-OCC	67.01		1,630		29
30	TUITION-U OF I	V	GASTROENTEROLOGY	76.01		1,200		30
31	TUITION-U OF I	V	SLEEP LAB WEST HARRISON	76.05		1,245		31
32	TUITION-U OF I	V	Clinic	90		400		32
33	TUITION-U OF I	V	Emergency	91		5,456		33
34	TUITION-U OF I	V	OCC ADOLESCENTS	93.03		1,370		34
35	TUITION-U OF I	V	Kidney Acquisition	105		213		35
36	TUITION-U OF I	V	Research	191		215		36
500	Total reclassifications					2,873,755		500
	Code letter - V							
1	DIAGNOSTIC SERVICES NURSING	W	Nursing Administration	13	490,053	36,148		1
2	DIAGNOSTIC SERVICES NURSING	W						2
3	DIAGNOSTIC SERVICES NURSING	W						3
4	DIAGNOSTIC SERVICES NURSING	W						4
5	DIAGNOSTIC SERVICES NURSING	W						5
6	DIAGNOSTIC SERVICES NURSING	W						6
7	DIAGNOSTIC SERVICES NURSING	W						7
500	Total reclassifications				490,053	36,148		500
	Code letter - W							
1	WTB REVIEW	X	MEDICAL CENTER ALL OTHER ADMI	5.01	727			1
500	Total reclassifications				727			500
	Code letter - X							
	GRAND TOTAL (Decreases)				12,232,343	397,591,590		

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

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

	Description	Acquisitions				Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		Beginning Balances	Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	770,917					770,917		1
2	Land Improvements								2
3	Buildings and Fixtures	287,359,831	3,637,167		3,637,167		290,996,998		3
4	Building Improvements	8,051,215	14,606,431		14,606,431		22,657,646		4
5	Fixed Equipment								5
6	Movable Equipment	213,645,419	22,835,648		22,835,648	30,466,633	206,014,434		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	509,827,382	41,079,246		41,079,246	30,466,633	520,439,995		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	509,827,382	41,079,246		41,079,246	30,466,633	520,439,995		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	314,425,561		314,425,561	1.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)	314,425,561		314,425,561	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	9,599,462						9,599,462	1
2	Cap Rel Costs-Mvble Equip	12,160,971		-230,399			230,399	12,160,971	2
3	Total (sum of lines 1-2)	21,760,433		-230,399			230,399	21,760,433	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	
2	Investment income-movable equipment (chapter 2)	B	-5,326,062	Cap Rel Costs-Mvble Equip	2	11
3	Investment income-other (chapter 2)					
4	Trade, quantity, and time discounts (chapter 8)					
5	Refunds and rebates of expenses (chapter 8)					
6	Rental of provider space by suppliers (chapter 8)					
7	Telephone services (pay stations excl) (chapter 21)					
8	Television and radio service (chapter 21)					
9	Parking lot (chapter 21)					
10	Provider-based physician adjustment	Wkst A-8-2	-7,849,446			
11	Sale of scrap, waste, etc. (chapter 23)					
12	Related organization transactions (chapter 10)	Wkst A-8-1	-40,845,706			
13	Laundry and linen service					
14	Cafeteria - employees and guests					
15	Rental of quarters to employees & others					
16	Sale of medical and surgical supplies to other than patients					
17	Sale of drugs to other than patients					
18	Sale of medical records and abstracts					
19	Nursing and allied health education (tuition, fees, books, etc.)					
20	Vending machines					
21	Income from imposition of interest, finance or penalty charges (chapter 21)					
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	
28	Non-physician anesthetist			Nonphysician Anesthetists	19	
29	Physicians' assistant					
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	
32	CAH HIT Adj for Depreciation					
33		A				
34	ORGAN ACQ NON ALLOW	A	-5,016	Dietary	10	
34.01	ORGAN ACQ NON ALLOW	A	-2,526	Social Service	17	
34.02	ORGAN ACQ NON ALLOW	A	-1,374	Clinic	90	
34.03	ORGAN ACQ NONALLOW	A	-41,117	Kidney Acquisition	105	
34.04	ORGAN ACQ NONALLOW	A	-41	Liver Acquisition	107	
34.05	ORGAN ACQ NONALLOW	A	-10	Pancreas Acquisition	109	
34.10	TRANSPLANT PHARMACIST	A	-4,367	Pharmacy	15	
35	MOONLIGHTING PHYSICIANS	A	-249,200	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
36						
37	NON PHYSICIAN ANESTHETIST	A	-855,470	Anesthesiology	53	
38	NURSE PRACTIONER	A	-100,853	Social Service	17	
38.01	NURSE PRACTIONER	A	-173,860	PALLATIVE CARE	17.01	
38.02	NURSE PRACTIONER	A	-3,089,447	Adults & Pediatrics	30	
38.03	NURSE PRACTIONER	A	-206,400	Operating Room	50	
38.04	NURSE PRACTIONER	A	-851,532	Delivery Room & Labor Room	52	
38.05	NURSE PRACTIONER	A	-203,353	RADIO ANGIOGRAPHY	54.02	
38.06	NURSE PRACTIONER	A	-73	Cardiac Catheterization	59	
38.07	NURSE PRACTIONER	A	-82,051	BONE MARROW TRANSPLANT	76.02	
38.08	NURSE PRACTIONER	A	-226,814	SICKLE CELL	76.06	
38.09	NURSE PRACTIONER	A	-464,266	Clinic	90	
39	PHYSICIAN-PART B & NON-ALLOW	A	-358,319	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
40	COM - MD SALARIES ADMIN	A	3,085,470	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
40.01	COM - MD SALARIES TEACHING	A	16,059,556	I&R Services-Other Prgm Costs Apprvd	22	
41	EMPLOYEE HEATLH SVCS	A	-1,064,140	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
42	MISC INCOME	B	-2,987,566	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
42.01	MISC INCOME	B	-26,946	HOSPITAL ADMIN & GENERAL	5.02	
42.02	MISC INOCME	B	-65,766	Maintenance & Repairs	6	
42.03	MISC INCOME	B	-2,009,353	Dietary	10	
42.04	MISC INCOME	B	-48,811	Nursing Administration	13	
42.05	MISC INCOME	B	-16,035	Medical Records & Library	16	
42.06	MISC INCOME	B	-2,336	I&R Services-Other Prgm Costs Apprvd	22	
42.07	MISC INCOME	B	-2,080	Intensive Care Unit	31	

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ADJUSTMENTS TO EXPENSES
WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
42.08	MISC INCOME	B	-91,591	Operating Room	50		42.08
42.09	MISC INCOME	B	-7,466	Delivery Room & Labor Room	52		42.09
42.10	MISC INCOME	B	-1,072,011	Radiology-Therapeutic	55		42.10
42.11	MISC INCOME	B	-162,790	Blood Storing, Processing & Trans.	63		42.11
42.12	MISC INCOME	B	-2,831	Physical Therapy	66		42.12
42.13	MISC INCOME	B	-2,725	PHYSICAL THERAPY-OCC	66.03		42.13
42.14	MISC INCOME	B	-10,350	Occupational Therapy	67		42.14
42.15	MISC INCOME	B	-1,896,821	Medical Supplies Charged to Patients	71		42.15
42.16	MISC INCOME	B	-29,345	SLEEP LAB WEST HARRISON	76.05		42.16
42.17	MISC INCOME	B	-463,564	Clinic	90		42.17
42.18	MISC INCOME	B	-711	EYE EAR INFIRMARY	93.01		42.18
42.19	MISC INCOME	B	-1,500	OCC ADOLESCENTS	93.03		42.19
42.24	OTHER MISC INCOME	A	-147,824	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		42.24
42.25	OTHER MISC INCOME	A	-9,879	PALLATIVE CARE	17.01		42.25
42.26	OTHER MISC INCOME	A	-5,000	LAB OUTREACH	60.02		42.26
42.27	OTHER MISC INCOME	A	-681	SLEEP LAB WEST HARRISON	76.05		42.27
42.28	OTHER MISC INCOME	A	-1,000	EYE EAR INFIRMARY	93.01		42.28
42.29	OTHER MISC INCOME	A	-649	Gift, Flower, Coffee Shop & Canteen	190		42.29
42.30	OTHER MISC INCOME	A	-13,060	OTHER ORGAN ACQUISITION (SPECIFY)	112		42.30
43	NON-ALLOWABLE COST	A	-147,301	Employee Benefits Department	4		43
43.01	NON-ALLOWABLE COST	A	-2,794,749	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		43.01
43.02	NON-ALLOWABLE COST	A	-164,395	HOSPITAL ADMIN & GENERAL	5.02		43.02
43.03	NON-ALLOWABLE COST	A	-5,368	AMBULATORY ADMIN & GENERAL	5.03		43.03
43.04	NON-ALLOWABLE COST	A	-1,010	Nursing Administration	13		43.04
43.05	NON-ALLOWABLE COST	A	-78	Central Services & Supply	14		43.05
43.06	NON-ALLOWABLE COST	A	-8,364	Pharmacy	15		43.06
43.07	NON-ALLOWABLE COST	A	-86,557	Medical Records & Library	16		43.07
43.08	NON-ALLOWABLE COST	A	-1,561	PALLATIVE CARE	17.01		43.08
43.09	NON-ALLOWABLE COST	A	-115	Adults & Pediatrics	30		43.09
43.10	NON-ALLOWABLE COST	A	-387	NEONATAL ICU	31.02		43.10
43.11	NON-ALLOWABLE COST	A	-7,018	Delivery Room & Labor Room	52		43.11
43.12	NON-ALLOWABLE COST	A	-1,585	Radiology-Diagnostic	54		43.12
43.13	NON-ALLOWABLE COST	A	-2,197	RADIO WEST HARRISON	54.03		43.13
43.14	NON-ALLOWABLE COST	A	-860	Radiology-Therapeutic	55		43.14
43.15	NON-ALLOWABLE COST	A	-7,002	Laboratory	60		43.15
43.16	NON-ALLOWABLE COST	A	-500,346	LAB OUTREACH	60.02		43.16
43.17	NON-ALLOWABLE COST	A	-106	Respiratory Therapy	65		43.17
43.18	NON-ALLOWABLE COST	A	-695	Physical Therapy	66		43.18
43.19	NON-ALLOWABLE COST	A	-465	Occupational Therapy	67		43.19
43.20	NON-ALLOWABLE COST	A	-171,901	Clinic	90		43.20
43.21	NON-ALLOWABLE COST	A	-1,696	Emergency	91		43.21
43.22	NON-ALLOWABLE COST	A	-176	EYE EAR INFIRMARY	93.01		43.22
43.23	NON-ALLOWABLE COST	A	229	OCC ADOLESCENTS	93.03		43.23
43.24	NON-ALLOWABLE COST	A	-35,535	Kidney Acquisition	105		43.24
43.25	NON-ALLOWABLE COST	A	-2,595	Liver Acquisition	107		43.25
43.26	NON-ALLOWABLE COST	A	-45,636	PILSEN-OFFSITE CLINIC	192.01		43.26
44							44
45	GAIN/LOSS ON DISPOSAL	A	-712,475	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		45
46							46
46.01	HEALTH SCIENCES MANAGED CARE	A	-393,687	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.01
46.02	ROCKFORD WCHC	A	-171,996	Cap Rel Costs-Mvble Equip	2	11	46.02
46.03	VALET PARKING	A	-350,151	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.03
46.05	NON-HOSPITAL MC PRGM	A	-2,521,335	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.05
46.07	SANCTIONED EMPLOYEES	A	-16,478	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.07
46.08	SANCTIONED EMPLOYEES	A	-108,687	Adults & Pediatrics	30		46.08
46.09	SANCTIONED EMPLOYEES	A	-60	Operating Room	50		46.09
46.10	SANCTIONED EMPLOYEES	A	-42,902	Employee Benefits Department	4		46.10
46.11	CONTRACT PHARMACY-COP	A	-8,213,565	Pharmacy	15		46.11
46.12	COM TRANSFER TIS	A	-5,900,276	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.12
47							47
47.01	MAP&OP HOSP DRUG MARKUP	A	-428,505	Drugs Charged to Patients	73		47.01
47.02	TIS DRUG COSTS	A	62	Drugs Charged to Patients	73		47.02
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-74,782,632				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

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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

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	4	Employee Benefits Department	OTBO - UNIVERSITY BENEFIT	207,088,993	207,088,993			1
2	6	Maintenance & Repairs	OTBO - UTILITIES	8,451,245	8,451,245			2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	MALPRACTICE EXPENSE	10,572,904	10,572,904			3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	ADMINISTRATIVE ALLOWANCE	6,709,301	7,352,801	-643,500		3.01
3.02	2	Cap Rel Costs-Mvble Equip	EQUIPMENT DEPRECIATION	8,971,877	8,971,877		9	3.02
3.03	1	Cap Rel Costs-Bldg & Fixt	BUILDING DEPRECIATION	9,599,462	9,599,462		9	3.03
3.04	2	Cap Rel Costs-Mvble Equip	SOFTWARE DEPRECIATION	3,160,505	3,160,505		9	3.04
3.05	2	Cap Rel Costs-Mvble Equip	LEASEHOLD DEPRECIATION	28,588	28,588		9	3.05
3.06	2	Cap Rel Costs-Mvble Equip	BOND AMORTIZATION	230,398	230,398		14	3.06
3.07	2	Cap Rel Costs-Mvble Equip	INTEREST EXPENSE	5,267,659	5,267,659		11	3.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	1,570,811	1,299,371	271,440		3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT		475,013	-475,013		3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	766,355	586,925	179,430		3.10
3.11	73	Drugs Charged to Patients	TELEMEDICINE COP DRUGCOST	10,237,793	10,237,793			3.11
3.12	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	COM SUPPORT	22,370,032	56,844,335	-34,474,303		3.12
3.13	4	Employee Benefits Department	TUITION WAVIER FROM UOFI	2,043,290	2,472,999	-429,709		3.13
3.14	9	Housekeeping	HOUSEKEEPING BENEFITS		1,016,727	-1,016,727		3.14
3.15	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	UIH SPACE ON UIC CAMPUS	557,432	4,814,756	-4,257,324		3.15
4								4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		297,626,645	338,472,351	-40,845,706		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	A	STATE OF ILLINOIS		BOARD OF TRUSTEES FOR THE U OF		UNIVERSITY	6
7							7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY	5,165,709		5,165,709	200,300	26,592	2,560,758	128,038	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	47,996		47,996	177,200	331	28,199	1,410	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	70,583		70,583	177,200	595	50,689	2,534	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	1,754,560		1,754,560	177,200	12,800	1,090,462	54,523	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY				177,200				5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	508,254		508,254	138,700	5,016	334,480	16,724	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG	801,958		801,958	177,200	6,047	515,158	25,758	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	1,775,820		1,775,820	208,000	9,403	940,300	47,015	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	20,546		20,546	177,200	275	23,428	1,171	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	72,957		72,957	177,200	457	38,933	1,947	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY				177,200				11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	16,471		16,471	177,200	201	17,124	856	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	348,986		348,986	165,000	2,918	231,476	11,574	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY	21,375		21,375	196,400	179	16,902	845	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	257,498		257,498	177,200	2,548	217,070	10,854	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	510,383		510,383	177,200	4,484	382,002	19,100	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	397,993		397,993	208,000	1,509	150,900	7,545	17
18	5.01	MEDICAL CENTER ALL O OB/GYN	2,735,334		2,735,334	196,400	19,124	1,805,747	90,287	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	74,165		74,165	177,200	348	29,647	1,482	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	67,718		67,718	140,600	1,030	69,624	3,481	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	881,089		881,089	208,000	6,639	663,900	33,195	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	503,099		503,099	177,200	3,305	281,561	14,078	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	720,459		720,459	215,700	5,975	619,619	30,981	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	178,010		178,010	140,600	2,506	169,396	8,470	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	212,975		212,975	140,600	1,718	116,130	5,807	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	1,351,456		1,351,456	154,100	15,383	1,139,673	56,984	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,172,699		1,172,699	225,300	6,160	667,235	33,362	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	190,748		190,748	177,200	1,377	117,310	5,866	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY				177,200				29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO				208,000				30
31	5.01	MEDICAL CENTER ALL O UROLOGY	437,190		437,190	177,200	2,046	174,303	8,715	31
32	5.01	MEDICAL CENTER ALL O ALLERGY				177,200				32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME				140,600				33
200		TOTAL	20,296,031		20,296,031		138,966	12,452,026	622,602	200

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS**WORKSHEET A-8-2**

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY					2,560,758	2,604,951	2,604,951	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY					28,199	19,797	19,797	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY					50,689	19,894	19,894	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC					1,090,462	664,098	664,098	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY								5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE					334,480	173,774	173,774	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG					515,158	286,800	286,800	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY					940,300	835,520	835,520	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC					23,428			9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO					38,933	34,024	34,024	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY								11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE					17,124			12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI					231,476	117,510	117,510	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY					16,902	4,473	4,473	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY					217,070	40,428	40,428	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY					382,002	128,381	128,381	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY					150,900	247,093	247,093	17
18	5.01	MEDICAL CENTER ALL O OB/GYN					1,805,747	929,587	929,587	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY					29,647	44,518	44,518	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL					69,624			20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS					663,900	217,189	217,189	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY					281,561	221,538	221,538	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY					619,619	100,840	100,840	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI					169,396	8,614	8,614	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS					116,130	96,845	96,845	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY					1,139,673	211,783	211,783	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY					667,235	505,464	505,464	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C					117,310	73,438	73,438	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY								29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO								30
31	5.01	MEDICAL CENTER ALL O UROLOGY					174,303	262,887	262,887	31
32	5.01	MEDICAL CENTER ALL O ALLERGY								32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME								33
200		TOTAL					12,452,026	7,849,446	7,849,446	200

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	9,599,462	9,599,462					1
2	Cap Rel Costs-Mvble Equip	12,160,971		12,160,971				2
4	Employee Benefits Department	203,206,664	54,369	2,048	203,263,081			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	117,789,399	788,527	2,124,919	22,576,954	143,279,799	143,279,799	5.01
5.02	HOSPITAL ADMIN & GENERAL	11,152,594	147,923	118,095	4,972,383	16,390,995	2,907,107	5.02
5.03	AMBULATORY ADMIN & GENERAL	19,774,471	162,812	26,123	2,906,708	22,870,114	4,056,243	5.03
6	Maintenance & Repairs	21,314,199	170,498	116,789	556,610	22,158,096	3,929,960	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	5,743,389	123,681	6,587	67	5,873,724	1,041,764	9
10	Dietary	4,972,309	275,581	19,611	2,141,402	7,408,903	1,314,043	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	6,054,595	54,436	242,863	3,505,533	9,857,427	1,748,313	13
14	Central Services & Supply	8,396,147	241,423	109,688	1,895,273	10,642,531	1,887,559	14
15	Pharmacy	8,996,458	126,530	429,069	1,591,638	11,143,695	1,976,446	15
16	Medical Records & Library	4,448,423	131,206	22,555	1,945,232	6,547,416	1,161,250	16
17	Social Service	6,526,207	48,376	13,845	3,459,294	10,047,722	1,782,064	17
17.01	PALLIATIVE CARE	582,523			445,319	1,027,842	182,298	17.01
18	UTILMGMT / DSCH PLANNING	3,723,098			2,140,561	5,863,659	1,039,979	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	31,706,361	3,521		18,580,332	50,290,214	8,919,472	21
22	I&R Services-Other Prgm Costs Apprvd	18,322,657	20,184		564,814	18,907,655	3,353,462	22
23	PARAMED ED PRGM-(SPECIFY)	2,098,811			312,016	2,410,827	427,584	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	54,753,512	1,154,317	247,290	32,505,878	88,660,997	15,725,077	30
31	Intensive Care Unit	15,912,714	175,309	193,803	9,042,798	25,324,624	4,491,575	31
31.01	PEDS ICU	3,257,695	61,572	13,414	1,854,468	5,187,149	919,993	31.01
31.02	NEONATAL ICU	9,210,835	113,549	157,013	5,299,574	14,780,971	2,621,553	31.02
32	Coronary Care Unit	8,060,095	104,264	117,957	4,612,797	12,895,113	2,287,077	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	8,248,155	225,244	23,967	4,701,030	13,198,396	2,340,868	40
43	Nursery	1,180,596	23,570		563,829	1,767,995	313,572	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	18,348,706	399,693	2,354,086	8,658,295	29,760,780	5,278,372	50
51	Recovery Room	4,297,801	6,343	105,661	2,433,585	6,843,390	1,213,744	51
52	Delivery Room & Labor Room	8,398,918	234,234	191,652	5,604,012	14,428,816	2,559,095	52
53	Anesthesiology	867,184	70,750	337,141	918,357	2,193,432	389,027	53
54	Radiology-Diagnostic	5,266,195	251,098	683,049	2,880,922	9,081,264	1,610,653	54
54.01	RADIO ULTRASOUND	1,137,142	31,821	243,173	633,255	2,045,391	362,771	54.01
54.02	RADIO ANGIOGRAPHY	2,203,261	23,261	29,988	1,184,105	3,440,615	610,227	54.02
54.03	RADIO WEST HARRISON	1,136,880	207,681	3,216	320,138	1,667,915	295,821	54.03
54.04	RADIO MILE SQUARE	319,222	40,999	40,999	157,665	558,578	99,069	54.04
55	Radiology-Therapeutic	4,326,062	189,244	189,366	987,823	5,692,495	1,009,621	55
56	Radioisotope	1,201,982	4,663		235,457	1,442,102	255,771	56
57	CT Scan	2,326,463	103,619	6,320	1,263,023	3,699,425	656,130	57
58	MRI	2,216,830	25,639	507,971	1,220,722	3,971,162	704,325	58
59	Cardiac Catheterization	1,103,619	36,121	18,666	602,183	1,760,589	312,258	59
60	Laboratory	26,434,745	618,701	646,311	6,113,233	33,812,990	5,997,072	60
60.01	LAB TISSUE TYPING	1,409,809	13,680	34,906	178,128	1,636,523	290,254	60.01
60.02	LAB OUTREACH	7,534,078	64,071		1,794,867	9,393,016	1,665,945	60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,924,150	20,170		4,602	6,948,922	1,232,461	63
64	Intravenous Therapy	412,010		4,466	238,934	655,410	116,244	64
65	Respiratory Therapy	3,398,277	25,182	249,447	1,975,033	5,647,939	1,001,718	65
66	Physical Therapy	2,142,516	151,121	22,441	1,183,482	3,499,560	620,682	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	112,150	75,493		54,573	242,216	42,959	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	695,659		4,470	337,342	1,037,471	184,006	66.02
66.03	PHYSICAL THERAPY-OCC	2,509,207	8,049		1,474,366	3,991,622	707,954	66.03
67	Occupational Therapy	1,570,839	106,535		924,771	2,602,145	461,516	67
67.01	OCCUPATIONAL THERAPY-OCC	608,867			354,402	963,269	170,845	67.01
68	Speech Pathology	478,739	8,520		279,719	766,978	136,031	68
69	Electrocardiology	230,582	7,660		132,397	370,639	65,737	69
70	Electroencephalography	515,167	10,146	87,902	300,274	913,489	162,016	70
71	Medical Supplies Charged to Patients	67,089,883				67,089,883	11,899,062	71
73	Drugs Charged to Patients	75,206,935				75,206,935	13,338,702	73
74	Renal Dialysis	5,436,564	164,720	92,084	2,143,060	7,836,428	1,389,869	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	3,173,399	86,512	691,526	1,512,828	5,464,265	969,142	76.01
76.02	BONE MARROW TRANSPLANT	1,721,700		121,299	430,292	2,273,291	403,191	76.02

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

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
76.03	CARDIAC SERVICES	2,581,227	78,974	542,037	1,382,570	4,584,808	813,162	76.03
76.04	TELEMEDICINE PROGRAM	562,071	15,091			577,162	102,365	76.04
76.05	SLEEP LAB WEST HARRISON	1,418,753		2,798	211,332	1,632,883	289,608	76.05
76.06	SICKLE CELL	916,195		2,550	659,920	1,578,665	279,992	76.06
76.07	HEART CENTER-ROOSEVELT RD	119,683	19,122	2,939	60,257	202,001	35,827	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	115,338			67,263	182,601	32,386	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	26,816,527	1,210,333	779,621	15,108,340	43,914,821	7,788,733	90
91	Emergency	10,499,445	197,683	90,258	5,798,144	16,585,530	2,941,610	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	2,743,101	192,361	56,278	1,369,262	4,361,002	773,467	93.01
93.02	OCC PSYCH	1,074,751	416,584	4,098	599,205	2,094,638	371,505	93.02
93.03	OCC ADOLESCENTS	2,848,019	128,599	14,406	1,506,499	4,497,523	797,681	93.03
93.04	LION'S EYE INST.	494,688	28,340		265,053	788,081	139,774	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	8,522,581	31,082		1,608,113	10,161,776	1,802,293	105
107	Liver Acquisition	2,611,461	4,582		315,341	2,931,384	519,910	107
109	Pancreas Acquisition	917,246	591		49,872	967,709	171,633	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	51,608	27,991	2,222	4,193	86,014	15,255	112
118	SUBTOTALS (sum of lines 1-117)	920,240,575	9,543,951	12,148,676	201,711,719	918,621,407	137,514,750	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		11,153			11,153	1,978	190
191	Research	554,424	44,358		289,520	888,302	157,549	191
192	Physicians' Private Offices	4,457,025		1,991	1,098,341	5,557,357	985,653	192
192.01	PILSEN-OFFSITE CLINIC	1,019,681		10,304	163,501	1,193,486	211,677	192.01
194	OUTPATIENT PHARMACY	24,854,490				24,854,490	4,408,192	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	951,126,195	9,599,462	12,160,971	203,263,081	951,126,195	143,279,799	202

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

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	19,298,102	19,298,102					5.02
5.03	AMBULATORY ADMIN & GENERAL	26,926,357	611,255	27,537,612	27,537,612			5.03
6	Maintenance & Repairs	26,088,056	592,225	26,680,281		26,680,281		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,915,488	156,988	7,072,476		398,757	7,471,233	9
10	Dietary	8,722,946	198,020	8,920,966		888,495	252,579	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	11,605,740	263,462	11,869,202		175,507	49,893	13
14	Central Services & Supply	12,530,090	284,446	12,814,536		778,365	221,271	14
15	Pharmacy	13,120,141	297,840	13,417,981		407,942	115,968	15
16	Medical Records & Library	7,708,666	174,994	7,883,660		423,019	120,254	16
17	Social Service	11,829,786	268,548	12,098,334		155,968	44,338	17
17.01	PALLIATIVE CARE	1,210,140	27,471	1,237,611				17.01
18	UTILMGMT / DSCH PLANNING	6,903,638	156,719	7,060,357				18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	59,209,686	1,344,119	60,553,805		11,351	3,227	21
22	I&R Services-Other Prgm Costs Apprvd	22,261,117	505,350	22,766,467		65,073	18,499	22
23	PARAMED ED PRGM-(SPECIFY)	2,838,411	64,435	2,902,846				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	104,386,074	2,369,765	106,755,839		3,721,602	1,057,966	30
31	Intensive Care Unit	29,816,199	676,858	30,493,057		565,209	160,676	31
31.01	PEDS ICU	6,107,142	138,638	6,245,780		198,512	56,432	31.01
31.02	NEONATAL ICU	17,402,524	395,055	17,797,579		366,090	104,071	31.02
32	Coronary Care Unit	15,182,190	344,651	15,526,841		336,153	95,561	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	15,539,264	352,757	15,892,021		726,202	206,443	40
43	Nursery	2,081,567	47,254	2,128,821		75,991	21,602	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	35,039,152	795,424	35,834,576		1,288,638	366,330	50
51	Recovery Room	8,057,134	182,905	8,240,039		20,449	5,813	51
52	Delivery Room & Labor Room	16,987,911	385,643	17,373,554		755,186	214,682	52
53	Anesthesiology	2,582,459	58,624	2,641,083		228,103	64,844	53
54	Radiology-Diagnostic	10,691,917	242,717	10,934,634		809,558	230,139	54
54.01	RADIO ULTRASOUND	2,408,162	54,668	2,462,830		102,592	29,165	54.01
54.02	RADIO ANGIOGRAPHY	4,050,842	91,958	4,142,800		74,994	21,319	54.02
54.03	RADIO WEST HARRISON	1,963,736	44,579	2,008,315		669,577	190,345	54.03
54.04	RADIO MILE SQUARE	657,647	14,929	672,576		132,182	37,576	54.04
55	Radiology-Therapeutic	6,702,116	152,145	6,854,261		610,136	173,448	55
56	Radioisotope	1,697,873	38,543	1,736,416		15,034	4,274	56
57	CT Scan	4,355,555	98,875	4,454,430		334,074	94,969	57
58	MRI	4,675,487	106,138	4,781,625		82,663	23,499	58
59	Cardiac Catheterization	2,072,847	47,056	2,119,903		116,456	33,106	59
60	Laboratory	39,810,062	903,728	40,713,790		1,994,738	567,058	60
60.01	LAB TISSUE TYPING	1,926,777	43,740	1,970,517		44,104	12,538	60.01
60.02	LAB OUTREACH	11,058,961	251,049	11,310,010		206,570	58,723	60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,181,383	185,726	8,367,109		65,030	18,486	63
64	Intravenous Therapy	771,654	17,517	789,171				64
65	Respiratory Therapy	6,649,657	150,954	6,800,611		81,190	23,080	65
66	Physical Therapy	4,120,242	93,534	4,213,776		487,225	138,507	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	285,175		285,175	96,081	243,396	69,192	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,221,477		1,221,477	411,541			66.02
66.03	PHYSICAL THERAPY-OCC	4,699,576		4,699,576	1,583,386	25,951	7,377	66.03
67	Occupational Therapy	3,063,661	69,548	3,133,209		343,475	97,642	67
67.01	OCCUPATIONAL THERAPY-OCC	1,134,114		1,134,114	382,107			67.01
68	Speech Pathology	903,009	20,499	923,508		27,468	7,808	68
69	Electrocardiology	436,376	9,906	446,282		24,695	7,020	69
70	Electroencephalography	1,075,505	24,415	1,099,920		32,710	9,299	70
71	Medical Supplies Charged to Patients	78,988,945	1,793,128	80,782,073				71
73	Drugs Charged to Patients	88,545,637	2,010,075	90,555,712				73
74	Renal Dialysis	9,226,297	209,446	9,435,743		531,069	150,971	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,433,407	146,045	6,579,452		278,922	79,291	76.01
76.02	BONE MARROW TRANSPLANT	2,676,482	60,759	2,737,241				76.02
76.03	CARDIAC SERVICES	5,397,970	122,539	5,520,509		254,617	72,382	76.03
76.04	TELEMEDICINE PROGRAM	679,527		679,527	228,947	48,653	13,831	76.04

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

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
76.05	SLEEP LAB WEST HARRISON	1,922,491	43,642	1,966,133				76.05
76.06	SICKLE CELL	1,858,657	42,193	1,900,850				76.06
76.07	HEART CENTER-ROOSEVELT RD	237,828		237,828	80,129	61,650	17,526	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	214,987	4,880	219,867				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	51,703,554		51,703,554	17,420,031	3,902,219	1,109,314	90
91	Emergency	19,527,140	443,286	19,970,426		637,344	181,182	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	5,134,469		5,134,469	1,729,910	620,188	176,305	93.01
93.02	OCC PSYCH	2,466,143		2,466,143	830,895	1,343,097	381,812	93.02
93.03	OCC ADOLESCENTS	5,295,204		5,295,204	1,784,065	414,614	117,865	93.03
93.04	LION'S EYE INST.	927,855		927,855	312,614	91,371	25,975	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	11,964,069	271,596	12,235,665		100,209	28,487	105
107	Liver Acquisition	3,451,294	78,348	3,529,642		14,774	4,200	107
109	Pancreas Acquisition	1,139,342	25,864	1,165,206		1,906	542	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	101,269	2,299	103,568		90,245	25,654	112
118	SUBTOTALS (sum of lines 1-117)	912,856,358	18,609,770	912,168,026	24,859,706	26,501,308	7,420,356	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	13,131	298	13,429		35,959	10,222	190
191	Research	1,045,851	23,742	1,069,593		143,014	40,655	191
192	Physicians' Private Offices	6,543,010		6,543,010	2,204,477			192
192.01	PILSEN-OFFSITE CLINIC	1,405,163		1,405,163	473,429			192.01
194	OUTPATIENT PHARMACY	29,262,682	664,292	29,926,974				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	951,126,195	19,298,102	951,126,195	27,537,612	26,680,281	7,471,233	202

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

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	10,062,040						10
11	Cafeteria	3,633,897	3,633,897					11
12	Maintenance of Personnel							12
13	Nursing Administration		74,887	12,169,489				13
14	Central Services & Supply		40,488		13,854,660			14
15	Pharmacy		34,001		104,765	14,080,657		15
16	Medical Records & Library		41,555				8,468,488	16
17	Social Service		73,899					17
17.01	PALLATIVE CARE		9,513					17.01
18	UTILMGMT / DSCH PLANNING		45,728			7		18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		396,924					21
22	I&R Services-Other Prgm Costs Apprvd		12,066					22
23	PARAMED ED PRGM-(SPECIFY)		6,665					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,377,835	694,346	4,487,907	482,667	55,799	627,270	30
31	Intensive Care Unit	803,529	193,177	1,215,126	243,860	23,600	181,506	31
31.01	PEDS ICU	103,175	39,616	202,005	25,005	1,159	20,425	31.01
31.02	NEONATAL ICU		113,213	614,420	77,135	2,164	120,648	31.02
32	Coronary Care Unit	347,850	98,541	633,710	155,966	12,973	88,031	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	795,754	100,426	492,492	10,876	441	91,283	40
43	Nursery		12,045	69,724			13,612	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		184,963	864,117	4,316,694	16,106	561,750	50
51	Recovery Room		51,988	290,576	36,304	4,924	43,700	51
52	Delivery Room & Labor Room		119,716	693,347	167,001	7,058	135,627	52
53	Anesthesiology		19,618	79,546	309,716	22,688	251,980	53
54	Radiology-Diagnostic		61,544	11,060	14,812	2,892	114,086	54
54.01	RADIO ULTRASOUND		13,528	6,017	10,409	4,576	55,480	54.01
54.02	RADIO ANGIOGRAPHY		25,296	38,578	482,062	26,917	187,271	54.02
54.03	RADIO WEST HARRISON		6,839	4,778	2,173	3,196	47,914	54.03
54.04	RADIO MILE SQUARE		3,368	708	125		7,648	54.04
55	Radiology-Therapeutic		21,102	26,368	6,997	786	76,564	55
56	Radioisotope		5,030	2,124	1,841	8,259	21,872	56
57	CT Scan		26,981	34,420	42,579	14,984	346,928	57
58	MRI		26,078	21,501	16,274	25,727	218,333	58
59	Cardiac Catheterization		12,864	35,481	288,669	7,445	75,908	59
60	Laboratory		130,594	6,017	15,080	33	1,206,049	60
60.01	LAB TISSUE TYPING		3,805		18		21,312	60.01
60.02	LAB OUTREACH		38,343		118		519,100	60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		98				118,465	63
64	Intravenous Therapy		5,104	22,651	22,482	18	16,065	64
65	Respiratory Therapy		42,192		56,096	6,576	139,492	65
66	Physical Therapy		25,282		1,651	14	24,589	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		1,166				8,635	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		7,206		254		11,083	66.02
66.03	PHYSICAL THERAPY-OCC		31,496				31,040	66.03
67	Occupational Therapy		19,755		556		17,334	67
67.01	OCCUPATIONAL THERAPY-OCC		7,571				9,442	67.01
68	Speech Pathology		5,976				6,117	68
69	Electrocardiology		2,828		283		16,105	69
70	Electroencephalography		6,415		1,433		17,858	70
71	Medical Supplies Charged to Patients				6,130,805		595,243	71
73	Drugs Charged to Patients					8,685,125	1,071,220	73
74	Renal Dialysis		45,781	123,344	31,787	26,384	105,149	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY		32,318	160,418	152,355	3,877	115,755	76.01
76.02	BONE MARROW TRANSPLANT		9,192	22,740	307	191	10,970	76.02
76.03	CARDIAC SERVICES		29,535	69,547	231,136	561	106,043	76.03
76.04	TELEMEDICINE PROGRAM					1,175,596	4,730	76.04

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

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
76.05	SLEEP LAB WEST HARRISON		4,515		217		21,937	76.05
76.06	SICKLE CELL		14,098	77,422	5,487	1,073	18,600	76.06
76.07	HEART CENTER-ROOSEVELT RD		1,287				2,187	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		1,437	5,574	46	1	611	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		322,753	905,792	185,945	3,407,075	384,190	90
91	Emergency		123,863	656,980	191,457	15,680	332,984	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY		29,251	9,822	10,875	433,206	63,152	93.01
93.02	OCC PSYCH		12,801	8,848	1,295	1,906	21,155	93.02
93.03	OCC ADOLESCENTS		32,183	97,507	14,892	80,259	50,104	93.03
93.04	LION'S EYE INST.		5,662				21,668	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		34,353	101,401		46	62,417	105
107	Liver Acquisition		6,736	19,820			21,680	107
109	Pancreas Acquisition		1,065	1,681			7,884	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		90	265		1,262	287	112
118	SUBTOTALS (sum of lines 1-117)	10,062,040	3,600,756	12,113,834	13,850,505	14,080,584	8,468,488	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research		6,185	5,928	1,538	73		191
192	Physicians' Private Offices		23,463	40,525				192
192.01	PILSEN-OFFSITE CLINIC		3,493	9,202	2,617			192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	10,062,040	3,633,897	12,169,489	13,854,660	14,080,657	8,468,488	202

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

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	12,372,539						17
17.01	PALLATIVE CARE		1,247,124					17.01
18	UTILMGMT / DSCH PLANNING			7,106,092				18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd				60,965,307			21
22	I&R Services-Other Prgm Costs Apprvd					22,862,105		22
23	PARAMED ED PRGM-(SPECIFY)						2,909,511	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,143,479	756,412	4,310,011	5,861,459	1,693,376	1,764,687	30
31	Intensive Care Unit	141,609	141,656	807,156	932,923	489,993	330,481	31
31.01	PEDS ICU	276,570	18,188	103,636	527,838	55,139	42,433	31.01
31.02	NEONATAL ICU	297,180	93,032	530,097	1,749,231	325,702	217,042	31.02
32	Coronary Care Unit	132,634	61,324	349,426	828,583	237,647	143,068	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	622,284	140,287	799,354	804,033	246,427	327,287	40
43	Nursery		36,225	206,412	135,028	36,747	84,513	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	69,143			7,948,261	1,516,498		50
51	Recovery Room	79,780				117,971		51
52	Delivery Room & Labor Room	207,428			1,092,502	366,137		52
53	Anesthesiology				1,755,369	680,243		53
54	Radiology-Diagnostic					307,986		54
54.01	RADIO ULTRASOUND				227,093	149,774		54.01
54.02	RADIO ANGIOGRAPHY				1,822,883	505,557		54.02
54.03	RADIO WEST HARRISON					129,348		54.03
54.04	RADIO MILE SQUARE					20,647		54.04
55	Radiology-Therapeutic	110,695			2,246,381	206,692		55
56	Radioisotope				245,506	59,044		56
57	CT Scan				1,061,814	936,566		57
58	MRI				1,037,263	589,410		58
59	Cardiac Catheterization				2,234,106	204,920		59
60	Laboratory				7,359,046	3,256,459		60
60.01	LAB TISSUE TYPING					57,535		60.01
60.02	LAB OUTREACH					1,401,360		60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				1,485,312	319,808		63
64	Intravenous Therapy					43,369		64
65	Respiratory Therapy				1,608,065	376,571		65
66	Physical Therapy				337,571	66,380		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					23,311		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					29,918		66.02
66.03	PHYSICAL THERAPY-OCC					83,797		66.03
67	Occupational Therapy				177,992	46,795		67
67.01	OCCUPATIONAL THERAPY-OCC					25,489		67.01
68	Speech Pathology				171,854	16,514		68
69	Electrocardiology				503,288	43,476		69
70	Electroencephalography					48,210		70
71	Medical Supplies Charged to Patients				2,129,766	1,606,915		71
73	Drugs Charged to Patients				9,728,179	2,891,862		73
74	Renal Dialysis				1,037,263	283,859		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					312,493		76.01
76.02	BONE MARROW TRANSPLANT	38,228				29,615		76.02
76.03	CARDIAC SERVICES					286,273		76.03
76.04	TELEMEDICINE PROGRAM					12,770		76.04

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

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
76.05	SLEEP LAB WEST HARRISON					59,220		76.05
76.06	SICKLE CELL					50,213		76.06
76.07	HEART CENTER-ROOSEVELT RD					5,904		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					1,649		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,668,971			1,712,405	1,037,157		90
91	Emergency	217,068			1,786,057	898,922		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	518,570			355,984	170,484		93.01
93.02	OCC PSYCH				460,324	57,110		93.02
93.03	OCC ADOLESCENTS				632,178	135,261		93.03
93.04	LION'S EYE INST.					58,495		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	382,279			294,607	168,502		105
107	Liver Acquisition	63,824			270,057	58,528		107
109	Pancreas Acquisition	54,184				21,283		109
112	OTHER ORGAN ACQUISITION (SPECIFY)				61,377	774		112
118	SUBTOTALS (sum of lines 1-117)	11,023,926	1,247,124	7,106,092	60,621,598	22,862,105	2,909,511	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	1,348,613			343,709			192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,372,539	1,247,124	7,106,092	60,965,307	22,862,105	2,909,511	202

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

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	141,790,655	-7,554,835	134,235,820			30
31	Intensive Care Unit	36,723,558	-1,422,916	35,300,642			31
31.01	PEDS ICU	7,915,913	-582,977	7,332,936			31.01
31.02	NEONATAL ICU	22,407,604	-2,074,933	20,332,671			31.02
32	Coronary Care Unit	19,048,308	-1,066,230	17,982,078			32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
40	Subprovider - IPF	21,255,610	-1,050,460	20,205,150			40
43	Nursery	2,820,720	-171,775	2,648,945			43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	52,967,076	-9,464,759	43,502,317			50
51	Recovery Room	8,891,544	-117,971	8,773,573			51
52	Delivery Room & Labor Room	21,132,238	-1,458,639	19,673,599			52
53	Anesthesiology	6,053,190	-2,435,612	3,617,578			53
54	Radiology-Diagnostic	12,486,711	-307,986	12,178,725			54
54.01	RADIO ULTRASOUND	3,061,464	-376,867	2,684,597			54.01
54.02	RADIO ANGIOGRAPHY	7,327,677	-2,328,440	4,999,237			54.02
54.03	RADIO WEST HARRISON	3,062,485	-129,348	2,933,137			54.03
54.04	RADIO MILE SQUARE	874,830	-20,647	854,183			54.04
55	Radiology-Therapeutic	10,333,430	-2,453,073	7,880,357			55
56	Radioisotope	2,099,400	-304,550	1,794,850			56
57	CT Scan	7,347,745	-1,998,380	5,349,365			57
58	MRI	6,822,373	-1,626,673	5,195,700			58
59	Cardiac Catheterization	5,128,858	-2,439,026	2,689,832			59
60	Laboratory	55,248,864	-10,615,505	44,633,359			60
60.01	LAB TISSUE TYPING	2,109,829	-57,535	2,052,294			60.01
60.02	LAB OUTREACH	13,534,224	-1,401,360	12,132,864			60.02
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	10,374,308	-1,805,120	8,569,188			63
64	Intravenous Therapy	898,860	-43,369	855,491			64
65	Respiratory Therapy	9,133,873	-1,984,636	7,149,237			65
66	Physical Therapy	5,294,995	-403,951	4,891,044			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	726,956	-23,311	703,645			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,681,479	-29,918	1,651,561			66.02
66.03	PHYSICAL THERAPY-OCC	6,462,623	-83,797	6,378,826			66.03
67	Occupational Therapy	3,836,758	-224,787	3,611,971			67
67.01	OCCUPATIONAL THERAPY-OCC	1,558,723	-25,489	1,533,234			67.01
68	Speech Pathology	1,159,245	-188,368	970,877			68
69	Electrocardiology	1,043,977	-546,764	497,213			69
70	Electroencephalography	1,215,845	-48,210	1,167,635			70
71	Medical Supplies Charged to Patients	91,244,802	-3,736,681	87,508,121			71
73	Drugs Charged to Patients	112,932,098	-12,620,041	100,312,057			73
74	Renal Dialysis	11,771,350	-1,550,888	10,220,462			74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	7,714,881	-312,493	7,402,388			76.01
76.02	BONE MARROW TRANSPLANT	2,848,484	-29,615	2,818,869			76.02
76.03	CARDIAC SERVICES	6,570,603	-286,273	6,284,330			76.03
76.04	TELEMEDICINE PROGRAM	2,164,054	-12,770	2,151,284			76.04

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

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		24	25	26				
76.05	SLEEP LAB WEST HARRISON	2,052,022	-59,220	1,992,802				76.05
76.06	SICKLE CELL	2,067,743	-50,213	2,017,530				76.06
76.07	HEART CENTER-ROOSEVELT RD	406,511	-5,904	400,607				76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	229,185	-1,649	227,536				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	84,759,406	-2,749,562	82,009,844				90
91	Emergency	25,011,963	-2,684,979	22,326,984				91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	9,252,216	-526,468	8,725,748				93.01
93.02	OCC PSYCH	5,585,386	-517,434	5,067,952				93.02
93.03	OCC ADOLESCENTS	8,654,132	-767,439	7,886,693				93.03
93.04	LION'S EYE INST.	1,443,640	-58,495	1,385,145				93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	13,407,966	-463,109	12,944,857				105
107	Liver Acquisition	3,989,261	-328,585	3,660,676				107
109	Pancreas Acquisition	1,253,751	-21,283	1,232,468				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	283,522	-62,151	221,371				112
118	SUBTOTALS (sum of lines 1-117)	907,474,924	-83,713,469	823,761,455				118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	59,610		59,610				190
191	Research	1,266,986		1,266,986				191
192	Physicians' Private Offices	10,503,797	-343,709	10,160,088				192
192.01	PILSEN-OFFSITE CLINIC	1,893,904		1,893,904				192.01
194	OUTPATIENT PHARMACY	29,926,974		29,926,974				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	951,126,195	-84,057,178	867,069,017				202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		54,369	2,048	56,417	56,417		4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN		788,527	2,124,919	2,913,446	6,266	2,919,712	5.01
5.02	HOSPITAL ADMIN & GENERAL		147,923	118,095	266,018	1,380	59,237	5.02
5.03	AMBULATORY ADMIN & GENERAL		162,812	26,123	188,935	807	82,653	5.03
6	Maintenance & Repairs		170,498	116,789	287,287	154	80,079	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping		123,681	6,587	130,268		21,228	9
10	Dietary		275,581	19,611	295,192	594	26,776	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		54,436	242,863	297,299	973	35,625	13
14	Central Services & Supply		241,423	109,688	351,111	526	38,462	14
15	Pharmacy		126,530	429,069	555,599	442	40,273	15
16	Medical Records & Library		131,206	22,555	153,761	540	23,662	16
17	Social Service		48,376	13,845	62,221	960	36,312	17
17.01	PALLATIVE CARE					124	3,715	17.01
18	UTILMGMT / DSCH PLANNING					594	21,191	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		3,521		3,521	5,156	181,749	21
22	I&R Services-Other Prgm Costs Apprvd		20,184		20,184	157	68,332	22
23	PARAMED ED PRGM-(SPECIFY)					87	8,713	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,154,317	247,290	1,401,607	9,025	320,579	30
31	Intensive Care Unit		175,309	193,803	369,112	2,510	91,523	31
31.01	PEDS ICU		61,572	13,414	74,986	515	18,746	31.01
31.02	NEONATAL ICU		113,549	157,013	270,562	1,471	53,418	31.02
32	Coronary Care Unit		104,264	117,957	222,221	1,280	46,603	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF		225,244	23,967	249,211	1,305	47,699	40
43	Nursery		23,570		23,570	156	6,390	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		399,693	2,354,086	2,753,779	2,403	107,555	50
51	Recovery Room		6,343	105,661	112,004	675	24,732	51
52	Delivery Room & Labor Room		234,234	191,652	425,886	1,555	52,146	52
53	Anesthesiology		70,750	337,141	407,891	255	7,927	53
54	Radiology-Diagnostic		251,098	683,049	934,147	800	32,820	54
54.01	RADIO ULTRASOUND		31,821	243,173	274,994	176	7,392	54.01
54.02	RADIO ANGIOGRAPHY		23,261	29,988	53,249	329	12,434	54.02
54.03	RADIO WEST HARRISON		207,681	3,216	210,897	89	6,028	54.03
54.04	RADIO MILE SQUARE		40,999	40,692	81,691	44	2,019	54.04
55	Radiology-Therapeutic		189,244	189,366	378,610	274	20,573	55
56	Radioisotope		4,663		4,663	65	5,212	56
57	CT Scan		103,619	6,320	109,939	351	13,370	57
58	MRI		25,639	507,971	533,610	339	14,352	58
59	Cardiac Catheterization		36,121	18,666	54,787	167	6,363	59
60	Laboratory		618,701	646,311	1,265,012	1,697	122,200	60
60.01	LAB TISSUE TYPING		13,680	34,906	48,586	49	5,914	60.01
60.02	LAB OUTREACH		64,071		64,071	498	33,946	60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		20,170		20,170	1	25,113	63
64	Intravenous Therapy			4,466	4,466	66	2,369	64
65	Respiratory Therapy		25,182	249,447	274,629	548	20,412	65
66	Physical Therapy		151,121	22,441	173,562	328	12,647	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		75,493		75,493	15	875	66.01
66.02	PHYSICAL THERAPY MAXWELL ST			4,470	4,470	94	3,749	66.02
66.03	PHYSICAL THERAPY-OCC		8,049		8,049	409	14,426	66.03
67	Occupational Therapy		106,535		106,535	257	9,404	67
67.01	OCCUPATIONAL THERAPY-OCC					98	3,481	67.01
68	Speech Pathology		8,520		8,520	78	2,772	68
69	Electrocardiology		7,660		7,660	37	1,339	69
70	Electroencephalography		10,146	87,902	98,048	83	3,301	70
71	Medical Supplies Charged to Patients						242,463	71
73	Drugs Charged to Patients						271,798	73
74	Renal Dialysis		164,720	92,084	256,804	595	28,321	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY		86,512	691,526	778,038	420	19,748	76.01
76.02	BONE MARROW TRANSPLANT			121,299	121,299	119	8,216	76.02
76.03	CARDIAC SERVICES		78,974	542,037	621,011	384	16,569	76.03
76.04	TELEMEDICINE PROGRAM		15,091		15,091		2,086	76.04

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

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
76.05	SLEEP LAB WEST HARRISON			2,798	2,798	59	5,901	76.05
76.06	SICKLE CELL			2,550	2,550	183	5,705	76.06
76.07	HEART CENTER-ROOSEVELT RD		19,122	2,939	22,061	17	730	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					19	660	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,210,333	779,621	1,989,954	4,193	158,708	90
91	Emergency		197,683	90,258	287,941	1,609	59,940	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY		192,361	56,278	248,639	380	15,761	93.01
93.02	OCC PSYCH		416,584	4,098	420,682	166	7,570	93.02
93.03	OCC ADOLESCENTS		128,599	14,406	143,005	418	16,254	93.03
93.04	LION'S EYE INST.		28,340		28,340	74	2,848	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		31,082		31,082	446	36,725	105
107	Liver Acquisition		4,582		4,582	88	10,594	107
109	Pancreas Acquisition		591		591	14	3,497	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		27,991	2,222	30,213	1	311	112
118	SUBTOTALS (sum of lines 1-117)		9,543,951	12,148,676	21,692,627	55,987	2,802,241	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		11,153		11,153		40	190
191	Research		44,358		44,358	80	3,210	191
192	Physicians' Private Offices			1,991	1,991	305	20,084	192
192.01	PILSEN-OFFSITE CLINIC			10,304	10,304	45	4,313	192.01
194	OUTPATIENT PHARMACY						89,824	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		9,599,462	12,160,971	21,760,433	56,417	2,919,712	202

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

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	326,635						5.02
5.03	AMBULATORY ADMIN & GENERAL	10,340	282,735					5.03
6	Maintenance & Repairs	10,018		377,538				6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	2,656		5,643	159,795			9
10	Dietary	3,350		12,573	5,402	343,887		10
11	Cafeteria					124,195	124,195	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,457		2,484	1,067		2,557	13
14	Central Services & Supply	4,812		11,014	4,733		1,382	14
15	Pharmacy	5,038		5,773	2,480		1,161	15
16	Medical Records & Library	2,960		5,986	2,572		1,419	16
17	Social Service	4,543		2,207	948		2,523	17
17.01	PALLIATIVE CARE	465					325	17.01
18	UTILMGMT / DSCH PLANNING	2,651					1,561	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	22,737		161	69		13,551	21
22	I&R Services-Other Prgm Costs Apprvd	8,548		921	396		412	22
23	PARAMED ED PRGM-(SPECIFY)	1,090					228	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,277		52,662	22,628	149,620	23,839	30
31	Intensive Care Unit	11,449		7,998	3,437	27,462	6,595	31
31.01	PEDS ICU	2,345		2,809	1,207	3,526	1,353	31.01
31.02	NEONATAL ICU	6,683		5,180	2,226		3,865	31.02
32	Coronary Care Unit	5,830		4,757	2,044	11,888	3,364	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	5,967		10,276	4,415	27,196	3,429	40
43	Nursery	799		1,075	462		411	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,455		18,235	7,835		6,315	50
51	Recovery Room	3,094		289	124		1,775	51
52	Delivery Room & Labor Room	6,523		10,686	4,592		4,087	52
53	Anesthesiology	992		3,228	1,387		670	53
54	Radiology-Diagnostic	4,106		11,456	4,922		2,101	54
54.01	RADIO ULTRASOUND	925		1,452	624		462	54.01
54.02	RADIO ANGIOGRAPHY	1,556		1,061	456		864	54.02
54.03	RADIO WEST HARRISON	754		9,475	4,071		233	54.03
54.04	RADIO MILE SQUARE	253		1,870	804		115	54.04
55	Radiology-Therapeutic	2,574		8,634	3,710		720	55
56	Radioisotope	652		213	91		172	56
57	CT Scan	1,673		4,727	2,031		921	57
58	MRI	1,795		1,170	503		890	58
59	Cardiac Catheterization	796		1,648	708		439	59
60	Laboratory	15,287		28,226	12,128		4,459	60
60.01	LAB TISSUE TYPING	740		624	268		130	60.01
60.02	LAB OUTREACH	4,247		2,923	1,256		1,309	60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,142		920	395		3	63
64	Intravenous Therapy	296					174	64
65	Respiratory Therapy	2,553		1,149	494		1,440	65
66	Physical Therapy	1,582		6,894	2,962		863	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		986	3,444	1,480		40	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		4,225				246	66.02
66.03	PHYSICAL THERAPY-OCC		16,256	367	158		1,075	66.03
67	Occupational Therapy	1,176		4,860	2,088		674	67
67.01	OCCUPATIONAL THERAPY-OCC		3,923				258	67.01
68	Speech Pathology	347		389	167		204	68
69	Electrocardiology	168		349	150		97	69
70	Electroencephalography	413		463	199		219	70
71	Medical Supplies Charged to Patients	30,332						71
73	Drugs Charged to Patients	34,002						73
74	Renal Dialysis	3,543		7,515	3,229		1,563	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,470		3,947	1,696		1,103	76.01
76.02	BONE MARROW TRANSPLANT	1,028					314	76.02
76.03	CARDIAC SERVICES	2,073		3,603	1,548		1,008	76.03
76.04	TELEMEDICINE PROGRAM		2,350	688	296			76.04

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

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
76.05	SLEEP LAB WEST HARRISON	738					154	76.05
76.06	SICKLE CELL	714					481	76.06
76.07	HEART CENTER-ROOSEVELT RD		823	872	375		44	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	83					49	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		178,865	55,218	23,724		11,019	90
91	Emergency	7,498		9,019	3,875		4,229	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY		17,760	8,776	3,771		999	93.01
93.02	OCC PSYCH		8,530	19,005	8,166		437	93.02
93.03	OCC ADOLESCENTS		18,316	5,867	2,521		1,099	93.03
93.04	LION'S EYE INST.		3,209	1,293	556		193	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,594		1,418	609		1,173	105
107	Liver Acquisition	1,325		209	90		230	107
109	Pancreas Acquisition	438		27	12		36	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	39		1,277	549		3	112
118	SUBTOTALS (sum of lines 1-117)	314,991	255,243	375,005	158,706	343,887	123,064	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	5		509	219			190
191	Research	402		2,024	870		211	191
192	Physicians' Private Offices		22,632				801	192
192.01	PILSEN-OFFSITE CLINIC		4,860				119	192.01
194	OUTPATIENT PHARMACY	11,237						194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	326,635	282,735	377,538	159,795	343,887	124,195	202

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

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	344,462						13
14	Central Services & Supply		412,040					14
15	Pharmacy		3,116	613,882				15
16	Medical Records & Library				190,900			16
17	Social Service					109,714		17
17.01	PALLATIVE CARE						4,629	17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	127,033	14,355	2,433	14,170	45,612	2,807	30
31	Intensive Care Unit	34,395	7,252	1,029	4,100	1,256	526	31
31.01	PEDS ICU	5,718	744	51	461	2,452	68	31.01
31.02	NEONATAL ICU	17,391	2,294	94	2,725	2,635	345	31.02
32	Coronary Care Unit	17,937	4,638	566	1,989	1,176	228	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	13,940	323	19	2,062	5,518	521	40
43	Nursery	1,974			307		134	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,459	128,379	702	12,690	613		50
51	Recovery Room	8,225	1,080	215	987	707		51
52	Delivery Room & Labor Room	19,625	4,967	308	3,064	1,839		52
53	Anesthesiology	2,252	9,211	989	5,692			53
54	Radiology-Diagnostic	313	440	126	2,577			54
54.01	RADIO ULTRASOUND	170	310	200	1,253			54.01
54.02	RADIO ANGIOGRAPHY	1,092	14,337	1,173	4,230			54.02
54.03	RADIO WEST HARRISON	135	65	139	1,082			54.03
54.04	RADIO MILE SQUARE	20	4		173			54.04
55	Radiology-Therapeutic	746	208	34	1,730	982		55
56	Radioisotope	60	55	360	494			56
57	CT Scan	974	1,266	653	7,837			57
58	MRI	609	484	1,122	4,932			58
59	Cardiac Catheterization	1,004	8,585	325	1,715			59
60	Laboratory	170	448	1	26,848			60
60.01	LAB TISSUE TYPING		1		481			60.01
60.02	LAB OUTREACH		4		11,726			60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				2,676			63
64	Intravenous Therapy	641	669	1	363			64
65	Respiratory Therapy		1,668	287	3,151			65
66	Physical Therapy		49	1	555			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				195			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		8		250			66.02
66.03	PHYSICAL THERAPY-OCC				701			66.03
67	Occupational Therapy		17		392			67
67.01	OCCUPATIONAL THERAPY-OCC				213			67.01
68	Speech Pathology				138			68
69	Electrocardiology		8		364			69
70	Electroencephalography		43		403			70
71	Medical Supplies Charged to Patients		182,330		13,446			71
73	Drugs Charged to Patients			378,662	24,198			73
74	Renal Dialysis	3,491	945	1,150	2,375			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	4,541	4,531	169	2,615			76.01
76.02	BONE MARROW TRANSPLANT	644	9	8	248	339		76.02
76.03	CARDIAC SERVICES	1,969	6,874	24	2,395			76.03
76.04	TELEMEDCINE PROGRAM			51,250	107			76.04

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

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
76.05	SLEEP LAB WEST HARRISON		6		496			76.05
76.06	SICKLE CELL	2,191	163	47	420			76.06
76.07	HEART CENTER-ROOSEVELT RD				49			76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	158	1		14			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	25,639	5,530	148,532	8,679	23,667		90
91	Emergency	18,596	5,694	684	7,522	1,925		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	278	323	18,886	1,427	4,598		93.01
93.02	OCC PSYCH	250	39	83	478			93.02
93.03	OCC ADOLESCENTS	2,760	443	3,499	1,132			93.03
93.04	LION'S EYE INST.				489			93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,870		2	1,410	3,390		105
107	Liver Acquisition	561			490	566		107
109	Pancreas Acquisition	48			178	480		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	8		55	6			112
118	SUBTOTALS (sum of lines 1-117)	342,887	411,916	613,879	190,900	97,755	4,629	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	168	46	3				191
192	Physicians' Private Offices	1,147				11,959		192
192.01	PILSEN-OFFSITE CLINIC	260	78					192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	344,462	412,040	613,882	190,900	109,714	4,629	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING	25,997						18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		226,944					21
22	I&R Services-Other Prgm Costs Apprvd			98,950				22
23	PARAMED ED PRGM-(SPECIFY)				10,118			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	15,769				2,242,416		30
31	Intensive Care Unit	2,953				571,597		31
31.01	PEDS ICU	379				115,360		31.01
31.02	NEONATAL ICU	1,939				370,828		31.02
32	Coronary Care Unit	1,278				325,799		32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	2,924				374,805		40
43	Nursery	755				36,033		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					3,076,420		50
51	Recovery Room					153,907		51
52	Delivery Room & Labor Room					535,278		52
53	Anesthesiology					440,494		53
54	Radiology-Diagnostic					993,808		54
54.01	RADIO ULTRASOUND					287,958		54.01
54.02	RADIO ANGIOGRAPHY					90,781		54.02
54.03	RADIO WEST HARRISON					232,968		54.03
54.04	RADIO MILE SQUARE					86,993		54.04
55	Radiology-Therapeutic					418,795		55
56	Radioisotope					12,037		56
57	CT Scan					143,742		57
58	MRI					559,806		58
59	Cardiac Catheterization					76,537		59
60	Laboratory					1,476,476		60
60.01	LAB TISSUE TYPING					56,793		60.01
60.02	LAB OUTREACH					119,980		60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					52,420		63
64	Intravenous Therapy					9,045		64
65	Respiratory Therapy					306,331		65
66	Physical Therapy					199,443		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					82,528		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					13,042		66.02
66.03	PHYSICAL THERAPY-OCC					41,441		66.03
67	Occupational Therapy					125,403		67
67.01	OCCUPATIONAL THERAPY-OCC					7,973		67.01
68	Speech Pathology					12,615		68
69	Electrocardiology					10,172		69
70	Electroencephalography					103,172		70
71	Medical Supplies Charged to Patients					468,571		71
73	Drugs Charged to Patients					708,660		73
74	Renal Dialysis					309,531		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY					819,278		76.01
76.02	BONE MARROW TRANSPLANT					132,224		76.02
76.03	CARDIAC SERVICES					657,458		76.03
76.04	TELEMEDICINE PROGRAM					71,868		76.04

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

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
76.05	SLEEP LAB WEST HARRISON					10,152		76.05
76.06	SICKLE CELL					12,454		76.06
76.07	HEART CENTER-ROOSEVELT RD					24,971		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					984		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					2,633,728		90
91	Emergency					408,532		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY					321,598		93.01
93.02	OCC PSYCH					465,406		93.02
93.03	OCC ADOLESCENTS					195,314		93.03
93.04	LION'S EYE INST.					37,002		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					83,719		105
107	Liver Acquisition					18,735		107
109	Pancreas Acquisition					5,321		109
112	OTHER ORGAN ACQUISITION (SPECIFY)					32,462		112
118	SUBTOTALS (sum of lines 1-117)	25,997				21,181,164		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					11,926		190
191	Research					51,372		191
192	Physicians' Private Offices					58,919		192
192.01	PILSEN-OFFSITE CLINIC					19,979		192.01
194	OUTPATIENT PHARMACY					101,061		194
200	Cross Foot Adjustments		226,944	98,950	10,118	336,012		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	25,997	226,944	98,950	10,118	21,760,433		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
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	2,242,416					30
31	Intensive Care Unit	571,597					31
31.01	PEDS ICU	115,360					31.01
31.02	NEONATAL ICU	370,828					31.02
32	Coronary Care Unit	325,799					32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
40	Subprovider - IPF	374,805					40
43	Nursery	36,033					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,076,420					50
51	Recovery Room	153,907					51
52	Delivery Room & Labor Room	535,278					52
53	Anesthesiology	440,494					53
54	Radiology-Diagnostic	993,808					54
54.01	RADIO ULTRASOUND	287,958					54.01
54.02	RADIO ANGIOGRAPHY	90,781					54.02
54.03	RADIO WEST HARRISON	232,968					54.03
54.04	RADIO MILE SQUARE	86,993					54.04
55	Radiology-Therapeutic	418,795					55
56	Radioisotope	12,037					56
57	CT Scan	143,742					57
58	MRI	559,806					58
59	Cardiac Catheterization	76,537					59
60	Laboratory	1,476,476					60
60.01	LAB TISSUE TYPING	56,793					60.01
60.02	LAB OUTREACH	119,980					60.02
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	52,420					63
64	Intravenous Therapy	9,045					64
65	Respiratory Therapy	306,331					65
66	Physical Therapy	199,443					66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	82,528					66.01
66.02	PHYSICAL THERAPY MAXWELL ST	13,042					66.02
66.03	PHYSICAL THERAPY-OCC	41,441					66.03
67	Occupational Therapy	125,403					67
67.01	OCCUPATIONAL THERAPY-OCC	7,973					67.01
68	Speech Pathology	12,615					68
69	Electrocardiology	10,172					69
70	Electroencephalography	103,172					70
71	Medical Supplies Charged to Patients	468,571					71
73	Drugs Charged to Patients	708,660					73
74	Renal Dialysis	309,531					74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	819,278					76.01
76.02	BONE MARROW TRANSPLANT	132,224					76.02
76.03	CARDIAC SERVICES	657,458					76.03
76.04	TELEMEDCINE PROGRAM	71,868					76.04

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

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
76.05	SLEEP LAB WEST HARRISON	10,152						76.05
76.06	SICKLE CELL	12,454						76.06
76.07	HEART CENTER-ROOSEVELT RD	24,971						76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	984						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,633,728						90
91	Emergency	408,532						91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	321,598						93.01
93.02	OCC PSYCH	465,406						93.02
93.03	OCC ADOLESCENTS	195,314						93.03
93.04	LION'S EYE INST.	37,002						93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	83,719						105
107	Liver Acquisition	18,735						107
109	Pancreas Acquisition	5,321						109
112	OTHER ORGAN ACQUISITION (SPECIFY)	32,462						112
118	SUBTOTALS (sum of lines 1-117)	21,181,164						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	11,926						190
191	Research	51,372						191
192	Physicians' Private Offices	58,919						192
192.01	PILSEN-OFFSITE CLINIC	19,979						192.01
194	OUTPATIENT PHARMACY	101,061						194
200	Cross Foot Adjustments	336,012						200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	21,760,433						202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	RECON- CILIATION	
		1	2	4	5A.01	5.01		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	714,365						1
2	Cap Rel Costs-Mvble Equip		8,936,244					2
4	Employee Benefits Department	4,046	1,505	343,965,778				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	58,680	1,561,454	38,205,155	-143,279,799	807,846,396		5.01
5.02	HOSPITAL ADMIN & GENERAL	11,008	86,780	8,414,362		16,390,995	-19,298,102	5.02
5.03	AMBULATORY ADMIN & GENERAL	12,116	19,196	4,918,787		22,870,114		5.03
6	Maintenance & Repairs	12,688	85,820	941,906		22,158,096		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	9,204	4,840	113		5,873,724		9
10	Dietary	20,508	14,411	3,623,722		7,408,903		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	4,051	178,463	5,932,131		9,857,427		13
14	Central Services & Supply	17,966	80,602	3,207,218		10,642,531		14
15	Pharmacy	9,416	315,293	2,693,400		11,143,695		15
16	Medical Records & Library	9,764	16,574	3,291,759		6,547,416		16
17	Social Service	3,600	10,174	5,853,884		10,047,722		17
17.01	PALLIATIVE CARE			753,577		1,027,842		17.01
18	UTILMGMT / DSCH PLANNING			3,622,299		5,863,659		18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	262		31,441,994		50,290,214		21
22	I&R Services-Other Prgm Costs Apprvd	1,502		955,789		18,907,655		22
23	PARAMED ED PRGM-(SPECIFY)			528,000		2,410,827		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	85,901	181,716	55,007,158		88,660,997		30
31	Intensive Care Unit	13,046	142,412	15,302,396		25,324,624		31
31.01	PEDS ICU	4,582	9,857	3,138,167		5,187,149		31.01
31.02	NEONATAL ICU	8,450	115,378	8,968,040		14,780,971		31.02
32	Coronary Care Unit	7,759	86,678	7,805,864		12,895,113		32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	16,762	17,612	7,955,173		13,198,396		40
43	Nursery	1,754		954,122		1,767,995		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	29,744	1,729,850	14,651,732		29,760,780		50
51	Recovery Room	472	77,643	4,118,159		6,843,390		51
52	Delivery Room & Labor Room	17,431	140,832	9,483,216		14,428,816		52
53	Anesthesiology	5,265	247,741	1,554,062		2,193,432		53
54	Radiology-Diagnostic	18,686	501,925	4,875,152		9,081,264		54
54.01	RADIO ULTRASOUND	2,368	178,691	1,071,606		2,045,391		54.01
54.02	RADIO ANGIOGRAPHY	1,731	22,036	2,003,766		3,440,615		54.02
54.03	RADIO WEST HARRISON	15,455	2,363	541,743		1,667,915		54.03
54.04	RADIO MILE SQUARE	3,051	29,902	266,803		558,578		54.04
55	Radiology-Therapeutic	14,083	139,152	1,671,613		5,692,495		55
56	Radioisotope	347		398,445		1,442,102		56
57	CT Scan	7,711	4,644	2,137,312		3,699,425		57
58	MRI	1,908	373,272	2,065,730		3,971,162		58
59	Cardiac Catheterization	2,688	13,716	1,019,026		1,760,589		59
60	Laboratory	46,042	474,929	10,344,930		33,812,990		60
60.01	LAB TISSUE TYPING	1,018	25,650	301,432		1,636,523		60.01
60.02	LAB OUTREACH	4,768		3,037,309		9,393,016		60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,501		7,788		6,948,922		63
64	Intravenous Therapy		3,282	404,328		655,410		64
65	Respiratory Therapy	1,874	183,301	3,342,189		5,647,939		65
66	Physical Therapy	11,246	16,490	2,002,711		3,499,560		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	5,618		92,350		242,216	-285,175	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		3,285	570,857		1,037,471	-1,221,477	66.02
66.03	PHYSICAL THERAPY-OCC	599		2,494,951		3,991,622	-4,699,576	66.03
67	Occupational Therapy	7,928		1,564,916		2,602,145		67
67.01	OCCUPATIONAL THERAPY-OCC			599,726		963,269	-1,134,114	67.01
68	Speech Pathology	634		473,346		766,978		68
69	Electrocardiology	570		224,044		370,639		69
70	Electroencephalography	755	64,593	508,130		913,489		70
71	Medical Supplies Charged to Patients					67,089,883		71
73	Drugs Charged to Patients					75,206,935		73
74	Renal Dialysis	12,258	67,666	3,626,528		7,836,428		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	6,438	508,154	2,560,036		5,464,265		76.01
76.02	BONE MARROW TRANSPLANT		89,134	728,148		2,273,291		76.02
76.03	CARDIAC SERVICES	5,877	398,305	2,339,612		4,584,808		76.03

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	RECON- CILIATION	
		1	2	4	5A.01	5.01		
76.04	TELEMEDICINE PROGRAM	1,123				577,162	-679,527	76.04
76.05	SLEEP LAB WEST HARRISON		2,056	357,620		1,632,883		76.05
76.06	SICKLE CELL		1,874	1,116,730		1,578,665		76.06
76.07	HEART CENTER-ROOSEVELT RD	1,423	2,160	101,968		202,001	-237,828	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY			113,824		182,601		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	90,070	572,889	25,566,622		43,914,821	-51,703,554	90
91	Emergency	14,711	66,324	9,811,731		16,585,530		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	14,315	41,355	2,317,091		4,361,002	-5,134,469	93.01
93.02	OCC PSYCH	31,001	3,011	1,013,987		2,094,638	-2,466,143	93.02
93.03	OCC ADOLESCENTS	9,570	10,586	2,549,327		4,497,523	-5,295,204	93.03
93.04	LION'S EYE INST.	2,109		448,527		788,081	-927,855	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,313		2,721,279		10,161,776		105
107	Liver Acquisition	341		533,626		2,931,384		107
109	Pancreas Acquisition	44		84,395		967,709		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,083	1,633	7,095		86,014		112
118	SUBTOTALS (sum of lines 1-117)	710,234	8,927,209	341,340,534	-143,279,799	775,341,608	-93,083,024	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	830				11,153		190
191	Research	3,301		489,931		888,302		191
192	Physicians' Private Offices		1,463	1,858,633		5,557,357	-6,543,010	192
192.01	PILSEN-OFFSITE CLINIC		7,572	276,680		1,193,486	-1,405,163	192.01
194	OUTPATIENT PHARMACY					24,854,490		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	9,599,462	12,160,971	203,263,081		143,279,799		202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.437755	1.360859	0.590940		0.177360		203
204	Cost to be allocated (Per Wkst. B, Part II)			56,417		2,919,712		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000164		0.003614		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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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	850,094,998						5.02
5.03	AMBULATORY ADMIN & GENERAL	26,926,357	-27,537,612	81,733,095				5.03
6	Maintenance & Repairs	26,088,056	-26,680,281		615,827			6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,915,488	-7,072,476		9,204	606,623		9
10	Dietary	8,722,946	-8,920,966		20,508	20,508	767,417	10
11	Cafeteria						277,152	11
12	Maintenance of Personnel							12
13	Nursing Administration	11,605,740	-11,869,202		4,051	4,051		13
14	Central Services & Supply	12,530,090	-12,814,536		17,966	17,966		14
15	Pharmacy	13,120,141	-13,417,981		9,416	9,416		15
16	Medical Records & Library	7,708,666	-7,883,660		9,764	9,764		16
17	Social Service	11,829,786	-12,098,334		3,600	3,600		17
17.01	PALLATIVE CARE	1,210,140	-1,237,611					17.01
18	UTILMGMT / DSCH PLANNING	6,903,638	-7,060,357					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	59,209,686	-60,553,805		262	262		21
22	I&R Services-Other Prgm Costs Apprvd	22,261,117	-22,766,467		1,502	1,502		22
23	PARAMED ED PRGM-(SPECIFY)	2,838,411	-2,902,846					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	104,386,074	-106,755,839		85,901	85,901	333,891	30
31	Intensive Care Unit	29,816,199	-30,493,057		13,046	13,046	61,284	31
31.01	PEDS ICU	6,107,142	-6,245,780		4,582	4,582	7,869	31.01
31.02	NEONATAL ICU	17,402,524	-17,797,579		8,450	8,450		31.02
32	Coronary Care Unit	15,182,190	-15,526,841		7,759	7,759	26,530	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	15,539,264	-15,892,021		16,762	16,762	60,691	40
43	Nursery	2,081,567	-2,128,821		1,754	1,754		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	35,039,152	-35,834,576		29,744	29,744		50
51	Recovery Room	8,057,134	-8,240,039		472	472		51
52	Delivery Room & Labor Room	16,987,911	-17,373,554		17,431	17,431		52
53	Anesthesiology	2,582,459	-2,641,083		5,265	5,265		53
54	Radiology-Diagnostic	10,691,917	-10,934,634		18,686	18,686		54
54.01	RADIO ULTRASOUND	2,408,162	-2,462,830		2,368	2,368		54.01
54.02	RADIO ANGIOGRAPHY	4,050,842	-4,142,800		1,731	1,731		54.02
54.03	RADIO WEST HARRISON	1,963,736	-2,008,315		15,455	15,455		54.03
54.04	RADIO MILE SQUARE	657,647	-672,576		3,051	3,051		54.04
55	Radiology-Therapeutic	6,702,116	-6,854,261		14,083	14,083		55
56	Radioisotope	1,697,873	-1,736,416		347	347		56
57	CT Scan	4,355,555	-4,454,430		7,711	7,711		57
58	MRI	4,675,487	-4,781,625		1,908	1,908		58
59	Cardiac Catheterization	2,072,847	-2,119,903		2,688	2,688		59
60	Laboratory	39,810,062	-40,713,790		46,042	46,042		60
60.01	LAB TISSUE TYPING	1,926,777	-1,970,517		1,018	1,018		60.01
60.02	LAB OUTREACH	11,058,961	-11,310,010		4,768	4,768		60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,181,383	-8,367,109		1,501	1,501		63
64	Intravenous Therapy	771,654	-789,171					64
65	Respiratory Therapy	6,649,657	-6,800,611		1,874	1,874		65
66	Physical Therapy	4,120,242	-4,213,776		11,246	11,246		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD			285,175	5,618	5,618		66.01
66.02	PHYSICAL THERAPY MAXWELL ST			1,221,477				66.02
66.03	PHYSICAL THERAPY-OCC			4,699,576	599	599		66.03
67	Occupational Therapy	3,063,661	-3,133,209		7,928	7,928		67
67.01	OCCUPATIONAL THERAPY-OCC			1,134,114				67.01
68	Speech Pathology	903,009	-923,508		634	634		68
69	Electrocardiology	436,376	-446,282		570	570		69
70	Electroencephalography	1,075,505	-1,099,920		755	755		70
71	Medical Supplies Charged to Patients	78,988,945	-80,782,073					71
73	Drugs Charged to Patients	88,545,637	-90,555,712					73
74	Renal Dialysis	9,226,297	-9,435,743		12,258	12,258		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,433,407	-6,579,452		6,438	6,438		76.01
76.02	BONE MARROW TRANSPLANT	2,676,482	-2,737,241					76.02
76.03	CARDIAC SERVICES	5,397,970	-5,520,509		5,877	5,877		76.03

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
76.04	TELEMEDICINE PROGRAM			679,527	1,123	1,123		76.04
76.05	SLEEP LAB WEST HARRISON	1,922,491	-1,966,133					76.05
76.06	SICKLE CELL	1,858,657	-1,900,850					76.06
76.07	HEART CENTER-ROOSEVELT RD			237,828	1,423	1,423		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	214,987	-219,867					76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			51,703,554	90,070	90,070		90
91	Emergency	19,527,140	-19,970,426		14,711	14,711		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY			5,134,469	14,315	14,315		93.01
93.02	OCC PSYCH			2,466,143	31,001	31,001		93.02
93.03	OCC ADOLESCENTS			5,295,204	9,570	9,570		93.03
93.04	LION'S EYE INST.			927,855	2,109	2,109		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	11,964,069	-12,235,665		2,313	2,313		105
107	Liver Acquisition	3,451,294	-3,529,642		341	341		107
109	Pancreas Acquisition	1,139,342	-1,165,206		44	44		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	101,269	-103,568		2,083	2,083		112
118	SUBTOTALS (sum of lines 1-117)	819,773,334	-838,383,104	73,784,922	611,696	602,492	767,417	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	13,131	-13,429		830	830		190
191	Research	1,045,851	-1,069,593		3,301	3,301		191
192	Physicians' Private Offices			6,543,010				192
192.01	PILSEN-OFFSITE CLINIC			1,405,163				192.01
194	OUTPATIENT PHARMACY	29,262,682	-29,926,974					194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	19,298,102		27,537,612	26,680,281	7,471,233	10,062,040	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.022701		0.336921	43.324312	12.316106	13.111568	203
204	Cost to be allocated (Per Wkst. B, Part II)	326,635		282,735	377,538	159,795	343,887	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000384		0.003459	0.613059	0.263417	0.448110	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	CAFETERIA GROSS SALARIES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	287,861,733						11
12	Maintenance of Personnel							12
13	Nursing Administration	5,932,131	137,536					13
14	Central Services & Supply	3,207,218		155,898,544				14
15	Pharmacy	2,693,400		1,178,857	122,622,900			15
16	Medical Records & Library	3,291,759				2,855,280,572		16
17	Social Service	5,853,884					37,220	17
17.01	PALLATIVE CARE	753,577						17.01
18	UTILMGMT / DSCH PLANNING	3,622,299			65			18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	31,441,994						21
22	I&R Services-Other Prgm Costs Apprvd	955,789						22
23	PARAMED ED PRGM-(SPECIFY)	528,000						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	55,007,158	50,721	5,431,154	485,930	211,486,992	15,473	30
31	Intensive Care Unit	15,302,396	13,733	2,744,008	205,521	61,195,569	426	31
31.01	PEDS ICU	3,138,167	2,283	281,366	10,096	6,886,342	832	31.01
31.02	NEONATAL ICU	8,968,040	6,944	867,948	18,847	40,677,174	894	31.02
32	Coronary Care Unit	7,805,864	7,162	1,754,990	112,973	29,679,958	399	32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	7,955,173	5,566	122,381	3,837	30,776,418	1,872	40
43	Nursery	954,122	788			4,589,421		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,651,732	9,766	48,573,132	140,258	189,396,510	208	50
51	Recovery Room	4,118,159	3,284	408,505	42,880	14,733,497	240	51
52	Delivery Room & Labor Room	9,483,216	7,836	1,879,165	61,461	45,727,143	624	52
53	Anesthesiology	1,554,062	899	3,485,045	197,580	84,956,061		53
54	Radiology-Diagnostic	4,875,152	125	166,665	25,186	38,464,578		54
54.01	RADIO ULTRASOUND	1,071,606	68	117,129	39,853	18,705,414		54.01
54.02	RADIO ANGIOGRAPHY	2,003,766	436	5,424,346	234,412	63,139,381		54.02
54.03	RADIO WEST HARRISON	541,743	54	24,446	27,835	16,154,373		54.03
54.04	RADIO MILE SQUARE	266,803	8	1,411		2,578,635		54.04
55	Radiology-Therapeutic	1,671,613	298	78,734	6,849	25,813,854	333	55
56	Radioisotope	398,445	24	20,714	71,922	7,374,093		56
57	CT Scan	2,137,312	389	479,112	130,489	116,968,359		57
58	MRI	2,065,730	243	183,123	224,047	73,611,842		58
59	Cardiac Catheterization	1,019,026	401	3,248,214	64,834	25,592,589		59
60	Laboratory	10,344,930	68	169,685	290	406,717,506		60
60.01	LAB TISSUE TYPING	301,432		202		7,185,591		60.01
60.02	LAB OUTREACH	3,037,309		1,332		175,016,898		60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,788				39,941,059		63
64	Intravenous Therapy	404,328	256	252,973	158	5,416,345		64
65	Respiratory Therapy	3,342,189		631,219	57,272	47,030,185		65
66	Physical Therapy	2,002,711		18,583	121	8,290,249		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	92,350				2,911,280		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	570,857		2,860		3,736,522		66.02
66.03	PHYSICAL THERAPY-OCC	2,494,951				10,465,438		66.03
67	Occupational Therapy	1,564,916		6,256		5,844,321		67
67.01	OCCUPATIONAL THERAPY-OCC	599,726				3,183,392		67.01
68	Speech Pathology	473,346				2,062,460		68
69	Electrocardiology	224,044		3,185		5,429,773		69
70	Electroencephalography	508,130		16,120		6,021,016		70
71	Medical Supplies Charged to Patients			68,986,703		200,688,721		71
73	Drugs Charged to Patients				75,635,376	361,166,670		73
74	Renal Dialysis	3,626,528	1,394	357,685	229,766	35,451,343		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,560,036	1,813	1,714,363	33,760	39,027,446		76.01
76.02	BONE MARROW TRANSPLANT	728,148	257	3,458	1,663	3,698,620	115	76.02
76.03	CARDIAC SERVICES	2,339,612	786	2,600,831	4,884	35,752,820		76.03

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
76.04	TELEMEDICINE PROGRAM				10,237,793	1,594,818		76.04
76.05	SLEEP LAB WEST HARRISON	357,620		2,447		7,396,027		76.05
76.06	SICKLE CELL	1,116,730	875	61,743	9,345	6,271,098		76.06
76.07	HEART CENTER-ROOSEVELT RD	101,968				737,314		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	113,824	63	522	7	205,920		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	25,566,622	10,237	2,092,327	29,670,857	129,531,227	8,029	90
91	Emergency	9,811,731	7,425	2,154,352	136,554	112,267,003	653	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	2,317,091	111	122,366	3,772,615	21,291,813	1,560	93.01
93.02	OCC PSYCH	1,013,987	100	14,568	16,599	7,132,560		93.02
93.03	OCC ADOLESCENTS	2,549,327	1,102	167,569	698,941	16,892,835		93.03
93.04	LION'S EYE INST.	448,527				7,305,520		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,721,279	1,146		399	21,044,320	1,150	105
107	Liver Acquisition	533,626	224			7,309,555	192	107
109	Pancreas Acquisition	84,395	19			2,658,020	163	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	7,095	3		10,987	96,684		112
118	SUBTOTALS (sum of lines 1-117)	285,236,489	136,907	155,851,794	122,622,262	2,855,280,572	33,163	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	489,931	67	17,307	638			191
192	Physicians' Private Offices	1,858,633	458				4,057	192
192.01	PILSEN-OFFSITE CLINIC	276,680	104	29,443				192.01
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,633,897	12,169,489	13,854,660	14,080,657	8,468,488	12,372,539	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.012624	88.482208	0.088870	0.114829	0.002966	332.416416	203
204	Cost to be allocated (Per Wkst. B, Part II)	124,195	344,462	412,040	613,882	190,900	109,714	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000431	2.504522	0.002643	0.005006	0.000067	2.947716	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	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	22	23		

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLATIVE CARE	115,674						17.01
18	UTILMGMT / DSCH PLANNING		115,674					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			9,933				21
22	I&R Services-Other Prgm Costs Apprvd				2,855,280,572			22
23	PARAMED ED PRGM-(SPECIFY)					115,674		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	70,159	70,159	955	211,486,992	70,159		30
31	Intensive Care Unit	13,139	13,139	152	61,195,569	13,139		31
31.01	PEDS ICU	1,687	1,687	86	6,886,342	1,687		31.01
31.02	NEONATAL ICU	8,629	8,629	285	40,677,174	8,629		31.02
32	Coronary Care Unit	5,688	5,688	135	29,679,958	5,688		32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	13,012	13,012	131	30,776,418	13,012		40
43	Nursery	3,360	3,360	22	4,589,421	3,360		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,295	189,396,510			50
51	Recovery Room				14,733,497			51
52	Delivery Room & Labor Room			178	45,727,143			52
53	Anesthesiology			286	84,956,061			53
54	Radiology-Diagnostic				38,464,578			54
54.01	RADIO ULTRASOUND			37	18,705,414			54.01
54.02	RADIO ANGIOGRAPHY			297	63,139,381			54.02
54.03	RADIO WEST HARRISON				16,154,373			54.03
54.04	RADIO MILE SQUARE				2,578,635			54.04
55	Radiology-Therapeutic			366	25,813,854			55
56	Radioisotope			40	7,374,093			56
57	CT Scan			173	116,968,359			57
58	MRI			169	73,611,842			58
59	Cardiac Catheterization			364	25,592,589			59
60	Laboratory			1,199	406,717,506			60
60.01	LAB TISSUE TYPING				7,185,591			60.01
60.02	LAB OUTREACH				175,016,898			60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			242	39,941,059			63
64	Intravenous Therapy				5,416,345			64
65	Respiratory Therapy			262	47,030,185			65
66	Physical Therapy			55	8,290,249			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				2,911,280			66.01
66.02	PHYSICAL THERAPY MAXWELL ST				3,736,522			66.02
66.03	PHYSICAL THERAPY-OCC				10,465,438			66.03
67	Occupational Therapy			29	5,844,321			67
67.01	OCCUPATIONAL THERAPY-OCC				3,183,392			67.01
68	Speech Pathology			28	2,062,460			68
69	Electrocardiology			82	5,429,773			69
70	Electroencephalography				6,021,016			70
71	Medical Supplies Charged to Patients			347	200,688,721			71
73	Drugs Charged to Patients			1,585	361,166,670			73
74	Renal Dialysis			169	35,451,343			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY				39,027,446			76.01

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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	22	23		
76.02	BONE MARROW TRANSPLANT				3,698,620			76.02
76.03	CARDIAC SERVICES				35,752,820			76.03
76.04	TELEMEDCINE PROGRAM				1,594,818			76.04
76.05	SLEEP LAB WEST HARRISON				7,396,027			76.05
76.06	SICKLE CELL				6,271,098			76.06
76.07	HEART CENTER-ROOSEVELT RD				737,314			76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY				205,920			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			279	129,531,227			90
91	Emergency			291	112,267,003			91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY			58	21,291,813			93.01
93.02	OCC PSYCH			75	7,132,560			93.02
93.03	OCC ADOLESCENTS			103	16,892,835			93.03
93.04	LION'S EYE INST.				7,305,520			93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			48	21,044,320			105
107	Liver Acquisition			44	7,309,555			107
109	Pancreas Acquisition				2,658,020			109
112	OTHER ORGAN ACQUISITION (SPECIFY)			10	96,684			112
118	SUBTOTALS (sum of lines 1-117)	115,674	115,674	9,877	2,855,280,572	115,674		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices			56				192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,247,124	7,106,092	60,965,307	22,862,105	2,909,511		202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.781368	61.432059	6,137.652975	0.008007	25.152679		203
204	Cost to be allocated (Per Wkst. B, Part II)	4,629	25,997	226,944	98,950	10,118		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.040018	0.224744	22.847478	0.000035	0.087470		205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
DESCRIPTION		CODE	LINE NO.	AMOUNT	
1		2	3	4	
1	Adjustment for EPO costs in Renal Dialysis cost center				1
2	Adjustment for EPO costs in Home Program Dialysis cost center				2
3	Adjustment for ARANESP costs in Renal Dialysis cost center				3
4	Adjustment for ARANESP costs in Home Program Dialysis cost center				4
5	Adjustment for ESA costs in Renal Dialysis cost center (see instructions)	1	74	-229,766	5

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

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	134,235,820		134,235,820		134,235,820	30
31	Intensive Care Unit	35,300,642		35,300,642		35,300,642	31
31.01	PEDS ICU	7,332,936		7,332,936		7,332,936	31.01
31.02	NEONATAL ICU	20,332,671		20,332,671		20,332,671	31.02
32	Coronary Care Unit	17,982,078		17,982,078		17,982,078	32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
40	Subprovider - IPF	20,205,150		20,205,150		20,205,150	40
43	Nursery	2,648,945		2,648,945		2,648,945	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	43,502,317		43,502,317		43,502,317	50
51	Recovery Room	8,773,573		8,773,573		8,773,573	51
52	Delivery Room & Labor Room	19,673,599		19,673,599		19,673,599	52
53	Anesthesiology	3,617,578		3,617,578		3,617,578	53
54	Radiology-Diagnostic	12,178,725		12,178,725		12,178,725	54
54.01	RADIO ULTRASOUND	2,684,597		2,684,597		2,684,597	54.01
54.02	RADIO ANGIOGRAPHY	4,999,237		4,999,237		4,999,237	54.02
54.03	RADIO WEST HARRISON	2,933,137		2,933,137		2,933,137	54.03
54.04	RADIO MILE SQUARE	854,183		854,183		854,183	54.04
55	Radiology-Therapeutic	7,880,357		7,880,357		7,880,357	55
56	Radioisotope	1,794,850		1,794,850		1,794,850	56
57	CT Scan	5,349,365		5,349,365		5,349,365	57
58	MRI	5,195,700		5,195,700		5,195,700	58
59	Cardiac Catheterization	2,689,832		2,689,832		2,689,832	59
60	Laboratory	44,633,359		44,633,359		44,633,359	60
60.01	LAB TISSUE TYPING	2,052,294		2,052,294		2,052,294	60.01
60.02	LAB OUTREACH	12,132,864		12,132,864		12,132,864	60.02
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	8,569,188		8,569,188		8,569,188	63
64	Intravenous Therapy	855,491		855,491		855,491	64
65	Respiratory Therapy	7,149,237		7,149,237		7,149,237	65
66	Physical Therapy	4,891,044		4,891,044		4,891,044	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	703,645		703,645		703,645	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,651,561		1,651,561		1,651,561	66.02
66.03	PHYSICAL THERAPY-OCC	6,378,826		6,378,826		6,378,826	66.03
67	Occupational Therapy	3,611,971		3,611,971		3,611,971	67
67.01	OCCUPATIONAL THERAPY-OCC	1,533,234		1,533,234		1,533,234	67.01
68	Speech Pathology	970,877		970,877		970,877	68
69	Electrocardiology	497,213		497,213		497,213	69
70	Electroencephalography	1,167,635		1,167,635		1,167,635	70
71	Medical Supplies Charged to Patients	87,508,121		87,508,121		87,508,121	71
73	Drugs Charged to Patients	100,312,057		100,312,057		100,312,057	73
74	Renal Dialysis	10,220,462		10,220,462		10,220,462	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	7,402,388		7,402,388		7,402,388	76.01
76.02	BONE MARROW TRANSPLANT	2,818,869		2,818,869		2,818,869	76.02
76.03	CARDIAC SERVICES	6,284,330		6,284,330		6,284,330	76.03
76.04	TELEMEDICINE PROGRAM	2,151,284		2,151,284		2,151,284	76.04
76.05	SLEEP LAB WEST HARRISON	1,992,802		1,992,802		1,992,802	76.05
76.06	SICKLE CELL	2,017,530		2,017,530		2,017,530	76.06
76.07	HEART CENTER-ROOSEVELT RD	400,607		400,607		400,607	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	227,536		227,536		227,536	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	82,009,844		82,009,844		82,009,844	90
91	Emergency	22,326,984		22,326,984		22,326,984	91
92	Observation Beds (Non-Distinct Part)	12,603,708		12,603,708		12,603,708	92
93.01	EYE EAR INFIRMARY	8,725,748		8,725,748		8,725,748	93.01
93.02	OCC PSYCH	5,067,952		5,067,952		5,067,952	93.02
93.03	OCC ADOLESCENTS	7,886,693		7,886,693		7,886,693	93.03
93.04	LION'S EYE INST.	1,385,145		1,385,145		1,385,145	93.04
	OTHER REIMBURSABLE COST CENTERS						
105	Kidney Acquisition	12,944,857		12,944,857		12,944,857	105
107	Liver Acquisition	3,660,676		3,660,676		3,660,676	107
109	Pancreas Acquisition	1,232,468		1,232,468		1,232,468	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	221,371		221,371		221,371	112
200	Subtotal (sum of lines 30 thru 199)	836,365,163		836,365,163		836,365,163	200
201	Less Observation Beds	12,603,708		12,603,708		12,603,708	201
202	Total (line 200 minus line 201)	823,761,455		823,761,455		823,761,455	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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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	188,826,548		188,826,548				30
31	Intensive Care Unit	61,195,569		61,195,569				31
31.01	PEDS ICU	6,886,342		6,886,342				31.01
31.02	NEONATAL ICU	40,677,174		40,677,174				31.02
32	Coronary Care Unit	29,679,958		29,679,958				32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF	30,776,418		30,776,418				40
43	Nursery	4,589,421		4,589,421				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	78,043,407	111,353,103	189,396,510	0.229689	0.229689	0.229689	50
51	Recovery Room	4,781,887	9,951,610	14,733,497	0.595485	0.595485	0.595485	51
52	Delivery Room & Labor Room	37,387,153	8,339,990	45,727,143	0.430239	0.430239	0.430239	52
53	Anesthesiology	42,228,171	42,727,890	84,956,061	0.042582	0.042582	0.042582	53
54	Radiology-Diagnostic	9,086,649	29,377,929	38,464,578	0.316622	0.316622	0.316622	54
54.01	RADIO ULTRASOUND	6,892,467	11,812,947	18,705,414	0.143520	0.143520	0.143520	54.01
54.02	RADIO ANGIOGRAPHY	32,085,681	31,053,700	63,139,381	0.079178	0.079178	0.079178	54.02
54.03	RADIO WEST HARRISON	52,287	16,102,086	16,154,373	0.181569	0.181569	0.181569	54.03
54.04	RADIO MILE SQUARE	3,835	2,574,800	2,578,635	0.331254	0.331254	0.331254	54.04
55	Radiology-Therapeutic	2,640,097	23,173,757	25,813,854	0.305276	0.305276	0.305276	55
56	Radioisotope	1,769,362	5,604,731	7,374,093	0.243399	0.243399	0.243399	56
57	CT Scan	45,856,649	71,111,710	116,968,359	0.045733	0.045733	0.045733	57
58	MRI	22,081,300	51,530,542	73,611,842	0.070582	0.070582	0.070582	58
59	Cardiac Catheterization	12,138,623	13,453,966	25,592,589	0.105102	0.105102	0.105102	59
60	Laboratory	147,618,459	259,099,047	406,717,506	0.109740	0.109740	0.109740	60
60.01	LAB TISSUE TYPING	1,324,949	5,860,642	7,185,591	0.285612	0.285612	0.285612	60.01
60.02	LAB OUTREACH		175,016,898	175,016,898	0.069324	0.069324	0.069324	60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	29,319,096	10,621,963	39,941,059	0.214546	0.214546	0.214546	63
64	Intravenous Therapy	4,374,274	1,042,071	5,416,345	0.157946	0.157946	0.157946	64
65	Respiratory Therapy	39,724,149	7,306,036	47,030,185	0.152014	0.152014	0.152014	65
66	Physical Therapy	5,759,840	2,530,409	8,290,249	0.589976	0.589976	0.589976	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,164	2,909,116	2,911,280	0.241696	0.241696	0.241696	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,607	3,734,915	3,736,522	0.442005	0.442005	0.442005	66.02
66.03	PHYSICAL THERAPY-OCC	2,720	10,462,718	10,465,438	0.609514	0.609514	0.609514	66.03
67	Occupational Therapy	5,082,688	761,633	5,844,321	0.618031	0.618031	0.618031	67
67.01	OCCUPATIONAL THERAPY-OCC	854	3,182,538	3,183,392	0.481635	0.481635	0.481635	67.01
68	Speech Pathology	1,309,128	753,332	2,062,460	0.470737	0.470737	0.470737	68
69	Electrocardiology	3,592,135	1,837,638	5,429,773	0.091572	0.091572	0.091572	69
70	Electroencephalography	5,357,835	663,181	6,021,016	0.193927	0.193927	0.193927	70
71	Medical Supplies Charged to Patients	121,832,063	78,856,658	200,688,721	0.436039	0.436039	0.436039	71
73	Drugs Charged to Patients	142,413,654	218,753,016	361,166,670	0.277745	0.277745	0.277745	73
74	Renal Dialysis	9,767,488	25,683,855	35,451,343	0.288295	0.288295	0.288295	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	8,187,767	30,839,679	39,027,446	0.189671	0.189671	0.189671	76.01
76.02	BONE MARROW TRANSPLANT	3,410,148	288,472	3,698,620	0.762141	0.762141	0.762141	76.02
76.03	CARDIAC SERVICES	17,833,663	17,919,157	35,752,820	0.175772	0.175772	0.175772	76.03
76.04	TELEMEDICINE PROGRAM		1,594,818	1,594,818	1.348921	1.348921	1.348921	76.04
76.05	SLEEP LAB WEST HARRISON	5,684	7,390,343	7,396,027	0.269442	0.269442	0.269442	76.05
76.06	SICKLE CELL	148,563	6,122,535	6,271,098	0.321719	0.321719	0.321719	76.06
76.07	HEART CENTER-ROOSEVELT RD	4,898	732,416	737,314	0.543333	0.543333	0.543333	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		205,920	205,920	1.104973	1.104973	1.104973	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	353,305	129,177,922	129,531,227	0.633128	0.633128	0.633128	90
91	Emergency	34,036,424	78,230,579	112,267,003	0.198874	0.198874	0.198874	91
92	Observation Beds (Non-Distinct Part)	150,766	22,509,678	22,660,444	0.556199	0.556199	0.556199	92
93.01	EYE EAR INFIRMARY	26,254	21,265,559	21,291,813	0.409817	0.409817	0.409817	93.01
93.02	OCC PSYCH	3,175	7,129,385	7,132,560	0.710538	0.710538	0.710538	93.02
93.03	OCC ADOLESCENTS	566,940	16,325,895	16,892,835	0.466866	0.466866	0.466866	93.03
93.04	LION'S EYE INST.	12,530	7,292,990	7,305,520	0.189603	0.189603	0.189603	93.04
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	21,044,320		21,044,320				105
107	Liver Acquisition	7,309,555		7,309,555				107
109	Pancreas Acquisition	2,658,020		2,658,020				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	96,684		96,684				112
200	Subtotal (sum of lines 30 thru 199)	1,271,010,797	1,584,269,775	2,855,280,572				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,271,010,797	1,584,269,775	2,855,280,572				202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	141,790,655		141,790,655		141,790,655	30
31	Intensive Care Unit	36,723,558		36,723,558		36,723,558	31
31.01	PEDS ICU	7,915,913		7,915,913		7,915,913	31.01
31.02	NEONATAL ICU	22,407,604		22,407,604		22,407,604	31.02
32	Coronary Care Unit	19,048,308		19,048,308		19,048,308	32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
40	Subprovider - IPF	21,255,610		21,255,610		21,255,610	40
43	Nursery	2,820,720		2,820,720		2,820,720	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	52,967,076		52,967,076		52,967,076	50
51	Recovery Room	8,891,544		8,891,544		8,891,544	51
52	Delivery Room & Labor Room	21,132,238		21,132,238		21,132,238	52
53	Anesthesiology	6,053,190		6,053,190		6,053,190	53
54	Radiology-Diagnostic	12,486,711		12,486,711		12,486,711	54
54.01	RADIO ULTRASOUND	3,061,464		3,061,464		3,061,464	54.01
54.02	RADIO ANGIOGRAPHY	7,327,677		7,327,677		7,327,677	54.02
54.03	RADIO WEST HARRISON	3,062,485		3,062,485		3,062,485	54.03
54.04	RADIO MILE SQUARE	874,830		874,830		874,830	54.04
55	Radiology-Therapeutic	10,333,430		10,333,430		10,333,430	55
56	Radioisotope	2,099,400		2,099,400		2,099,400	56
57	CT Scan	7,347,745		7,347,745		7,347,745	57
58	MRI	6,822,373		6,822,373		6,822,373	58
59	Cardiac Catheterization	5,128,858		5,128,858		5,128,858	59
60	Laboratory	55,248,864		55,248,864		55,248,864	60
60.01	LAB TISSUE TYPING	2,109,829		2,109,829		2,109,829	60.01
60.02	LAB OUTREACH	13,534,224		13,534,224		13,534,224	60.02
62	Whole Blood & Packed Red Blood Cells						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	10,374,308		10,374,308		10,374,308	63
64	Intravenous Therapy	898,860		898,860		898,860	64
65	Respiratory Therapy	9,133,873		9,133,873		9,133,873	65
66	Physical Therapy	5,294,995		5,294,995		5,294,995	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	726,956		726,956		726,956	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,681,479		1,681,479		1,681,479	66.02
66.03	PHYSICAL THERAPY-OCC	6,462,623		6,462,623		6,462,623	66.03
67	Occupational Therapy	3,836,758		3,836,758		3,836,758	67
67.01	OCCUPATIONAL THERAPY-OCC	1,558,723		1,558,723		1,558,723	67.01
68	Speech Pathology	1,159,245		1,159,245		1,159,245	68
69	Electrocardiology	1,043,977		1,043,977		1,043,977	69
70	Electroencephalography	1,215,845		1,215,845		1,215,845	70
71	Medical Supplies Charged to Patients	91,244,802		91,244,802		91,244,802	71
73	Drugs Charged to Patients	112,932,098		112,932,098		112,932,098	73
74	Renal Dialysis	11,541,584		11,541,584		11,541,584	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	7,714,881		7,714,881		7,714,881	76.01
76.02	BONE MARROW TRANSPLANT	2,848,484		2,848,484		2,848,484	76.02
76.03	CARDIAC SERVICES	6,570,603		6,570,603		6,570,603	76.03
76.04	TELEMEDICINE PROGRAM	2,164,054		2,164,054		2,164,054	76.04
76.05	SLEEP LAB WEST HARRISON	2,052,022		2,052,022		2,052,022	76.05
76.06	SICKLE CELL	2,067,743		2,067,743		2,067,743	76.06
76.07	HEART CENTER-ROOSEVELT RD	406,511		406,511		406,511	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	229,185		229,185		229,185	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	84,759,406		84,759,406		84,759,406	90
91	Emergency	25,011,963		25,011,963		25,011,963	91
92	Observation Beds (Non-Distinct Part)	13,313,042		13,313,042		13,313,042	92
93.01	EYE EAR INFIRMARY	9,252,216		9,252,216		9,252,216	93.01
93.02	OCC PSYCH	5,585,386		5,585,386		5,585,386	93.02
93.03	OCC ADOLESCENTS	8,654,132		8,654,132		8,654,132	93.03
93.04	LION'S EYE INST.	1,443,640		1,443,640		1,443,640	93.04
	OTHER REIMBURSABLE COST CENTERS						
105	Kidney Acquisition	13,407,966		13,407,966		13,407,966	105
107	Liver Acquisition	3,989,261		3,989,261		3,989,261	107
109	Pancreas Acquisition	1,253,751		1,253,751		1,253,751	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	283,522		283,522		283,522	112
200	Subtotal (sum of lines 30 thru 199)	920,558,200		920,901,909		920,901,909	200
201	Less Observation Beds	13,313,042		13,313,042		13,313,042	201
202	Total (line 200 minus line 201)	907,245,158		907,588,867		907,588,867	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)**WORKSHEET C
PART I**

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy							67
67.01	OCCUPATIONAL THERAPY-OCC							67.01
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
93.04	LION'S EYE INST.							93.04
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
200	Subtotal (sum of lines 30 thru 199)							200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)							202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

WORKSHEET C PART II

[] Title V

[XX] Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	52,967,076	3,076,420	49,890,656		50
51	Recovery Room	8,891,544	153,907	8,737,637		51
52	Delivery Room & Labor Room	21,132,238	535,278	20,596,960		52
53	Anesthesiology	6,053,190	440,494	5,612,696		53
54	Radiology-Diagnostic	12,486,711	993,808	11,492,903		54
54.01	RADIO ULTRASOUND	3,061,464	287,958	2,773,506		54.01
54.02	RADIO ANGIOGRAPHY	7,327,677	90,781	7,236,896		54.02
54.03	RADIO WEST HARRISON	3,062,485	232,968	2,829,517		54.03
54.04	RADIO MILE SQUARE	874,830	86,993	787,837		54.04
55	Radiology-Therapeutic	10,333,430	418,795	9,914,635		55
56	Radioisotope	2,099,400	12,037	2,087,363		56
57	CT Scan	7,347,745	143,742	7,204,003		57
58	MRI	6,822,373	559,806	6,262,567		58
59	Cardiac Catheterization	5,128,858	76,537	5,052,321		59
60	Laboratory	55,248,864	1,476,476	53,772,388		60
60.01	LAB TISSUE TYPING	2,109,829	56,793	2,053,036		60.01
60.02	LAB OUTREACH	13,534,224	119,980	13,414,244		60.02
62	Whole Blood & Packed Red Blood Cells					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	10,374,308	52,420	10,321,888		63
64	Intravenous Therapy	898,860	9,045	889,815		64
65	Respiratory Therapy	9,133,873	306,331	8,827,542		65
66	Physical Therapy	5,294,995	199,443	5,095,552		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	726,956	82,528	644,428		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,681,479	13,042	1,668,437		66.02
66.03	PHYSICAL THERAPY-OCC	6,462,623	41,441	6,421,182		66.03
67	Occupational Therapy	3,836,758	125,403	3,711,355		67
67.01	OCCUPATIONAL THERAPY-OCC	1,558,723	7,973	1,550,750		67.01
68	Speech Pathology	1,159,245	12,615	1,146,630		68
69	Electrocardiology	1,043,977	10,172	1,033,805		69
70	Electroencephalography	1,215,845	103,172	1,112,673		70
71	Medical Supplies Charged to Patients	91,244,802	468,571	90,776,231		71
73	Drugs Charged to Patients	112,932,098	708,660	112,223,438		73
74	Renal Dialysis	11,541,584	309,531	11,232,053		74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY	7,714,881	819,278	6,895,603		76.01
76.02	BONE MARROW TRANSPLANT	2,848,484	132,224	2,716,260		76.02
76.03	CARDIAC SERVICES	6,570,603	657,458	5,913,145		76.03
76.04	TELEMEDICINE PROGRAM	2,164,054	71,868	2,092,186		76.04
76.05	SLEEP LAB WEST HARRISON	2,052,022	10,152	2,041,870		76.05
76.06	SICKLE CELL	2,067,743	12,454	2,055,289		76.06
76.07	HEART CENTER-ROOSEVELT RD	406,511	24,971	381,540		76.07
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY	229,185	984	228,201		76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	84,759,406	2,633,728	82,125,678		90
91	Emergency	25,011,963	408,532	24,603,431		91
92	Observation Beds (Non-Distinct Part)	13,313,042	210,546	13,102,496		92
93.01	EYE EAR INFIRMARY	9,252,216	321,598	8,930,618		93.01
93.02	OCC PSYCH	5,585,386	465,406	5,119,980		93.02
93.03	OCC ADOLESCENTS	8,654,132	195,314	8,458,818		93.03
93.04	LION'S EYE INST.	1,443,640	37,002	1,406,638		93.04
	OTHER REIMBURSABLE COST CENTERS					
105	Kidney Acquisition	13,407,966	83,719	13,324,247		105
107	Liver Acquisition	3,989,261	18,735	3,970,526		107
109	Pancreas Acquisition	1,253,751	5,321	1,248,430		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	283,522	32,462	251,060		112
200	Subtotal	668,595,832	17,354,872	651,240,960		200
201	Less Observation Beds	13,313,042	210,546	13,102,496		201
202	Total	655,282,790	17,144,326	638,138,464		202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
[] Title V
[XX] Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		52,967,076			50
51	Recovery Room		8,891,544			51
52	Delivery Room & Labor Room		21,132,238			52
53	Anesthesiology		6,053,190			53
54	Radiology-Diagnostic		12,486,711			54
54.01	RADIO ULTRASOUND		3,061,464			54.01
54.02	RADIO ANGIOGRAPHY		7,327,677			54.02
54.03	RADIO WEST HARRISON		3,062,485			54.03
54.04	RADIO MILE SQUARE		874,830			54.04
55	Radiology-Therapeutic		10,333,430			55
56	Radioisotope		2,099,400			56
57	CT Scan		7,347,745			57
58	MRI		6,822,373			58
59	Cardiac Catheterization		5,128,858			59
60	Laboratory		55,248,864			60
60.01	LAB TISSUE TYPING		2,109,829			60.01
60.02	LAB OUTREACH		13,534,224			60.02
62	Whole Blood & Packed Red Blood Cells					62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		10,374,308			63
64	Intravenous Therapy		898,860			64
65	Respiratory Therapy		9,133,873			65
66	Physical Therapy		5,294,995			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		726,956			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		1,681,479			66.02
66.03	PHYSICAL THERAPY-OCC		6,462,623			66.03
67	Occupational Therapy		3,836,758			67
67.01	OCCUPATIONAL THERAPY-OCC		1,558,723			67.01
68	Speech Pathology		1,159,245			68
69	Electrocardiology		1,043,977			69
70	Electroencephalography		1,215,845			70
71	Medical Supplies Charged to Patients		91,244,802			71
73	Drugs Charged to Patients		112,932,098			73
74	Renal Dialysis		11,541,584			74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY		7,714,881			76.01
76.02	BONE MARROW TRANSPLANT		2,848,484			76.02
76.03	CARDIAC SERVICES		6,570,603			76.03
76.04	TELEMEDICINE PROGRAM		2,164,054			76.04
76.05	SLEEP LAB WEST HARRISON		2,052,022			76.05
76.06	SICKLE CELL		2,067,743			76.06
76.07	HEART CENTER-ROOSEVELT RD		406,511			76.07
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY		229,185			76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic		84,759,406			90
91	Emergency		25,011,963			91
92	Observation Beds (Non-Distinct Part)		13,313,042	22,660,444	0.587501	92
93.01	EYE EAR INFIRMARY		9,252,216			93.01
93.02	OCC PSYCH		5,585,386			93.02
93.03	OCC ADOLESCENTS		8,654,132			93.03
93.04	LION'S EYE INST.		1,443,640			93.04
	OTHER REIMBURSABLE COST CENTERS					
105	Kidney Acquisition		13,407,966			105
107	Liver Acquisition		3,989,261			107
109	Pancreas Acquisition		1,253,751			109
112	OTHER ORGAN ACQUISITION (SPECIFY)		283,522			112
200	Subtotal		668,595,832	22,660,444		200
201	Less Observation Beds		13,313,042	22,660,444		201
202	Total		655,282,790			202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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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)	2,242,416		2,242,416	77,429	28.96	15,038	435,500	30
31	Intensive Care Unit	571,597		571,597	13,139	43.50	4,012	174,522	31
31.01	PEDS ICU	115,360		115,360	1,687	68.38			31.01
31.02	NEONATAL ICU	370,828		370,828	8,629	42.97			31.02
32	Coronary Care Unit	325,799		325,799	5,688	57.28	1,440	82,483	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	374,805		374,805	13,012	28.80	1,267	36,490	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	36,033		36,033	3,360	10.72			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,036,838		4,036,838	122,944		21,757	728,995	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0150

WORKSHEET D
PART II

Check
Applicable
Boxes:

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

☒ Hospital
☐ IPF
☐ IRF

☐ SUB (Other)

☒ PPS
☐ 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	3,076,420	189,396,510	0.016243	16,237,475	263,745	50
51	Recovery Room	153,907	14,733,497	0.010446	893,677	9,335	51
52	Delivery Room & Labor Room	535,278	45,727,143	0.011706	368,640	4,315	52
53	Anesthesiology	440,494	84,956,061	0.005185	6,392,098	33,143	53
54	Radiology-Diagnostic	993,808	38,464,578	0.025837	2,116,859	54,693	54
54.01	RADIO ULTRASOUND	287,958	18,705,414	0.015394	1,657,546	25,516	54.01
54.02	RADIO ANGIOGRAPHY	90,781	63,139,381	0.001438	6,586,187	9,471	54.02
54.03	RADIO WEST HARRISON	232,968	16,154,373	0.014421	13,946	201	54.03
54.04	RADIO MILE SQUARE	86,993	2,578,635	0.033736	258	9	54.04
55	Radiology-Therapeutic	418,795	25,813,854	0.016224	515,552	8,364	55
56	Radioisotope	12,037	7,374,093	0.001632	429,492	701	56
57	CT Scan	143,742	116,968,359	0.001229	11,057,346	13,589	57
58	MRI	559,806	73,611,842	0.007605	4,922,656	37,437	58
59	Cardiac Catheterization	76,537	25,592,589	0.002991	3,622,223	10,834	59
60	Laboratory	1,476,476	406,717,506	0.003630	35,315,676	128,196	60
60.01	LAB TISSUE TYPING	56,793	7,185,591	0.007904	709,878	5,611	60.01
60.02	LAB OUTREACH	119,980	175,016,898	0.000686			60.02
62	Whole Blood & Packed Red Blood						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	52,420	39,941,059	0.001312	6,516,188	8,549	63
64	Intravenous Therapy	9,045	5,416,345	0.001670	1,096,699	1,831	64
65	Respiratory Therapy	306,331	47,030,185	0.006513	6,905,494	44,975	65
66	Physical Therapy	199,443	8,290,249	0.024058	1,415,008	34,042	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	82,528	2,911,280	0.028348			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	13,042	3,736,522	0.003490			66.02
66.03	PHYSICAL THERAPY-OCC	41,441	10,465,438	0.003960	1,514	6	66.03
67	Occupational Therapy	125,403	5,844,321	0.021457	823,225	17,664	67
67.01	OCCUPATIONAL THERAPY-OCC	7,973	3,183,392	0.002505	603	2	67.01
68	Speech Pathology	12,615	2,062,460	0.006116	334,869	2,048	68
69	Electrocardiology	10,172	5,429,773	0.001873	963,948	1,805	69
70	Electroencephalography	103,172	6,021,016	0.017135	1,053,553	18,053	70
71	Medical Supplies Charged to Pat	468,571	200,688,721	0.002335	28,071,842	65,548	71
73	Drugs Charged to Patients	708,660	361,166,670	0.001962	34,298,400	67,293	73
74	Renal Dialysis	309,531	35,451,343	0.008731	3,868,858	33,779	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	819,278	39,027,446	0.020992	1,892,498	39,727	76.01
76.02	BONE MARROW TRANSPLANT	132,224	3,698,620	0.035750	597,140	21,348	76.02
76.03	CARDIAC SERVICES	657,458	35,752,820	0.018389	4,651,982	85,545	76.03
76.04	TELEMEDICINE PROGRAM	71,868	1,594,818	0.045063			76.04
76.05	SLEEP LAB WEST HARRISON	10,152	7,396,027	0.001373	2,676	4	76.05
76.06	SICKLE CELL	12,454	6,271,098	0.001986	139,266	277	76.06
76.07	HEART CENTER-ROOSEVELT RD	24,971	737,314	0.033868	3,085	104	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	984	205,920	0.004779			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,633,728	129,531,227	0.020333	205,941	4,187	90
91	Emergency	408,532	112,267,003	0.003639	7,531,688	27,408	91
92	Observation Beds (Non-Distinct	210,545	22,660,444	0.009291	121,211	1,126	92
93.01	EYE EAR INFIRMARY	321,598	21,291,813	0.015104	12,638	191	93.01
93.02	OCC PSYCH	465,406	7,132,560	0.065251	617	40	93.02
93.03	OCC ADOLESCENTS	195,314	16,892,835	0.011562	3,441	40	93.03
93.04	LION'S EYE INST.	37,002	7,305,520	0.005065	10,504	53	93.04
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,214,634	2,461,540,563		191,362,397	1,080,805	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

☒ PPS
☐ TEFRA
☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1A	1	2A	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)				1,764,687			1,764,687	30
31	Intensive Care Unit				330,481			330,481	31
31.01	PEDS ICU				42,433			42,433	31.01
31.02	NEONATAL ICU				217,042			217,042	31.02
32	Coronary Care Unit				143,068			143,068	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF				327,287			327,287	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				84,513			84,513	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)				2,909,511			2,909,511	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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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)	77,429	22.79	15,038	342,716	30
31	Intensive Care Unit	13,139	25.15	4,012	100,902	31
31.01	PEDS ICU	1,687	25.15			31.01
31.02	NEONATAL ICU	8,629	25.15			31.02
32	Coronary Care Unit	5,688	25.15	1,440	36,216	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	13,012	25.15	1,267	31,865	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,360	25.15			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	122,944		21,757	511,699	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0150

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIO ULTRASOUND									54.01
54.02	RADIO ANGIOGRAPHY									54.02
54.03	RADIO WEST HARRISON									54.03
54.04	RADIO MILE SQUARE									54.04
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
60.01	LAB TISSUE TYPING									60.01
60.02	LAB OUTREACH									60.02
62	Whole Blood & Packed Red Blood									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
66.01	PHYSICAL THERAPY-ROOSEVELT RD									66.01
66.02	PHYSICAL THERAPY MAXWELL ST									66.02
66.03	PHYSICAL THERAPY-OCC									66.03
67	Occupational Therapy									67
67.01	OCCUPATIONAL THERAPY-OCC									67.01
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
76	OTHER ANCILLARY SVC									76
76.01	GASTROENTROLOGY									76.01
76.02	BONE MARROW TRANSPLANT									76.02
76.03	CARDIAC SERVICES									76.03
76.04	TELEMEDCINE PROGRAM									76.04
76.05	SLEEP LAB WEST HARRISON									76.05
76.06	SICKLE CELL									76.06
76.07	HEART CENTER-ROOSEVELT RD									76.07
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct					165,688		165,688	165,688	92
93.01	EYE EAR INFIRMARY									93.01
93.02	OCC PSYCH									93.02
93.03	OCC ADOLESCENTS									93.03
93.04	LION'S EYE INST.									93.04
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)					165,688		165,688	165,688	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0150

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	189,396,510			16,237,475		16,187,362		50
51	Recovery Room	14,733,497			893,677		1,216,583		51
52	Delivery Room & Labor Room	45,727,143			368,640		26,750		52
53	Anesthesiology	84,956,061			6,392,098		5,909,223		53
54	Radiology-Diagnostic	38,464,578			2,116,859		2,889,336		54
54.01	RADIO ULTRASOUND	18,705,414			1,657,546		1,426,910		54.01
54.02	RADIO ANGIOGRAPHY	63,139,381			6,586,187		7,010,119		54.02
54.03	RADIO WEST HARRISON	16,154,373			13,946		2,557,228		54.03
54.04	RADIO MILE SQUARE	2,578,635			258		112,714		54.04
55	Radiology-Therapeutic	25,813,854			515,552		2,999,606		55
56	Radioisotope	7,374,093			429,492		1,323,221		56
57	CT Scan	116,968,359			11,057,346		11,977,063		57
58	MRI	73,611,842			4,922,656		7,158,086		58
59	Cardiac Catheterization	25,592,589			3,622,223		4,229,715		59
60	Laboratory	406,717,506			35,315,676		20,755,212		60
60.01	LAB TISSUE TYPING	7,185,591			709,878		339,091		60.01
60.02	LAB OUTREACH	175,016,898							60.02
62	Whole Blood & Packed Red Blood								62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	39,941,059			6,516,188		1,431,510		63
64	Intravenous Therapy	5,416,345			1,096,699		172,007		64
65	Respiratory Therapy	47,030,185			6,905,494		1,341,143		65
66	Physical Therapy	8,290,249			1,415,008		12,060		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,911,280					109,327		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	3,736,522					3,545		66.02
66.03	PHYSICAL THERAPY-OCC	10,465,438			1,514		19,174		66.03
67	Occupational Therapy	5,844,321			823,225		10,083		67
67.01	OCCUPATIONAL THERAPY-OCC	3,183,392			603		8,285		67.01
68	Speech Pathology	2,062,460			334,869		7,668		68
69	Electrocardiology	5,429,773			963,948		344,104		69
70	Electroencephalography	6,021,016			1,053,553		71,532		70
71	Medical Supplies Charged to Pat	200,688,721			28,071,842		16,509,953		71
73	Drugs Charged to Patients	361,166,670			34,298,400		48,863,735		73
74	Renal Dialysis	35,451,343			3,868,858		9,857		74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	39,027,446			1,892,498		4,951,950		76.01
76.02	BONE MARROW TRANSPLANT	3,698,620			597,140		11,463		76.02
76.03	CARDIAC SERVICES	35,752,820			4,651,982		3,194,004		76.03
76.04	TELEMEDICINE PROGRAM	1,594,818							76.04
76.05	SLEEP LAB WEST HARRISON	7,396,027			2,676		792,533		76.05
76.06	SICKLE CELL	6,271,098			139,266		508,953		76.06
76.07	HEART CENTER-ROOSEVELT RD	737,314			3,085		181,738		76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	205,920					23,712		76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	129,531,227			205,941		19,243,012		90
91	Emergency	112,267,003			7,531,688		8,805,449		91
92	Observation Beds (Non-Distinct	22,660,444	0.007312	0.007312	121,211	886	3,608,702	26,387	92
93.01	EYE EAR INFIRMARY	21,291,813			12,638		6,934,487		93.01
93.02	OCC PSYCH	7,132,560			617		505,462		93.02
93.03	OCC ADOLESCENTS	16,892,835			3,441		47,439		93.03
93.04	LION'S EYE INST.	7,305,520			10,504				93.04
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,461,540,563			191,362,397	886	203,841,106	26,387	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0150

WORKSHEET D PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.229689	16,187,362			3,718,059			50
51	Recovery Room	0.595485	1,216,583			724,457			51
52	Delivery Room & Labor Room	0.430239	26,750			11,509			52
53	Anesthesiology	0.042582	5,909,223			251,627			53
54	Radiology-Diagnostic	0.316622	2,889,336			914,827			54
54.01	RADIO ULTRASOUND	0.143520	1,426,910			204,790			54.01
54.02	RADIO ANGIOGRAPHY	0.079178	7,010,119			555,047			54.02
54.03	RADIO WEST HARRISON	0.181569	2,557,228			464,313			54.03
54.04	RADIO MILE SQUARE	0.331254	112,714			37,337			54.04
55	Radiology-Therapeutic	0.305276	2,999,606			915,708			55
56	Radioisotope	0.243399	1,323,221			322,071			56
57	CT Scan	0.045733	11,977,063			547,747			57
58	MRI	0.070582	7,158,086			505,232			58
59	Cardiac Catheterization	0.105102	4,229,715			444,552			59
60	Laboratory	0.109740	20,755,212			2,277,677			60
60.01	LAB TISSUE TYPING	0.285612	339,091			96,848			60.01
60.02	LAB OUTREACH	0.069324							60.02
62	Whole Blood & Packed Red Blood								62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.214546	1,431,510			307,125			63
64	Intravenous Therapy	0.157946	172,007			27,168			64
65	Respiratory Therapy	0.152014	1,341,143			203,873			65
66	Physical Therapy	0.589976	12,060			7,115			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.241696	109,327			26,424			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.442005	3,545			1,567			66.02
66.03	PHYSICAL THERAPY-OCC	0.609514	19,174			11,687			66.03
67	Occupational Therapy	0.618031	10,083			6,232			67
67.01	OCCUPATIONAL THERAPY-OCC	0.481635	8,285			3,990			67.01
68	Speech Pathology	0.470737	7,668			3,610			68
69	Electrocardiology	0.091572	344,104			31,510			69
70	Electroencephalography	0.193927	71,532			13,872			70
71	Medical Supplies Charged to Pat	0.436039	16,509,953			7,198,983			71
73	Drugs Charged to Patients	0.277745	48,863,735			13,571,658			73
74	Renal Dialysis	0.288295	9,857			2,842			74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	0.189671	4,951,950			939,241			76.01
76.02	BONE MARROW TRANSPLANT	0.762141	11,463			8,736			76.02
76.03	CARDIAC SERVICES	0.175772	3,194,004			561,416			76.03
76.04	TELEMEDICINE PROGRAM	1.348921							76.04
76.05	SLEEP LAB WEST HARRISON	0.269442	792,533			213,542			76.05
76.06	SICKLE CELL	0.321719	508,953			163,740			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.543333	181,738			98,744			76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.104973	23,712			26,201			76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.633128	19,243,012			12,183,290			90
91	Emergency	0.198874	8,805,449			1,751,175			91
92	Observation Beds (Non-Distinct	0.556199	3,608,702			2,007,156			92
93.01	EYE EAR INFIRMARY	0.409817	6,934,487			2,841,871			93.01
93.02	OCC PSYCH	0.710538	505,462			359,150			93.02
93.03	OCC ADOLESCENTS	0.466866	47,439			22,148			93.03
93.04	LION'S EYE INST.	0.189603							93.04
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		203,841,106			54,585,867			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		203,841,106			54,585,867			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S150

WORKSHEET D PART II

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,076,420	189,396,510	0.016243	2,192	36	50
51	Recovery Room	153,907	14,733,497	0.010446	49,350	516	51
52	Delivery Room & Labor Room	535,278	45,727,143	0.011706	1,197	14	52
53	Anesthesiology	440,494	84,956,061	0.005185	8,694	45	53
54	Radiology-Diagnostic	993,808	38,464,578	0.025837	9,364	242	54
54.01	RADIO ULTRASOUND	287,958	18,705,414	0.015394	5,792	89	54.01
54.02	RADIO ANGIOGRAPHY	90,781	63,139,381	0.001438			54.02
54.03	RADIO WEST HARRISON	232,968	16,154,373	0.014421			54.03
54.04	RADIO MILE SQUARE	86,993	2,578,635	0.033736			54.04
55	Radiology-Therapeutic	418,795	25,813,854	0.016224			55
56	Radioisotope	12,037	7,374,093	0.001632	3,546	6	56
57	CT Scan	143,742	116,968,359	0.001229	60,535	74	57
58	MRI	559,806	73,611,842	0.007605	5,790	44	58
59	Cardiac Catheterization	76,537	25,592,589	0.002991			59
60	Laboratory	1,476,476	406,717,506	0.003630	254,524	924	60
60.01	LAB TISSUE TYPING	56,793	7,185,591	0.007904			60.01
60.02	LAB OUTREACH	119,980	175,016,898	0.000686			60.02
62	Whole Blood & Packed Red Blood						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	52,420	39,941,059	0.001312	1,263	2	63
64	Intravenous Therapy	9,045	5,416,345	0.001670			64
65	Respiratory Therapy	306,331	47,030,185	0.006513	25,076	163	65
66	Physical Therapy	199,443	8,290,249	0.024058	4,198	101	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	82,528	2,911,280	0.028348			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	13,042	3,736,522	0.003490			66.02
66.03	PHYSICAL THERAPY-OCC	41,441	10,465,438	0.003960			66.03
67	Occupational Therapy	125,403	5,844,321	0.021457	109,753	2,355	67
67.01	OCCUPATIONAL THERAPY-OCC	7,973	3,183,392	0.002505			67.01
68	Speech Pathology	12,615	2,062,460	0.006116			68
69	Electrocardiology	10,172	5,429,773	0.001873	18,878	35	69
70	Electroencephalography	103,172	6,021,016	0.017135	9,531	163	70
71	Medical Supplies Charged to Pat	468,571	200,688,721	0.002335	67,514	158	71
73	Drugs Charged to Patients	708,660	361,166,670	0.001962	361,887	710	73
74	Renal Dialysis	309,531	35,451,343	0.008731	65,308	570	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	819,278	39,027,446	0.020992	12,656	266	76.01
76.02	BONE MARROW TRANSPLANT	132,224	3,698,620	0.035750			76.02
76.03	CARDIAC SERVICES	657,458	35,752,820	0.018389	6,231	115	76.03
76.04	TELEMEDICINE PROGRAM	71,868	1,594,818	0.045063			76.04
76.05	SLEEP LAB WEST HARRISON	10,152	7,396,027	0.001373			76.05
76.06	SICKLE CELL	12,454	6,271,098	0.001986			76.06
76.07	HEART CENTER-ROOSEVELT RD	24,971	737,314	0.033868			76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	984	205,920	0.004779			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,633,728	129,531,227	0.020333	832	17	90
91	Emergency	408,532	112,267,003	0.003639	241,023	877	91
92	Observation Beds (Non-Distinct		22,660,444				92
93.01	EYE EAR INFIRMARY	321,598	21,291,813	0.015104			93.01
93.02	OCC PSYCH	465,406	7,132,560	0.065251	1,940	127	93.02
93.03	OCC ADOLESCENTS	195,314	16,892,835	0.011562			93.03
93.04	LION'S EYE INST.	37,002	7,305,520	0.005065			93.04
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,004,089	2,461,540,563		1,327,074	7,649	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S150

WORKSHEET D PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIO ULTRASOUND									54.01
54.02	RADIO ANGIOGRAPHY									54.02
54.03	RADIO WEST HARRISON									54.03
54.04	RADIO MILE SQUARE									54.04
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
60.01	LAB TISSUE TYPING									60.01
60.02	LAB OUTREACH									60.02
62	Whole Blood & Packed Red Blood									62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
66.01	PHYSICAL THERAPY-ROOSEVELT RD									66.01
66.02	PHYSICAL THERAPY MAXWELL ST									66.02
66.03	PHYSICAL THERAPY-OCC									66.03
67	Occupational Therapy									67
67.01	OCCUPATIONAL THERAPY-OCC									67.01
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
76	OTHER ANCILLARY SVC									76
76.01	GASTROENTROLOGY									76.01
76.02	BONE MARROW TRANSPLANT									76.02
76.03	CARDIAC SERVICES									76.03
76.04	TELEMEDCINE PROGRAM									76.04
76.05	SLEEP LAB WEST HARRISON									76.05
76.06	SICKLE CELL									76.06
76.07	HEART CENTER-ROOSEVELT RD									76.07
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
91	Emergency									91
92	Observation Beds (Non-Distinct									92
93.01	EYE EAR INFIRMARY									93.01
93.02	OCC PSYCH									93.02
93.03	OCC ADOLESCENTS									93.03
93.04	LION'S EYE INST.									93.04
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S150

WORKSHEET D PART IV

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

		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	189,396,510			2,192				50
51	Recovery Room	14,733,497			49,350				51
52	Delivery Room & Labor Room	45,727,143			1,197				52
53	Anesthesiology	84,956,061			8,694				53
54	Radiology-Diagnostic	38,464,578			9,364				54
54.01	RADIO ULTRASOUND	18,705,414			5,792				54.01
54.02	RADIO ANGIOGRAPHY	63,139,381							54.02
54.03	RADIO WEST HARRISON	16,154,373							54.03
54.04	RADIO MILE SQUARE	2,578,635							54.04
55	Radiology-Therapeutic	25,813,854							55
56	Radioisotope	7,374,093			3,546				56
57	CT Scan	116,968,359			60,535				57
58	MRI	73,611,842			5,790				58
59	Cardiac Catheterization	25,592,589							59
60	Laboratory	406,717,506			254,524				60
60.01	LAB TISSUE TYPING	7,185,591							60.01
60.02	LAB OUTREACH	175,016,898							60.02
62	Whole Blood & Packed Red Blood								62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	39,941,059			1,263				63
64	Intravenous Therapy	5,416,345							64
65	Respiratory Therapy	47,030,185			25,076				65
66	Physical Therapy	8,290,249			4,198				66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,911,280							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	3,736,522							66.02
66.03	PHYSICAL THERAPY-OCC	10,465,438							66.03
67	Occupational Therapy	5,844,321			109,753				67
67.01	OCCUPATIONAL THERAPY-OCC	3,183,392							67.01
68	Speech Pathology	2,062,460							68
69	Electrocardiology	5,429,773			18,878				69
70	Electroencephalography	6,021,016			9,531				70
71	Medical Supplies Charged to Pat	200,688,721			67,514				71
73	Drugs Charged to Patients	361,166,670			361,887				73
74	Renal Dialysis	35,451,343			65,308				74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	39,027,446			12,656				76.01
76.02	BONE MARROW TRANSPLANT	3,698,620							76.02
76.03	CARDIAC SERVICES	35,752,820			6,231				76.03
76.04	TELEMEDICINE PROGRAM	1,594,818							76.04
76.05	SLEEP LAB WEST HARRISON	7,396,027							76.05
76.06	SICKLE CELL	6,271,098							76.06
76.07	HEART CENTER-ROOSEVELT RD	737,314							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	205,920							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	129,531,227			832				90
91	Emergency	112,267,003			241,023				91
92	Observation Beds (Non-Distinct	22,660,444							92
93.01	EYE EAR INFIRMARY	21,291,813							93.01
93.02	OCC PSYCH	7,132,560			1,940				93.02
93.03	OCC ADOLESCENTS	16,892,835							93.03
93.04	LION'S EYE INST.	7,305,520							93.04
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,461,540,563			1,327,074				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S150

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

(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.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.229689							50
51	Recovery Room	0.595485							51
52	Delivery Room & Labor Room	0.430239							52
53	Anesthesiology	0.042582							53
54	Radiology-Diagnostic	0.316622							54
54.01	RADIO ULTRASOUND	0.143520							54.01
54.02	RADIO ANGIOGRAPHY	0.079178							54.02
54.03	RADIO WEST HARRISON	0.181569							54.03
54.04	RADIO MILE SQUARE	0.331254							54.04
55	Radiology-Therapeutic	0.305276							55
56	Radioisotope	0.243399							56
57	CT Scan	0.045733							57
58	MRI	0.070582							58
59	Cardiac Catheterization	0.105102							59
60	Laboratory	0.109740							60
60.01	LAB TISSUE TYPING	0.285612							60.01
60.02	LAB OUTREACH	0.069324							60.02
62	Whole Blood & Packed Red Blood								62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.214546							63
64	Intravenous Therapy	0.157946							64
65	Respiratory Therapy	0.152014							65
66	Physical Therapy	0.589976							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.241696							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.442005							66.02
66.03	PHYSICAL THERAPY-OCC	0.609514							66.03
67	Occupational Therapy	0.618031							67
67.01	OCCUPATIONAL THERAPY-OCC	0.481635							67.01
68	Speech Pathology	0.470737							68
69	Electrocardiology	0.091572							69
70	Electroencephalography	0.193927							70
71	Medical Supplies Charged to Pat	0.436039							71
73	Drugs Charged to Patients	0.277745							73
74	Renal Dialysis	0.288295							74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	0.189671							76.01
76.02	BONE MARROW TRANSPLANT	0.762141							76.02
76.03	CARDIAC SERVICES	0.175772							76.03
76.04	TELEMEDICINE PROGRAM	1.348921							76.04
76.05	SLEEP LAB WEST HARRISON	0.269442							76.05
76.06	SICKLE CELL	0.321719							76.06
76.07	HEART CENTER-ROOSEVELT RD	0.543333							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.104973							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.633128							90
91	Emergency	0.198874							91
92	Observation Beds (Non-Distinct	0.556199							92
93.01	EYE EAR INFIRMARY	0.409817							93.01
93.02	OCC PSYCH	0.710538							93.02
93.03	OCC ADOLESCENTS	0.466866							93.03
93.04	LION'S EYE INST.	0.189603							93.04
	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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0150****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	77,429	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	77,429	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)	70,159	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	15,038	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)	134,235,820	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)	134,235,820	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)	134,235,820	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-0150****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS							1
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,733.66	38
39	Program general inpatient routine service cost (line 9 x line 38)					26,070,779	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)					26,070,779	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	35,300,642	13,139	2,686.71	4,012	10,779,081	43
43.01	PEDS ICU	7,332,936	1,687	4,346.73			43.01
43.02	NEONATAL ICU	20,332,671	8,629	2,356.32			43.02
44	Coronary Care Unit	17,982,078	5,688	3,161.41	1,440	4,552,430	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)					42,380,646	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					83,782,936	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,172,339	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,081,691	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,254,030	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					81,528,906	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,270	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,733.66	88
89	Observation bed cost (line 87 x line 88) (see instructions)					12,603,708	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	2,242,416	134,235,820	0.016705	12,603,708	210,545	90
91	Nursing School						91
92	Allied Health	1,764,687	134,235,820	0.013146	12,603,708	165,688	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S150****WORKSHEET D-1
PART I**

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

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,012	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,012	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)	13,012	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)	1,267	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)	20,205,150	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)	20,205,150	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	20,205,150	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S150****WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,552.81	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,967,410	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)	1,967,410	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	346,622	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,314,032	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	68,355	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	7,649	51
52	Total Program excludable cost (sum of lines 50 and 51)	76,004	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,238,028	53
TARGET AMOUNT AND LIMIT COMPUTATION			
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.		60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63
PROGRAM INPATIENT ROUTINE SWING BED COST			
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		40,800,703		30
31	Intensive Care Unit		17,626,707		31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit		8,008,996		32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.229689	16,237,475	3,729,569	50
51	Recovery Room	0.595485	893,677	532,171	51
52	Delivery Room & Labor Room	0.430239	368,640	158,603	52
53	Anesthesiology	0.042582	6,392,098	272,188	53
54	Radiology-Diagnostic	0.316622	2,116,859	670,244	54
54.01	RADIO ULTRASOUND	0.143520	1,657,546	237,891	54.01
54.02	RADIO ANGIOGRAPHY	0.079178	6,586,187	521,481	54.02
54.03	RADIO WEST HARRISON	0.181569	13,946	2,532	54.03
54.04	RADIO MILE SQUARE	0.331254	258	85	54.04
55	Radiology-Therapeutic	0.305276	515,552	157,386	55
56	Radioisotope	0.243399	429,492	104,538	56
57	CT Scan	0.045733	11,057,346	505,686	57
58	MRI	0.070582	4,922,656	347,451	58
59	Cardiac Catheterization	0.105102	3,622,223	380,703	59
60	Laboratory	0.109740	35,315,676	3,875,542	60
60.01	LAB TISSUE TYPING	0.285612	709,878	202,750	60.01
60.02	LAB OUTREACH	0.069324			60.02
62	Whole Blood & Packed Red Blood Cells				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.214546	6,516,188	1,398,022	63
64	Intravenous Therapy	0.157946	1,096,699	173,219	64
65	Respiratory Therapy	0.152014	6,905,494	1,049,732	65
66	Physical Therapy	0.589976	1,415,008	834,821	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.241696			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.442005			66.02
66.03	PHYSICAL THERAPY-OCC	0.609514	1,514	923	66.03
67	Occupational Therapy	0.618031	823,225	508,779	67
67.01	OCCUPATIONAL THERAPY-OCC	0.481635	603	290	67.01
68	Speech Pathology	0.470737	334,869	157,635	68
69	Electrocardiology	0.091572	963,948	88,271	69
70	Electroencephalography	0.193927	1,053,553	204,312	70
71	Medical Supplies Charged to Patients	0.436039	28,071,842	12,240,418	71
73	Drugs Charged to Patients	0.277745	34,298,400	9,526,209	73
74	Renal Dialysis	0.288295	3,868,858	1,115,372	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.189671	1,892,498	358,952	76.01
76.02	BONE MARROW TRANSPLANT	0.762141	597,140	455,105	76.02
76.03	CARDIAC SERVICES	0.175772	4,651,982	817,688	76.03
76.04	TELEMEDICINE PROGRAM	1.348921			76.04
76.05	SLEEP LAB WEST HARRISON	0.269442	2,676	721	76.05
76.06	SICKLE CELL	0.321719	139,266	44,805	76.06
76.07	HEART CENTER-ROOSEVELT RD	0.543333	3,085	1,676	76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.104973			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.633128	205,941	130,387	90
91	Emergency	0.198874	7,531,688	1,497,857	91
92	Observation Beds (Non-Distinct Part)	0.556199	121,211	67,417	92
93.01	EYE EAR INFIRMARY	0.409817	12,638	5,179	93.01
93.02	OCC PSYCH	0.710538	617	438	93.02
93.03	OCC ADOLESCENTS	0.466866	3,441	1,606	93.03
93.04	LION'S EYE INST.	0.189603	10,504	1,992	93.04
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		191,362,397	42,380,646	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		191,362,397		202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

Check
Applicable
Boxes:

☐ Title V

☒ Title XVIII, Part A

☐ Title XIX

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ Swing Bed SNF

☐ Swing Bed NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
40	Subprovider - IPF		3,135,536		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.229689	2,192	503	50
51	Recovery Room	0.595485	49,350	29,387	51
52	Delivery Room & Labor Room	0.430239	1,197	515	52
53	Anesthesiology	0.042582	8,694	370	53
54	Radiology-Diagnostic	0.316622	9,364	2,965	54
54.01	RADIO ULTRASOUND	0.143520	5,792	831	54.01
54.02	RADIO ANGIOGRAPHY	0.079178			54.02
54.03	RADIO WEST HARRISON	0.181569			54.03
54.04	RADIO MILE SQUARE	0.331254			54.04
55	Radiology-Therapeutic	0.305276			55
56	Radioisotope	0.243399	3,546	863	56
57	CT Scan	0.045733	60,535	2,768	57
58	MRI	0.070582	5,790	409	58
59	Cardiac Catheterization	0.105102			59
60	Laboratory	0.109740	254,524	27,931	60
60.01	LAB TISSUE TYPING	0.285612			60.01
60.02	LAB OUTREACH	0.069324			60.02
62	Whole Blood & Packed Red Blood Cells				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.214546	1,263	271	63
64	Intravenous Therapy	0.157946			64
65	Respiratory Therapy	0.152014	25,076	3,812	65
66	Physical Therapy	0.589976	4,198	2,477	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.241696			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.442005			66.02
66.03	PHYSICAL THERAPY-OCC	0.609514			66.03
67	Occupational Therapy	0.618031	109,753	67,831	67
67.01	OCCUPATIONAL THERAPY-OCC	0.481635			67.01
68	Speech Pathology	0.470737			68
69	Electrocardiology	0.091572	18,878	1,729	69
70	Electroencephalography	0.193927	9,531	1,848	70
71	Medical Supplies Charged to Patients	0.436039	67,514	29,439	71
73	Drugs Charged to Patients	0.277745	361,887	100,512	73
74	Renal Dialysis	0.288295	65,308	18,828	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.189671	12,656	2,400	76.01
76.02	BONE MARROW TRANSPLANT	0.762141			76.02
76.03	CARDIAC SERVICES	0.175772	6,231	1,095	76.03
76.04	TELEMEDICINE PROGRAM	1.348921			76.04
76.05	SLEEP LAB WEST HARRISON	0.269442			76.05
76.06	SICKLE CELL	0.321719			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.543333			76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.104973			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.633128	832	527	90
91	Emergency	0.198874	241,023	47,933	91
92	Observation Beds (Non-Distinct Part)	0.556199			92
93.01	EYE EAR INFIRMARY	0.409817			93.01
93.02	OCC PSYCH	0.710538	1,940	1,378	93.02
93.03	OCC ADOLESCENTS	0.466866			93.03
93.04	LION'S EYE INST.	0.189603			93.04
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,327,074	346,622	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,327,074		202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

Check
Applicable
Boxes:

☐ Title V

☒ Title XVIII, Part A

☐ Title XIX

☐ Hospital

☒ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ Swing Bed SNF

☐ Swing Bed NF

☐ ICF/IID

☒ PPS

☐ TEFRA

☐ Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check ☐ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
Applicable ☒ KIDNEY ☐ LUNG ☐ INTESTINE
Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3	4	
1	Adults & Pediatrics	358,975	38	1,733.66	153	265,250	1
2	Intensive Care Unit	26,771	43	2,686.71	11	29,554	2
2.01	PEDS ICU		43.01	4,346.73			2.01
2.02	NEONATAL ICU		43.02	2,356.32			2.02
3	Coronary Care Unit	11,842	44	3,161.41	5	15,807	3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	397,588			169	310,611	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
8	Operating Room	50	0.229689	1,673,533	384,392	8
9	Recovery Room	51	0.595485	169,544	100,961	9
10	Delivery Room & Labor Room	52	0.430239			10
11	Anesthesiology	53	0.042582	468,122	19,934	11
12	Radiology-Diagnostic	54	0.316622	189,886	60,122	12
12.01	RADIO ULTRASOUND	54.01	0.143520	29,583	4,246	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.079178	71,473	5,659	12.02
12.03	RADIO WEST HARRISON	54.03	0.181569	29,550	5,365	12.03
12.04	RADIO MILE SQUARE	54.04	0.331254	651	216	12.04
13	Radiology-Therapeutic	55	0.305276			13
14	Radioisotope	56	0.243399	180,564	43,949	14
15	CT Scan	57	0.045733	1,905,714	87,154	15
16	MRI	58	0.070582	86,480	6,104	16
17	Cardiac Catheterization	59	0.105102	633,118	66,542	17
18	Laboratory	60	0.109740	6,809,046	747,225	18
18.01	LAB TISSUE TYPING	60.01	0.285612	2,230,836	637,154	18.01
18.02	LAB OUTREACH	60.02	0.069324			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.214546	385,566	82,722	21
22	Intravenous Therapy	64	0.157946	3,757	593	22
23	Respiratory Therapy	65	0.152014	38,877	5,910	23
24	Physical Therapy	66	0.589976	1,700	1,003	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.241696			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.442005			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	0.609514			24.03
25	Occupational Therapy	67	0.618031	640	396	25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.481635			25.01
26	Speech Pathology	68	0.470737			26
27	Electrocardiology	69	0.091572	25,396	2,326	27
28	Electroencephalography	70	0.193927			28
29	Medical Supplies Charged to Patients	71	0.436039	696,357	303,639	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.277745	600,812	166,873	31
32	Renal Dialysis	74	0.288295	5,513	1,589	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.189671	318,041	60,323	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.762141			34.02
34.03	CARDIAC SERVICES	76.03	0.175772	733,069	128,853	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.348921			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.269442	2,931	790	34.05
34.06	SICKLE CELL	76.06	0.321719			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.543333	4,743	2,577	34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.104973			34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.633128	927,456	587,198	37
38	Emergency	91	0.198874	34,463	6,854	38
39	Observation Beds (Non-Distinct Part)	92	0.556199	34,104	18,969	39

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

Check
Applicable
Box:

☐ HEART
☒ KIDNEY

☐ LIVER
☐ LUNG

☐ PANCREAS
☐ INTESTINE

☐ ISLET

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

Computation of Ancillary Service Cost Applicable to Organ Acquisition		Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40	Other Outpatient Service (specify)	93				40
40.01	EYE EAR INFIRMARY	93.01	0.409817	602	247	40.01
40.02	OCC PSYCH	93.02	0.710538	355	252	40.02
40.03	OCC ADOLESCENTS	93.03	0.466866			40.03
40.04	LION'S EYE INST.	93.04	0.189603			40.04
41	TOTAL (sum of lines 8-40)			18,292,482	3,540,137	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART II**

Check ☐ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
Applicable ☒ KIDNEY ☐ LUNG ☐ INTESTINE
Box:

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

Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program		Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1	2	3	
42	Adults & Pediatrics	2		153		42
43	Intensive Care Unit	3		11		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		5		44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			169		48

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	927,456	23			51
52	Emergency	34,463	24			52
53	Observation Beds (Non-Distinct Part)	34,104	25			53
54	Other Outpatient Service (specify)		26			54
54.01	EYE EAR INFIRMARY	602	26.01			54.01
54.02	OCC PSYCH	355	26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
54.04	LION'S EYE INST.		26.04			54.04
55	TOTAL (sum of lines 49-54)	996,980				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check ☐ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
Applicable ☒ KIDNEY ☐ LUNG ☐ INTESTINE
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	3,850,748		18,690,070		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	12,944,857		12,944,857		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	16,795,605		31,634,927		61
62	Total Usable Organs (see instructions)		231			62
63	Medicare Usable Organs (see instructions)		148			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.640693			64
65	Medicare Cost/Charges (see instructions)	10,760,827		20,268,276		65
66	Revenue for Organs Sold	42,467		301,661		66
67	Subtotal (line 65 minus line 66)	10,718,360		19,966,615		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	10,718,360		19,966,615		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	86	15		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		130		73
74	Total (sum of lines 70 thru 73)	86	145		74
75	Organs Transplanted	86	130	13,192,293	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		15	301,661	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	86	145		84

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check ☐ HEART ☒ LIVER ☐ PANCREAS ☐ ISLET
 Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3	4	
1	Adults & Pediatrics		38	1,733.66			1
2	Intensive Care Unit	128,928	43	2,686.71	25	67,168	2
2.01	PEDS ICU		43.01	4,346.73			2.01
2.02	NEONATAL ICU		43.02	2,356.32			2.02
3	Coronary Care Unit	7,211	44	3,161.41	1	3,161	3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	136,139			26	70,329	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
8	Operating Room	50	0.229689	184,589	42,398	8
9	Recovery Room	51	0.595485	10,160	6,050	9
10	Delivery Room & Labor Room	52	0.430239			10
11	Anesthesiology	53	0.042582	60,631	2,582	11
12	Radiology-Diagnostic	54	0.316622	15,800	5,003	12
12.01	RADIO ULTRASOUND	54.01	0.143520	30,829	4,425	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.079178	88,910	7,040	12.02
12.03	RADIO WEST HARRISON	54.03	0.181569	849	154	12.03
12.04	RADIO MILE SQUARE	54.04	0.331254			12.04
13	Radiology-Therapeutic	55	0.305276			13
14	Radioisotope	56	0.243399	7,480	1,821	14
15	CT Scan	57	0.045733	168,313	7,697	15
16	MRI	58	0.070582	75,296	5,315	16
17	Cardiac Catheterization	59	0.105102	58,942	6,195	17
18	Laboratory	60	0.109740	595,078	65,304	18
18.01	LAB TISSUE TYPING	60.01	0.285612	97,509	27,850	18.01
18.02	LAB OUTREACH	60.02	0.069324			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.214546	52,727	11,312	21
22	Intravenous Therapy	64	0.157946			22
23	Respiratory Therapy	65	0.152014	12,792	1,945	23
24	Physical Therapy	66	0.589976	1,362	804	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.241696			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.442005			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	0.609514			24.03
25	Occupational Therapy	67	0.618031	912	564	25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.481635			25.01
26	Speech Pathology	68	0.470737			26
27	Electrocardiology	69	0.091572	888	81	27
28	Electroencephalography	70	0.193927			28
29	Medical Supplies Charged to Patients	71	0.436039	165,367	72,106	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.277745	103,308	28,693	31
32	Renal Dialysis	74	0.288295	2,174	627	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.189671	676	128	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.762141			34.02
34.03	CARDIAC SERVICES	76.03	0.175772	46,555	8,183	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.348921			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.269442			34.05
34.06	SICKLE CELL	76.06	0.321719			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.543333	777	422	34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.104973			34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.633128	69,998	44,318	37
38	Emergency	91	0.198874			38
39	Observation Beds (Non-Distinct Part)	92	0.556199	5,432	3,021	39

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

Check
Applicable
Box:

☐ HEART

☐ KIDNEY

☒ LIVER

☐ LUNG

☐ PANCREAS

☐ INTESTINE

☐ ISLET

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

Computation of Ancillary Service Cost Applicable to Organ Acquisition		Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40	Other Outpatient Service (specify)	93				40
40.01	EYE EAR INFIRMARY	93.01	0.409817	413	169	40.01
40.02	OCC PSYCH	93.02	0.710538			40.02
40.03	OCC ADOLESCENTS	93.03	0.466866			40.03
40.04	LION'S EYE INST.	93.04	0.189603			40.04
41	TOTAL (sum of lines 8-40)			1,857,767	354,207	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART II**

Check ☐ HEART ☒ LIVER ☐ PANCREAS ☐ ISLET
Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
Box:

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

Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program		Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1	2	3	
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3		25		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		1		44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			26		48

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	69,998	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)	5,432	25			53
54	Other Outpatient Service (specify)		26			54
54.01	EYE EAR INFIRMARY	413	26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
54.04	LION'S EYE INST.		26.04			54.04
55	TOTAL (sum of lines 49-54)	75,843				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check ☐ HEART ☒ LIVER ☐ PANCREAS ☐ ISLET
 Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	424,536		1,993,906		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,660,676		3,660,676		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	4,085,212		5,654,582		61
62	Total Usable Organs (see instructions)		62			62
63	Medicare Usable Organs (see instructions)		18			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.290323			64
65	Medicare Cost/Charges (see instructions)	1,186,031		1,641,655		65
66	Revenue for Organs Sold	22,333		158,483		66
67	Subtotal (line 65 minus line 66)	1,163,698		1,483,172		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,163,698		1,483,172		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	6	9		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		47		73
74	Total (sum of lines 70 thru 73)	6	56		74
75	Organs Transplanted	6	47	7,031,095	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		9	158,483	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	6	56		84

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check ☐ HEART ☐ LIVER ☒ PANCREAS ☐ ISLET
 Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3	4	
1	Adults & Pediatrics		38	1,733.66			1
2	Intensive Care Unit		43	2,686.71			2
2.01	PEDS ICU		43.01	4,346.73			2.01
2.02	NEONATAL ICU		43.02	2,356.32			2.02
3	Coronary Care Unit		44	3,161.41			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
8	Operating Room	50	0.229689	3,187	732	8
9	Recovery Room	51	0.595485	508	303	9
10	Delivery Room & Labor Room	52	0.430239			10
11	Anesthesiology	53	0.042582	1,078	46	11
12	Radiology-Diagnostic	54	0.316622	4,678	1,481	12
12.01	RADIO ULTRASOUND	54.01	0.143520			12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.079178			12.02
12.03	RADIO WEST HARRISON	54.03	0.181569			12.03
12.04	RADIO MILE SQUARE	54.04	0.331254			12.04
13	Radiology-Therapeutic	55	0.305276			13
14	Radioisotope	56	0.243399	5,921	1,441	14
15	CT Scan	57	0.045733	21,379	978	15
16	MRI	58	0.070582			16
17	Cardiac Catheterization	59	0.105102	18,116	1,904	17
18	Laboratory	60	0.109740	373,846	41,026	18
18.01	LAB TISSUE TYPING	60.01	0.285612	122,007	34,847	18.01
18.02	LAB OUTREACH	60.02	0.069324			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.214546	19,744	4,236	21
22	Intravenous Therapy	64	0.157946			22
23	Respiratory Therapy	65	0.152014	785	119	23
24	Physical Therapy	66	0.589976			24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.241696			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.442005			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	0.609514			24.03
25	Occupational Therapy	67	0.618031			25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.481635			25.01
26	Speech Pathology	68	0.470737			26
27	Electrocardiology	69	0.091572	1,600	147	27
28	Electroencephalography	70	0.193927			28
29	Medical Supplies Charged to Patients	71	0.436039	3,603	1,571	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.277745	3,061	850	31
32	Renal Dialysis	74	0.288295			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.189671			34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.762141			34.02
34.03	CARDIAC SERVICES	76.03	0.175772	9,835	1,729	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.348921			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.269442			34.05
34.06	SICKLE CELL	76.06	0.321719			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.543333			34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.104973			34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.633128	41,411	26,218	37
38	Emergency	91	0.198874			38
39	Observation Beds (Non-Distinct Part)	92	0.556199			39

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

Check
Applicable
Box:

☐ HEART

☐ KIDNEY

☐ LIVER

☐ LUNG

☒ PANCREAS

☐ INTESTINE

☐ ISLET

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40	Other Outpatient Service (specify)	93				40
40.01	EYE EAR INFIRMARY	93.01	0.409817			40.01
40.02	OCC PSYCH	93.02	0.710538			40.02
40.03	OCC ADOLESCENTS	93.03	0.466866			40.03
40.04	LION'S EYE INST.	93.04	0.189603			40.04
41	TOTAL (sum of lines 8-40)			630,759	117,628	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART II

Check
Applicable
Box:

☐ HEART
☐ KIDNEY

☐ LIVER
☐ LUNG

☒ PANCREAS
☐ INTESTINE

☐ ISLET

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

Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program		Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1	2	3	
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3				43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)					48

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	41,411	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	EYE EAR INFIRMARY		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
54.04	LION'S EYE INST.		26.04			54.04
55	TOTAL (sum of lines 49-54)	41,411				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check ☐ HEART ☐ LIVER ☒ PANCREAS ☐ ISLET
 Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	117,628		630,759		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,232,468		1,232,468		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,350,096		1,863,227		61
62	Total Usable Organs (see instructions)		21			62
63	Medicare Usable Organs (see instructions)		12			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.571429			64
65	Medicare Cost/Charges (see instructions)	771,484		1,064,702		65
66	Revenue for Organs Sold	2,000		18,623		66
67	Subtotal (line 65 minus line 66)	769,484		1,046,079		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	769,484		1,046,079		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		20		73
74	Total (sum of lines 70 thru 73)		21		74
75	Organs Transplanted		20	2,658,020	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	18,623	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		21		84

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

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

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,370,268			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	26,715,676	475,854		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)	10,301,088	197,306		2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
2.03	Outlier payment for discharges occurring prior to October 1 (see instructions)				2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)				2.04
3	Managed care simulated payments	17,739,721	213,088		3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	422.08			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	353.91			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	1.45			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).	1.00			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	86.06			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	442.42			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	456.12			10
11	FTE count for residents in dental and podiatric programs	30.42			11
12	Current year allowable FTE (see instructions)	472.84			12
13	Total allowable FTE count for the prior year	475.91			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	468.78			14
15	Sum of lines 12 through 14 divided by 3	472.51			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure	1.00			17
18	Adjusted rolling average FTE count	473.51			18
19	Current year resident to bed ratio (line 18 divided by line 4)	1.121849			19
20	Prior year resident to bed ratio (see instructions)	1.123516			20
21	Enter the lesser of lines 19 or 20 (see instructions)	1.121849			21
22	IME payment adjustment (see instructions)	17,351,962	228,815		22
22.01	IME payment adjustment - Managed Care (see instructions)	8,530,163	102,464		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)	13.70			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	17,351,962	228,815		29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	8,530,163	102,464		29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1478			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4506			31
32	Sum of lines 30 and 31	0.5984			32
33	Allowable disproportionate share percentage (see instructions)	0.3851	0.3851		33
34	Disproportionate share adjustment (see instructions)	3,474,175	45,813		34
		Prior to		On or after	
		October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	6,766,695,164		8,272,872,447	35
35.01	Factor 3 (see instructions)	0.001147544		0.000937890	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,765,080		7,759,048	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,957,227		5,803,341	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,760,568			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
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)	74,973,737	947,788		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)	84,554,152			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,973,526			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	7,954,582			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)	12,651,542			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).	479,834			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	886			58
59	Total (sum of amounts on lines 49 through 58)	110,614,522			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	110,614,522			61
62	Deductibles billed to program beneficiaries	2,631,588			62
63	Coinsurance billed to program beneficiaries	544,598			63
64	Allowable bad debts (see instructions)	1,982,170			64
65	Adjusted reimbursable bad debts (see instructions)	1,288,411			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	688,667			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	108,726,747			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.99	HAC adjustment amount (see instructions)	895,277			70.99
71	Amount due provider (see instructions)	107,831,470			71
71.01	Sequestration adjustment (see instructions)	2,156,629			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	103,205,540			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	2,469,301			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	628,059			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount		Prior to 10/1	On or After 10/1		
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment		Prior to 10/1	On or After 10/1		
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION**EXHIBIT 5**

		(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to October 1		On or After October 1		Total (cols. 2 and 3)	
		(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments							1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	9,370,268	9,370,268				9,370,268	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	27,191,530			27,191,530		27,191,530	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1							1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1							1.04
2	Outlier payments for discharges	10,498,394	2,211,132		8,287,262		10,498,394	2
2.01	Outlier payment for discharges for Model 4 BPCI							2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)							2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)							2.03
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	17,952,809	4,983,331		12,969,478		17,952,809	4
	Indirect Medical Education Adjustment							
5	Amount from Worksheet E Part A, line 21	1,121,849	1,121,849		1,121,849			5
6	IME payment adjustment	17,580,777	4,505,703		13,075,074		17,580,777	6
6.01	IME payment adjustment for managed care	8,632,627	2,396,240		6,236,387		8,632,627	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7	IME payment adjustment factor							7
8	IME add-on adjustment amount							8
8.01	IME payment adjustment add-on for managed care							8.01
9	Total IME payment (sum of lines 6 and 8)	17,580,777	4,505,703		13,075,074		17,580,777	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	8,632,627	2,396,240		6,236,387		8,632,627	9.01
	Disproportionate Share Adjustment							
10	Allowable disproportionate share percentage	0.3851	0.3851	0.3851	0.3851	0.3851		10
11	Disproportionate share adjustment	3,519,988	902,123		2,617,865		3,519,988	11
11.01	Uncompensated care payments	7,760,568	1,957,227		5,803,341		7,760,568	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	75,921,525	18,946,453		56,975,072		75,921,525	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)							14
15	Total payment for inpatient operating costs SCH and MDH only	84,554,152	21,342,693		63,211,459		84,554,152	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,973,526	1,550,619		3,422,907		4,973,526	16
17	Special add-on payments for new technologies							17
17.01	DO NOT USE THIS LINE							17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG							17.02
18	Capital outlier reconciliation adjustment amount							18
19	SUBTOTAL		22,893,312		66,634,366		89,527,678	19
20	Capital DRG other than outlier	2,982,355	763,162		2,219,193		2,982,355	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	40,035	5,836		34,199		40,035	21
21.01	Model 4 BPCI Capital DRG outlier payments							21.01
22	Indirect medical education percentage	52.7000	52.7000		52.7000			22
23	Indirect medical education adjustment	1,571,701	402,186		1,169,515		1,571,701	23
24	Allowable disproportionate share percentage	0.1289	0.1289		0.1289			24
25	Disproportionate share adjustment	379,435	379,435				379,435	25
26	Total prospective capital payments	4,973,526	1,550,619		3,422,907		4,973,526	26
27								27
28	Low volume adjustment prior to October 1							28
29	Low volume adjustment on or after October 1							29
30	HVBP payment adjustment							30
30.01	HVBP payment adjustment for HSP bonus payment							30.01
31	HRR adjustment							31
31.01	HRR adjustment for HSP bonus payment							31.01
32	HAC Reduction Program adjustment		228,933		666,344		895,277	32

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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-0150****WORKSHEET E
PART B**Check applicable box: ☒ **Hospital** ☐ **IPF** ☐ **IRF** ☐ **SUB (Other)** ☐ **SNF****PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	54,559,480			2
3	OPPS payments	40,440,961			3
4	Outlier payment (see instructions)	835,404			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	26,387			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)	41,302,752			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	7,466,508			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	33,836,244			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,397,100			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	38,233,344			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	38,233,344			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,890,631			34
35	Adjusted reimbursable bad debts (see instructions)	1,228,910			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,147,917			36
37	Subtotal (see instructions)	39,462,254			37
38	MSP-LCC reconciliation amount from PS&R	4,657			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	39,457,597			40
40.01	Sequestration adjustment (see instructions)	789,152			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	39,202,461			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-534,016			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-S150****WORKSHEET E
PART B**Check applicable box: ☐ Hospital ☒ IPF ☐ IRF ☐ SUB (Other) ☐ SNF**PART B - MEDICAL AND OTHER HEALTH SERVICES**

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	OPPS payments	1,547			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)	1,547			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	309			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)	1,238			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)	1,238			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,238			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)	1,238			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)	1,238			40
40.01	Sequestration adjustment (see instructions)	25			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	1,238			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-25			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-0150****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			102,908,130		39,168,559
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					
3	List separately each retroactive lump sum adjustment	.01	06/12/2019	297,410	06/12/2019	33,902
	amount based on subsequent revision of the interim	.02				
	rate for the cost reporting period. Also show date of	.03				
	each payment. If none, write 'NONE' or enter a zero. (1)	.04				
	Program	.05				
	to	.06				
	Provider	.07				
		.08				
		.09				
		.10				
		.50				
		.51				
		.52				
		.53				
		.54				
		.55				
		.56				
		.57				
		.58				
		.59				
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		297,410		33,902
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)			103,205,540		39,202,461
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment	.01				
	after desk review. Also show date of each payment.	.02				
	If none, write 'NONE' or enter a zero. (1)	.03				
	Program	.04				
	to	.05				
	Provider	.06				
		.07				
		.08				
		.09				
		.10				
		.50				
		.51				
		.52				
		.53				
		.54				
		.55				
		.56				
		.57				
		.58				
		.59				
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		2,469,301		
		.02				
7	Total Medicare program liability (see instructions)			105,674,841		
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED**COMPONENT CCN: 14-S150****WORKSHEET E-1
PART I**

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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			1,308,325		1,238
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)			1,308,325		1,238
	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	-3,806		-25
7	Total Medicare program liability (see instructions)			1,304,519		1,213
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S150****WORKSHEET E-3
PART II**

Check ☐ Hospital
Applicable ☒ Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,124,794	1
2	Net IPF PPS Outlier payment	267,322	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	10.00	4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	6.35	6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)	6.35	8
9	Average daily census (see instructions)	35.649315	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$	0.088086	10
11	Teaching adjustment (line 1 multiplied by line 10)	99,079	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,491,195	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,491,195	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,491,195	18
19	Deductibles	53,194	19
20	Subtotal (line 18 minus line 19)	1,438,001	20
21	Coinurance	138,724	21
22	Subtotal (line 20 minus line 21)	1,299,277	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,299,277	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)	31,865	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,331,142	31
31.01	Sequestration adjustment (see instructions)	26,623	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,308,325	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)	-3,806	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			372.01	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			1.00	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			78.41	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			451.42	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			479.43	6
7	Enter the lesser of line 5 or line 6			451.42	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	170.89	259.87	430.76	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	160.91	244.69	405.60	9
10	Weighted dental and podiatric resident FTE count for the current year		28.92		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	160.91	273.61		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	160.94	276.78		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	164.54	271.03		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	162.13	273.81		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	1.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	162.13	274.81		17
18	Per resident amount	107,244.55	101,551.15		18
19	Approved amount for resident costs	17,387,559	27,907,272	45,294,831	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)			28.01	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)			45,294,831	25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	21,757	10,783		26
27	Total inpatient days (see instructions)	113,740	113,740		27
28	Ratio of inpatient days to total inpatient days	0.191287	0.094804		28
29	Program direct GME amount	8,664,312	4,294,131		29
30	Reduction for direct GME payments for Medicare Advantage		606,761		30
31	Net Program direct GME amount			12,351,682	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)			35,451,343	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)			86,096,968	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			12,651,542	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)			98,748,510	41
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)			54,585,867	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			54,585,867	44
45	Total reasonable cost (sum of lines 41 and 44)			153,334,377	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.644008	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.355992	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			12,351,682	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			7,954,582	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			4,397,100	50

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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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	299,558,754				1
2	Temporary investments	990,147				2
3	Notes receivable					3
4	Accounts receivable	141,988,773				4
5	Other receivables	41,310,205				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	6,092,706				7
8	Prepaid expenses	2,525,757				8
9	Other current assets	24,197,377				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	516,663,719				11
	FIXED ASSETS					
12	Land	770,917				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	311,334,492				15
16	Accumulated depreciation	-136,855,049				16
17	Leasehold improvements	2,320,152				17
18	Accumulated depreciation	-2,277,267				18
19	Fixed equipment	48,287,680				19
20	Accumulated depreciation	-39,373,532				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	157,726,754				23
24	Accumulated depreciation	-119,955,551				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	221,978,596				30
	OTHER ASSETS					
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	3,430,095				34
35	Total other assets (sum of lines 31-34)	3,430,095				35
36	Total assets (sum of lines 11, 30 and 35)	742,072,410				36
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Liabilities and Fund Balances (Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	84,203,713				37
38	Salaries, wages and fees payable	15,274,577				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	5,425,784				40
41	Deferred income	80,427,689				41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,182,166				44
45	Total current liabilities (sum of lines 37 thru 44)	187,513,929				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	131,862,910				49
50	Total long term liabilities (sum of lines 46 thru 49)	131,862,910				50
51	Total liabilities (sum of lines 45 and 50)	319,376,839				51
	CAPITAL ACCOUNTS					
52	General fund balance	422,695,571				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	422,695,571				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	742,072,410				60

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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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		389,036,883		1
2	Net income (loss) (from Worksheet G-3, line 29)		33,658,688		2
3	Total (sum of line 1 and line 2)		422,695,571		3
4	Additions (credit adjustments) (specify)				4
5	CHANGE IN ACCOUNTING PRINCIPLE				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		422,695,571		11
12	Deductions (debit adjustments) (specify)				12
13	PRIOR PERILD ADJUSTMENT				13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		422,695,571		19

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	193,415,969		193,415,969	1
2	Subprovider IPF	30,776,418		30,776,418	2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	224,192,387		224,192,387	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	61,195,569		61,195,569	11
11.01	PEDS ICU	6,886,342		6,886,342	11.01
11.02	NEONATAL ICU	40,677,174		40,677,174	11.02
12	Coronary Care Unit	29,679,958		29,679,958	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)	138,439,043		138,439,043	16
17	Total inpatient routine care services (sum of lines 10 and 16)	362,631,430		362,631,430	17
18	Ancillary services	908,497,172		908,497,172	18
19	Outpatient services		1,437,176,933	1,437,176,933	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,271,128,602	1,437,176,933	2,708,305,535	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,025,908,827	29
30	COM PHYSICIAN SALARIES			30
31	PAYMENTS ON BEHALF - BENEFITS			31
32	UTILITIES & OTHER ADMIN			32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39	OTHER			39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,025,908,827	43

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,708,305,535	1
2	Less contractual allowances and discounts on patients' accounts	1,948,333,476	2
3	Net patient revenues (line 1 minus line 2)	759,972,059	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,025,908,827	4
5	Net income from service to patients (line 3 minus line 4)	-265,936,768	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses	1,893,095	11
12	Parking lot receipts	352,303	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,009,353	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	31,942	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	46,851	19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space	474,635	22
23	Governmental appropriations	20,381,600	23
24	Other (OTHER OPERATING)	9,272,848	24
24.01	Other (EHR INCENTIVE PAYMENTS STATE & FED)	161,500	24.01
24.02	Other (PAYMENT ON BEHALF OF)	29,125,628	24.02
24.03	Other (CAPITATION REV)	3,815,413	24.03
24.04	Other (BERWYN & OUTREACH)	8,877,729	24.04
24.05	Other (NON-OPER - NET REVENUE)	709,108	24.05
24.06	Other (HOSP/MED SRVS INCOME & TELEMEDICINE)	12,117,231	24.06
24.07	Other (NON-OPER-ON BEHALF PAYMENTS)	199,798,842	24.07
24.08	Other (INVESTMENT INCOME)	7,030,700	24.08
24.09	Other (NET ADJUST IN INTEREST EXPENSE)	3,496,678	24.09
25	Total other income (sum of lines 6-24)	299,595,456	25
26	Total (line 5 plus line 25)	33,658,688	26
27.01	Other expenses (NET CHANGE IN FMV OF INVESTMENTS)		27.01
27.02	Other expenses (NET OTHER NON OPERATING EXPENSE)		27.02
29	Net income (or loss) for the period (line 26 minus line 28)	33,658,688	29

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

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

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	1,250,467	Hours of Service	40,205.00	19.33	1
2	Licensed Practical Nurses	62,996	Hours of Service	2,330.00	1.12	2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,329,988	Hours of Service	86,499.00	41.59	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	983,077	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	3,626,528				9
10	Employee Benefits		Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs	382,006	Percentage of Time			13
14	Supplies	1,103,596	Requisitions			14
15	Drugs	230,191	Requisitions			15
16	Other	94,243	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	5,436,564				17
18	Capital Related Costs-Bldgs. & Fixtures	164,720	Square Feet			18
19	Capital Related Costs-Mov. Equip.	92,084	Percentage of Time			19
20	Employee Benefits Department	2,143,060	Salary			20
21	Administrative and General	1,599,315	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	682,040	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	31,787	Requisitions			24
25	Pharmacy	26,384	Requisitions			25
26	Other Allocated Costs	274,274	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	10,450,228				27
28	Laboratory		Charges			28
28.01	LAB TISSUE TYPING		Charges			28.01
28.02	LAB OUTREACH		Charges			28.02
29	Respiratory Therapy		Charges			29
30	OTHER ANCILLARY SVC		Charges			30
30.01	GASTROENTROLOGY		Charges			30.01
30.02	BONE MARROW TRANSPLANT		Charges			30.02
30.03	CARDIAC SERVICES		Charges			30.03
30.04	TELEMEDICINE PROGRAM		Charges			30.04
30.05	SLEEP LAB WEST HARRISON		Charges			30.05
30.06	SICKLE CELL		Charges			30.06
30.07	HEART CENTER-ROOSEVELT RD		Charges			30.07
30.97	CARDIAC REHABILITATION		Charges			30.97
30.98	HYPERBARIC OXYGEN THERAPY		Charges			30.98
30.99	LITHOTRIPSY		Charges			30.99
31	Total costs (sum of lines 27-30)	10,450,228				31

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

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

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

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	846,760	474,090	1,250,467	1,392,984	2,143,060	26,809	1
	MAINTENANCE							
2	Hemodialysis	716,410	401,108	810,059	902,423	1,388,304	17,366	2
2.01	AKI - Hemodialysis							2.01
3	Intermittent Peritoneal							3
3.01	AKI - Intermittent Peritoneal							3.01
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD	898	503	995	1,127	1,726	22	6
7	CCPD	1,105	619	1,213	1,353	2,085	26	7
	HOME							
8	Hemodialysis			26,748	29,744	45,793	573	8
9	Intermittent Peritoneal							9
10	CAPD			58,255	64,899	99,853	1,249	10
11	CCPD			208,012	231,721	356,494	4,460	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	128,347	71,860	145,185	161,717	248,805	3,113	12
13	Method II Home Patient							13
14	All ESAs (incl. in renal department)						229,766	14
15	N/A for FYB on/after 10/1/2015							15
16	Other							16
17	Total (sum of lines 2 through 16)	846,760	474,090	1,250,467	1,392,984	2,143,060	26,809	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES**WORKSHEET I-2**

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

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	1,135,383		7,269,553	2,950,909	10,220,462	1
	MAINTENANCE						
2	Hemodialysis	735,519		4,971,189	2,017,940	6,989,129	2
2.01	AKI - Hemodialysis						2.01
3	Intermittent Peritoneal						3
3.01	AKI - Intermittent Peritoneal						3.01
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	914		6,185	2,511	8,696	6
7	CCPD	1,105		7,506	3,047	10,553	7
	HOME						
8	Hemodialysis	24,260		127,118	51,601	178,719	8
9	Intermittent Peritoneal						9
10	CAPD	52,901		277,157	112,506	389,663	10
11	CCPD	188,869		989,556	401,687	1,391,243	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	131,815		890,842	361,617	1,252,459	12
13	Method II Home Patient						13
14	All ESAs (incl. in renal department)						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total (sum of lines 2 through 16)	1,135,383		7,269,553	2,950,909	10,220,462	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					10,220,462	19

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS**WORKSHEET I-3**

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

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	846,760	474,090	1,250,467	1,392,984	2,143,060	1
	MAINTENANCE						
2	Hemodialysis	10,371	10,371.00	26,045.00	56,037.00	2,349,316	2
2.01	AKI - Hemodialysis		0.00	0.00	0.00		2.01
3	Intermittent Peritoneal						3
3.01	AKI - Intermittent Peritoneal						3.01
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	13	13.00	32.00	70.00	2,920	6
7	CCPD	16	16.00	39.00	84.00	3,528	7
	HOME						
8	Hemodialysis			860.00	1,847.00	77,492	8
9	Intermittent Peritoneal						9
10	CAPD			1,873.00	4,030.00	168,973	10
11	CCPD			6,688.00	14,389.00	603,266	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 3,461	1,858	1,858.00	4,668.00	10,042.00	421,033	12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	12,258	12,258.00	40,205.00	86,499.00	3,626,528	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	69.078153	38.675967	31.102276	16.104047	0.590940	18

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS**WORKSHEET I-3**

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

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs	26,809	1,135,383				1
	MAINTENANCE						
2	Hemodialysis	149,120	714,927				2
2.01	AKI - Hemodialysis						2.01
3	Intermittent Peritoneal						3
3.01	AKI - Intermittent Peritoneal						3.01
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	185	888				6
7	CCPD	224	1,074				7
	HOME						
8	Hemodialysis	4,920	23,581				8
9	Intermittent Peritoneal						9
10	CAPD	10,725	51,420				10
11	CCPD	38,292	183,581				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 3,461	26,725	128,125				12
13	Method II Home Patient						13
14	N/A for FYB on/after 10/1/2015						14
15	N/A for FYB on/after 10/1/2015						15
16	Other						16
17	Total Statistical Basis	230,191	1,103,596			7,269,553	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.116464	1.028803			0.405927	18

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

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

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	19,312	6,989,129	361.91	11,018			3,987,524	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	24	8,696	362.33					5
6	Training - Continuous Cycling Peritoneal Dialysis	29	10,553	363.90					6
7	Home Program - Hemodialysis	637	178,719	280.56	12			3,367	7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	198	389,663	1,967.99	56			110,207	9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	708	1,391,243	1,965.03	501			984,480	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	20,002	8,968,003		11,030			5,085,578	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	22,720							12

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

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

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	3,451,780			313.29			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis	3,049			254.08			7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	40,442			722.18			9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	427,348			852.99			10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	3,922,619						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B**WORKSHEET I-5**

	DESCRIPTION			
1	Total expenses related to care of program beneficiaries (see instructions)		5,085,578	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	3,922,619	3,824,628	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	3,922,619	3,824,628	2.03
2.04	Outlier payments	3,698		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)			3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	726	708	4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	726	708	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		708	8
9	Program payment (see instructions)		3,059,702	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12	Total allowable expenses (see instructions)		9,197,769	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		8,968,003	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		0.975019	14

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CALCULATION OF CAPITAL PAYMENT**COMPONENT CCN: 14-0150****WORKSHEET L**

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT	1 URBAN	1.01 RURAL	
1	Capital DRG other than outlier	2,943,642	38,713	1
1.01	Model 4 BPCI Capital DRG other than outlier			1.01
2	Capital DRG outlier payments	40,035		2
2.01	Model 4 BPCI Capital DRG outlier payments			2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	275.97		3
4	Number of interns & residents (see instructions)	473.51		4
5	Indirect medical education percentage (see instructions)	52.70		5
6	Indirect medical education adjustment (see instructions)	1,571,701		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1478		7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4506		8
9	Sum of lines 7 and 8	0.5984		9
10	Allowable disproportionate share percentage (see instructions)	0.1289		10
11	Disproportionate share adjustment (see instructions)	379,435		11
12	Total prospective capital payments (see instructions)	4,973,526		12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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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		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
33	Burn Intensive Care Unit							33
34	Surgical Intensive Care Unit							34
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62	Whole Blood & Packed Red Blood Cells							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy							67
67.01	OCCUPATIONAL THERAPY-OCC							67.01
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2018 To: 06/30/2019	Run Date: 12/02/2019 Run Time: 11:34 Version: 2018.12 (10/24/2019)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
93.04	LION'S EYE INST.							93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202