

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 prepared cost report 2. ☒ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☐ Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 11/30/2020 Time: 07:28
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 07/01/2019 and ending 06/30/2020, 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) LAURENCE S. APPEL
Chief Financial Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

11/30/2020 07:28
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-2,206,490	-977,879			1
2	SUBPROVIDER - IPF		19,136				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		-2,187,354	-977,879			200

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2019	To: 06 / 30 / 2020	20
21	Type of control (see instructions)	10		21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,475	1,299	136		33,718	2,425	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.	2		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27
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
		Y	XVIII	
	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	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
56	Teaching Hospitals Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		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	NAHE MA Y/N 2	3	
60	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		60
		1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.	2	60.01
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64 through 67. (see instructions)	Y			63
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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
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)	1.63	296.98	0.005459	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	PREV MED - OCC MED	2150	0.49	5.25	0.085366
67.01	IM - GERIATRIC MED	1408	0.08	0.08	0.500000

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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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

		1	2	
Rural Providers		N		
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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes or 'N' for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter 'Y' for yes or 'N' for no in column 2. (see instructions)			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
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.			Respiratory

		1	2	3	
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.	N			111
		1	2	3	
112	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112

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. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y			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
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	10,599,651		8,663	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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

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.			132
133	Removed and reserved			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

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		Title V	Title XIX	
		Part A	Part B			
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)			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	11/02/2020	Y	11/02/2020	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

Health Financial Systems Compu-Max 2552-10

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

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

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: CYNTHIA	Last name: SCHMIEGELT	Title: DIRECTOR OF HOSPITAL REIMB
42	Employer: UNIVERSITY OF ILLINOIS HOSPITAL		
43	Phone number: 3124138414	E-mail Address: CSCHMIEG@UIC.EDU	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Hospital 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	103,149			14,346	4,003	68,805	1
2	HMO and other (see instructions)						13,348	33,854		2
3	HMO IPF Subprovider							5,142		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	103,149			14,346	4,003	68,805	7
8	Intensive Care Unit	31	42	15,372			3,987	820	13,571	8
8.01	PEDS ICU	31.01	18	6,588				231	1,315	8.01
8.02	NEONATAL ICU	31.02	52	19,032				3,357	9,721	8.02
9	Coronary Care Unit	32	19	6,954			1,745	390	6,384	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						1,398	2,890	13
14	Total (see instructions)		434	151,095			20,078	10,199	102,686	14
15	CAH Visits									15
16	Subprovider - IPF	40	50	18,300			964	3,848	12,415	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							295	5,534	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		8	2,928				72	1,298	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)					3,038	1,396	18,033	1
2	HMO and other (see instructions)						7,266		2
3	HMO IPF Subprovider						418		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)	486.57	4,524.78			3,038	1,396	18,033	14
15	CAH Visits								15
16	Subprovider - IPF	5.21	95.71			94	129	863	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)	491.78	4,620.49						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	Reclass- ification 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	200	362,957,859	8,385,668	371,343,527	8,805,489.90	42.17	1
2		2,023,642		2,023,642	24,960.00	81.08	2
3		903,171		903,171	10,400.00	86.84	3
4		1,097,043		1,097,043	9,888.00	110.95	4
4.01							4.01
5		6,334,342		6,334,342	95,454.00	66.36	5
6							6
7	21	24,081,163	8,986,912	33,068,075	1,110,914.70	29.77	7
7.01		267,179		267,179	6,240.00	42.82	7.01
8							8
9	44						9
10		15,309,263	278,867	15,588,130	374,665.00	41.61	10
OTHER WAGES & RELATED COSTS							
11		15,703,656		15,703,656	247,024.00	63.57	11
12		844,729		844,729	22,485.00	37.57	12
13							13
14							14
14.01							14.01
14.02							14.02
15		1,716,957		1,716,957	10,854.00	158.19	15
16							16
16.01		15,681,554		15,681,554	114,995.00	136.37	16.01
16.02							16.02
WAGE-RELATED COSTS							
17		240,892,419		240,892,419			17
18							18
19		11,596,488		11,596,488			19
20		1,354,455		1,354,455			20
21		598,682		598,682			21
22		705,587		705,587			22
22.01							22.01
23		4,376,069		4,376,069			23
24							24
25		27,323,800		27,323,800			25
25.50							25.50
25.51							25.51
25.52		1,472,512		1,472,512			25.52
25.53		13,448,955		13,448,955			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26		1,381,965	-85,847	1,296,118	31,459.25	41.20	26
27		65,474,042	-10,235,745	55,238,297	1,125,638.40	49.07	27
28		779,708		779,708	5,513.90	141.41	28
29		940,142	7,516	947,658	19,733.47	48.02	29
30							30
31							31
32		2,550		2,550	0.31	8,225.81	32
33		7,460,053		7,460,053	344,908.46	21.63	33
34		3,637,356	-65,124	3,572,232	162,702.59	21.96	34
35							35
36		12,788		12,788	518.70	24.65	36
37							37
38		8,455,464	-1,091,882	7,363,582	156,566.67	47.03	38
39		3,067,356	46,456	3,113,812	109,435.19	28.45	39
40		3,525,263	-598,707	2,926,556	104,935.21	27.89	40
41		3,369,153	36,958	3,406,111	109,779.96	31.03	41
42		7,370,483	-244,005	7,126,478	219,650.13	32.44	42
43		3,815,912	101,391	3,917,303	68,070.08	57.55	43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	337,588,123	-601,244	336,986,879	7,907,943.56	42.61	1
2	Excluded area salaries (see instructions)	15,309,263	278,867	15,588,130	374,665.00	41.61	2
3	Subtotal salaries (line 1 minus line 2)	322,278,860	-880,111	321,398,749	7,533,278.56	42.66	3
4	Subtotal other wages & related costs (see instructions)	18,265,342		18,265,342	280,363.00	65.15	4
5	Subtotal wage-related costs (see instructions)	243,070,518		243,070,518		75.63%	5
6	Total (sum of lines 3 through 5)	583,614,720	-880,111	582,734,609	7,813,641.56	74.58	6
7	Total overhead cost (see instructions)	109,292,235	-12,128,989	97,163,246	2,458,912.32	39.51	7

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

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	214,659,488	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	61,334,538	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan	916,649	9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,380,984	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	563,236	17
18	Medicare Taxes - Employers Portion Only	4,433,869	18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	3,558,736	23
24	Total Wage Related cost (Sum of lines 1-23)	286,847,500	24

Part B - Other Than Core Related Cost

25	Other Wage Related Costs (SPECIFY)		25
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Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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HOSPITAL CONTRACT LABOR AND BENEFIT COST**WORKSHEET S-3
PART V****Part V - Contract Labor and Benefit Cost****Hospital and Hospital-Based Component Identification:**

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	15,703,656		1
2	Hospital	15,703,656		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

Health Financial Systems Compu-Max 2552-10

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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	116				2	17	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	30	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	65,938		17,415		22
22.01		EPOGEN	20,784		3,899		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)	0.363602	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	205,165,215	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	138,062,350	5
6	Medicaid charges	897,573,707	6
7	Medicaid cost (line 1 times line 6)	326,359,595	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	668,837	9
10	Stand-alone SCHIP charges	12,069,686	10
11	Stand-alone SCHIP cost (line 1 times line 10)	4,388,562	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.	3,719,725	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)	1,103,774	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	22,811,099	14
15	State or local indigent care program cost (line 1 times line 14)	8,294,161	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.	7,190,387	16

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

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations	18,711,249	18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,910,112	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)	51,597,513	5,575,542	57,173,055	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	18,760,959	5,575,542	24,336,501	21
22	Payments received from patients for amounts previously written off as charity care	59,703	21,186	80,889	22
23	Cost of charity care (line 21 minus line 22)	18,701,256	5,554,356	24,255,612	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit				25
26	Total bad debt expense for the entire hospital complex (see instructions)			7,863,276	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,277,769	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,965,798	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,897,478	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,832,364	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			27,087,976	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			37,998,088	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				9,784,514	9,784,514		9,784,514	1
2	00200	Cap Rel Costs-Mvble Equip				18,222,164	18,222,164	-5,399,146	12,823,018	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,381,965	2,663,959	4,045,924	231,959,121	236,005,045	105,808,486	341,813,531	4
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GEN	50,794,616	429,666,696	480,461,312	-277,257,159	203,204,153	-55,762,000	147,442,153	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	8,844,986	3,960,901	12,805,887	-371,847	12,434,040	-277,837	12,156,203	5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	5,834,440	13,192,165	19,026,605	253,757	19,280,362	67,335	19,347,697	5.03
6	00600	Maintenance & Repairs	940,142	22,502,920	23,443,062	385,338	23,828,400	310,691	24,139,091	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping	2,550	6,796,407	6,798,957	256,415	7,055,372	-2,042,532	5,012,840	9
10	01000	Dietary	3,637,356	3,233,881	6,871,237	-123,939	6,747,298	-1,634,388	5,112,910	10
11	01100	Cafeteria	12,788	178	12,966	-178	12,788		12,788	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	8,455,464	676,041	9,131,505	-1,539,645	7,591,860	-19,083	7,572,777	13
14	01400	Central Services & Supply	3,067,356	6,383,014	9,450,370	-2,023,641	7,426,729	43,360	7,470,089	14
15	01500	Pharmacy	3,525,263	47,060,009	50,585,272	-31,445,877	19,139,395	-9,034,280	10,105,115	15
16	01600	Medical Records & Library	3,369,153	1,233,931	4,603,084	-11,297	4,591,787	-109,843	4,481,944	16
17	01700	Social Service	6,531,477	1,367,311	7,898,788	-366,422	7,532,366	77,975	7,610,341	17
17.01	01701	PALLATIVE CARE	839,006	36,394	875,400	-12,495	862,905	-539,124	323,781	17.01
18	01850	UTILMGMT / DSCH PLANNING	3,815,912	1,165,637	4,981,549	25,244	5,006,793	13,203	5,019,996	18
19	01900	Nonphysician Anesthetists								19
21	02100	I&R Services-Salary & Fringes Apprvd	24,081,163	710,004	24,791,167	8,850,555	33,641,722		33,641,722	21
22	02200	I&R Services-Other Prgm Costs Apprvd	904,674	1,372,853	2,277,527	-294,511	1,983,016	15,673,966	17,656,982	22
23	02300	PARAMED ED PRGM-(SPECIFY)				1,877,368	1,877,368	337,928	2,215,296	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	52,896,218	6,377,285	59,273,503	3,467,119	62,740,622	-3,118,166	59,622,456	30
31	03100	Intensive Care Unit	16,087,328	2,492,403	18,579,731	-496,869	18,082,862		18,082,862	31
31.01	02080	PEDS ICU	2,739,258	406,784	3,146,042	-165,994	2,980,048	-1,393	2,978,655	31.01
31.02	02060	NEONATAL ICU	9,660,864	1,159,439	10,820,303	-207,561	10,612,742	-3,193	10,609,549	31.02
32	03200	Coronary Care Unit	8,742,634	1,595,887	10,338,521	-462,894	9,875,627		9,875,627	32
40	04000	Subprovider - IPF	8,656,897	967,412	9,624,309		9,766,734		9,766,734	40
43	04300	Nursery				1,142,113	1,142,113		1,142,113	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	15,116,688	46,160,787	61,277,475	-40,236,406	21,041,069	-237,568	20,803,501	50
51	05100	Recovery Room	3,758,250	458,347	4,216,597	229,057	4,445,654		4,445,654	51
52	05200	Delivery Room & Labor Room	14,755,584	2,310,920	17,066,504	-6,112,217	10,954,287	-958,439	9,995,848	52
53	05300	Anesthesiology	1,670,917	2,344,648	4,015,565	-1,984,910	2,030,655	-895,002	1,135,653	53
54	05400	Radiology-Diagnostic	7,573,027	1,284,538	8,857,565	-2,311,352	6,546,213		6,546,213	54
54.01	03630	RADIO ULTRASOUND	934,461	179,468	1,113,929	233,872	1,347,801		1,347,801	54.01
54.02	03650	RADIO ANGIOGRAPHY	1,713,808	5,842,795	7,556,603	-4,696,601	2,860,002	-201,974	2,658,028	54.02
54.03	05401	RADIO WEST HARRISON	339,148	577,812	916,960	53,101	970,061	-1,919	968,142	54.03
54.04	05402	RADIO MILE SQUARE	186,093	23,410	209,503	82,778	292,281		292,281	54.04
55	05500	Radiology-Therapeutic	1,447,573	4,362,328	5,809,901	-320,344	5,489,557	-798,081	4,691,476	55
56	05600	Radioisotope	367,989	637,199	1,005,188	-30,765	974,423		974,423	56
57	05700	CT Scan	1,386,854	458,365	1,845,219	625,927	2,471,146		2,471,146	57
58	05800	MRI	1,780,988	600,234	2,381,222	-76,419	2,304,803	-1,750	2,303,053	58
59	05900	Cardiac Catheterization	875,592	3,096,015	3,971,607	-2,900,828	1,070,779		1,070,779	59
60	06000	Laboratory	11,751,534	20,196,380	31,947,914	-3,457,381	28,490,533	13,502	28,504,035	60
60.01	03420	LAB TISSUE TYPING	229,500	1,156,060	1,385,560	123	1,385,683		1,385,683	60.01
60.02	06001	LAB OUTREACH	1,692,546	2,981,461	4,674,007	3,469,070	8,143,077	-400,141	7,742,936	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	45,712	7,647,619	7,693,331	30	7,693,361	-162,790	7,530,571	63
64	06400	Intravenous Therapy	414,311	174,675	588,986	-137,214	451,772		451,772	64
65	06500	Respiratory Therapy	3,513,901	983,059	4,496,960	-231,939	4,265,021	80,333	4,345,354	65
66	06600	Physical Therapy	2,156,365	195,355	2,351,720	75,609	2,427,329	-995	2,426,334	66
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	90,849	714,932	805,781	-12,019	793,762		793,762	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	631,471	137,305	768,776	17,332	786,108		786,108	66.02
66.03	06603	PHYSICAL THERAPY-OCC	2,431,729	82,217	2,513,946	61,907	2,575,853	-1,467	2,574,386	66.03
67	06700	Occupational Therapy	1,898,244	91,698	1,989,942	47,560	2,037,502	-7,549	2,029,953	67
67.01	06701	OCCUPATIONAL THERAPY-OCC	440,372	15,245	455,617	-4,328	451,289	-250	451,039	67.01
68	06800	Speech Pathology	852,355	64,836	917,191	-13,635	903,556	-70,338	833,218	68
69	06900	Electrocardiology	238,947	11,812	250,759	2,659	253,418		253,418	69
70	07000	Electroencephalography	672,876	122,635	795,511	-42,408	753,103		753,103	70
71	07100	Medical Supplies Charged to Patients				66,386,901	66,386,901	44,614	66,431,515	71
73	07300	Drugs Charged to Patients				75,852,675	75,852,675	-431,919	75,420,756	73
74	07400	Renal Dialysis	3,677,754	2,206,794	5,884,548	-15,695	5,868,853	10,394	5,879,247	74
76	03950	OTHER ANCILLARY SVC								76
76.01	03340	GASTROENTROLOGY	2,388,037	2,294,489	4,682,526	-1,519,099	3,163,427	12,102	3,175,529	76.01
76.02	03951	BONE MARROW TRANSPLANT	798,218	794,004	1,592,222	-28,502	1,563,720	-36,607	1,527,113	76.02
76.03	03140	CARDIAC SERVICES	2,120,800	2,198,169	4,318,969	-1,606,422	2,712,547	167,967	2,880,514	76.03

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
76.04	03952	TELEMEDICINE PROGRAM		10,897,589	10,897,589	-9,647,599	1,249,990	401,736	1,651,726	76.04
76.05	03953	SLEEP LAB WEST HARRISON	380,950	848,491	1,229,441	1,429	1,230,870	-26,264	1,204,606	76.05
76.06	03954	SICKLE CELL	1,148,315	271,842	1,420,157	-221,248	1,198,909	-242,150	956,759	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	1,115	21,449	22,564	27,695	50,259		50,259	76.07
76.08	03956	UIH UROLOGY CLINIC		26,667	26,667	240,878	267,545		267,545	76.08
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	96,929	2,203	99,132	-31,251	67,881		67,881	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	24,541,391	32,350,880	56,892,271	-28,224,008	28,668,263	-1,354,166	27,314,097	90
91	09100	Emergency	10,856,658	2,285,629	13,142,287	-531,360	12,610,927	5,122	12,616,049	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	EYE EAR INFIRMARY	2,367,722	787,153	3,154,875	-379,708	2,775,167	18,366	2,793,533	93.01
93.02	04952	OCC PSYCH	1,071,739	112,120	1,183,859	-49,446	1,134,413	-103,317	1,031,096	93.02
93.03	04951	OCC ADOLESCENTS	2,712,971	914,899	3,627,870	-483,254	3,144,616		3,144,616	93.03
93.04	04953	LION'S EYE INST.	353,700	3,211,403	3,565,103	-2,987,796	577,307		577,307	93.04
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	3,625,129	7,506,430	11,131,559	-851,154	10,280,405	-48,674	10,231,731	105
107	10700	Liver Acquisition	502,701	2,218,661	2,721,362	-71,108	2,650,254	357,968	3,008,222	107
109	10900	Pancreas Acquisition	14,843	1,029,229	1,044,072	32,598	1,076,670	52,646	1,129,316	109
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)		84,110	84,110	201,835	285,945	-68,939	217,006	112
118		SUBTOTALS (sum of lines 1-117)	360,448,166	727,995,877	1,088,444,043	12,424	1,088,456,467	39,506,410	1,127,962,877	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		175	175		175	-175		190
191	19100	Research	520,031	91,309	611,340	-17,116	594,224		594,224	191
192	19200	Physicians' Private Offices	1,702,950	3,976,225	5,679,175	11,311	5,690,486	-264,567	5,425,919	192
192.01	19201	PILSEN-OFFSITE CLINIC	286,712	655,306	942,018	-6,619	935,399	-32,976	902,423	192.01
192.02	19202	MULTI-SPECIALTY AMB CLINIC		9,354	9,354		9,354		9,354	192.02
194	07950	OUTPATIENT PHARMACY		28,027,044	28,027,044		28,027,044		28,027,044	194
200		TOTAL (sum of lines 118-199)	362,957,859	760,755,290	1,123,713,149		1,123,713,149	39,208,692	1,162,921,841	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	3,602,047	801,343
2	WOMENS HEALTH	A	Nursery	43	934,268	207,845
500	Total reclassifications				4,536,315	1,009,188
	Code Letter - A					
1	CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		151,330
2	CHARGEABLE MED SPLS	B	Medical Supplies Charged to P	71		66,299,752
3	CHARGEABLE MED SPLS	B				
4	CHARGEABLE MED SPLS	B				
5	CHARGEABLE MED SPLS	B				
6	CHARGEABLE MED SPLS	B				
7	CHARGEABLE MED SPLS	B				
8	CHARGEABLE MED SPLS	B				
9	CHARGEABLE MED SPLS	B				
10	CHARGEABLE MED SPLS	B				
11	CHARGEABLE MED SPLS	B				
12	CHARGEABLE MED SPLS	B				
13	CHARGEABLE MED SPLS	B				
14	CHARGEABLE MED SPLS	B				
15	CHARGEABLE MED SPLS	B				
16	CHARGEABLE MED SPLS	B				
17	CHARGEABLE MED SPLS	B				
18	CHARGEABLE MED SPLS	B				
19	CHARGEABLE MED SPLS	B				
20	CHARGEABLE MED SPLS	B				
21	CHARGEABLE MED SPLS	B				
22	CHARGEABLE MED SPLS	B				
23	CHARGEABLE MED SPLS	B				
24	CHARGEABLE MED SPLS	B				
25	CHARGEABLE MED SPLS	B				
26	CHARGEABLE MED SPLS	B				
27	CHARGEABLE MED SPLS	B				
28	CHARGEABLE MED SPLS	B				
29	CHARGEABLE MED SPLS	B				
30	CHARGEABLE MED SPLS	B				
31	CHARGEABLE MED SPLS	B				
32	CHARGEABLE MED SPLS	B				
33	CHARGEABLE MED SPLS	B				
34	CHARGEABLE MED SPLS	B				
35	CHARGEABLE MED SPLS	B				
36	CHARGEABLE MED SPLS	B				
37	CHARGEABLE MED SPLS	B				
38	CHARGEABLE MED SPLS	B				
39	CHARGEABLE MED SPLS	B				
40	CHARGEABLE MED SPLS	B				
41	CHARGEABLE MED SPLS	B				
42	CHARGEABLE MED SPLS	B				
43	CHARGEABLE MED SPLS	B				
44	CHARGEABLE MED SPLS	B				
45	CHARGEABLE MED SPLS	B				
46	CHARGEABLE MED SPLS	B				
47	CHARGEABLE MED SPLS	B				
48	CHARGEABLE MED SPLS	B				
49	CHARGEABLE MED SPLS	B				
50	CHARGEABLE MED SPLS	B				
51	CHARGEABLE MED SPLS	B				
52	CHARGEABLE MED SPLS	B				
53	CHARGEABLE MED SPLS	B				
54	CHARGEABLE MED SPLS	B				
55	CHARGEABLE MED SPLS	B				
56	CHARGEABLE MED SPLS	B				
57	CHARGEABLE MED SPLS	B				
58	CHARGEABLE MED SPLS	B				
59	CHARGEABLE MED SPLS	B				
60	CHARGEABLE MED SPLS	B				
61	CHARGEABLE MED SPLS	B				
62	CHARGEABLE MED SPLS	B				
63	CHARGEABLE MED SPLS	B				
64	CHARGEABLE MED SPLS	B				
65	CHARGEABLE MED SPLS	B				
500	Total reclassifications					66,451,082
	Code Letter - B					
1	CHARGEABLE DRUGS	C	Drugs Charged to Patients	73		75,852,675
2	CHARGEABLE DRUGS	C	Renal Dialysis	74		86,722
3	CHARGEABLE DRUGS	C				

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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	
4	CHARGEABLE DRUGS	C					4
5	CHARGEABLE DRUGS	C					5
6	CHARGEABLE DRUGS	C					6
7	CHARGEABLE DRUGS	C					7
8	CHARGEABLE DRUGS	C					8
9	CHARGEABLE DRUGS	C					9
10	CHARGEABLE DRUGS	C					10
11	CHARGEABLE DRUGS	C					11
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
46	CHARGEABLE DRUGS	C					46
500	Total reclassifications					75,939,397	500
	Code Letter - C						
1	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	552,000		1
2	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,325,368	2
500	Total reclassifications				552,000	1,325,368	500
	Code Letter - D						
1	RADIOLOGY ADMIN & NURSING	E	Recovery Room	51	50,890	7,204	1
2	RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	255,243	36,132	2
3	RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	186,463	26,396	3
4	RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	93,033	13,170	4
5	RADIOLOGY ADMIN & NURSING	E	RADIO MILE SQUARE	54.04	73,949	10,468	5
6	RADIOLOGY ADMIN & NURSING	E	Radioisotope	56	37,372	5,290	6
7	RADIOLOGY ADMIN & NURSING	E	CT Scan	57	830,931	117,627	7
8	RADIOLOGY ADMIN & NURSING	E	MRI	58	205,546	29,097	8
9	RADIOLOGY ADMIN & NURSING	E	CARDIAC SERVICES	76.03	228,606	32,361	9
500	Total reclassifications				1,962,033	277,745	500
	Code Letter - E						
1	DEPRECIATION-BLDG	F	Cap Rel Costs-Bldg & Fixt	1		9,784,514	1
2	DEPRECIATION-EQUIP	F	Cap Rel Costs-Mvble Equip	2		12,823,017	2
3	AMORTIZATION BOND DSCT	F	Cap Rel Costs-Mvble Equip	2		5,107,495	3
4	INTEREST ON INDEBTEDNESS	F	Cap Rel Costs-Mvble Equip	2		61,253	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		250,733	5
500	Total reclassifications					28,027,012	500
	Code Letter - F						
1	BENEFIT EXPENSE	G	Employee Benefits Department	4		236,886,198	1
2	BENEFIT EXPENSE	G					2
3	BENEFIT EXPENSE	G					3
4	BENEFIT EXPENSE	G					4
5	BENEFIT EXPENSE	G					5

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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	
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
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
70	BENEFIT EXPENSE	G					70
71	BENEFIT EXPENSE	G					71
500	Total reclassifications					236,886,198	500
	Code Letter - G						
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	93,806		1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	152,000		2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	1,390,682		3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	642,024		4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	285,093		5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	44,723		6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	216,984		7

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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	
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				2,825,312		500
	Code Letter - H						
1	GLUCOSE MGMT	I	Adults & Pediatrics	30	56,905	807	1
2	GLUCOSE MGMT	I	Intensive Care Unit	31	11,224	159	2
3	GLUCOSE MGMT	I	PEDS ICU	31.01	1,463	21	3
4	GLUCOSE MGMT	I	Coronary Care Unit	32	4,904	70	4
5	GLUCOSE MGMT	I	Subprovider - IPF	40	10,268	146	5
500	Total reclassifications				84,764	1,203	500
	Code Letter - I						
1	TELEMEDICINE PERSONNEL	J	TELEMEDICINE PROGRAM	76.04		91,300	1
500	Total reclassifications					91,300	500
	Code Letter - J						
1	OUTREACH LAB	K	LAB OUTREACH	60.02	1,222,418	2,254,804	1
2	OUTREACH LAB	K					2
500	Total reclassifications				1,222,418	2,254,804	500
	Code Letter - K						
1	MOU COSTS NOT IN LINE 5.01	L	MEDICAL CENTER ALL OTHER ADMI	5.01		821,255	1
2	MOU COSTS NOT IN LINE 5.01	L					2
3	MOU COSTS NOT IN LINE 5.01	L					3
4	MOU COSTS NOT IN LINE 5.01	L					4
5	MOU COSTS NOT IN LINE 5.01	L					5
6	MOU COSTS NOT IN LINE 5.01	L					6
7	MOU COSTS NOT IN LINE 5.01	L					7
500	Total reclassifications					821,255	500
	Code Letter - L						
1	TRANSPLANT DIRECTORS	M	Kidney Acquisition	105	9,465		1
2	TRANSPLANT DIRECTORS	M	Liver Acquisition	107	631		2
3	TRANSPLANT DIRECTORS	M	Pancreas Acquisition	109	2,524		3
500	Total reclassifications				12,620		500
	Code Letter - M						
1	RESIDENT BILLING BENEFITS	N	I&R Services-Salary & Fringes	21	8,385,668		1
500	Total reclassifications				8,385,668		500
	Code Letter - N						
1	RAPID RESPONSE TEAM	O	Adults & Pediatrics	30	436,066	7,947	1
2	RAPID RESPONSE TEAM	O	Intensive Care Unit	31	86,009	1,568	2
3	RAPID RESPONSE TEAM	O	Coronary Care Unit	32	37,583	685	3
500	Total reclassifications				559,658	10,200	500
	Code Letter - O						
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Clinic	90	115,267		1
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Kidney Acquisition	105	1,025		2
500	Total reclassifications				116,292		500
	Code Letter - P						
1	AMBULATORY HEART CENTER	Q	HEART CENTER-ROOSEVELT RD	76.07	27,749		1
2	AMBULATORY HEART CENTER	Q					2
500	Total reclassifications				27,749		500
	Code Letter - Q						
1	AMBULATORY OPHTHALMOLOGY	R	LION'S EYE INST.	93.04	141,115	22,294	1
500	Total reclassifications				141,115	22,294	500
	Code Letter - R						
1	RADIATION ONCOLOGY RESIDENTS	T	I&R Services-Salary & Fringes	21	267,179		1
500	Total reclassifications				267,179		500
	Code Letter - T						
1	ONCOLOGY UROLOGY CLINIC	U	UIH UROLOGY CLINIC	76.08	260,322		1
500	Total reclassifications				260,322		500
	Code Letter - U						
1	TUITION-U OF I	V	Employee Benefits Department	4		3,544,438	1
2	TUITION-U OF I	V	Dietary	10		350	2
3	TUITION-U OF I	V					3

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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
4	TUITION-U OF I	V				4
5	TUITION-U OF I	V				5
6	TUITION-U OF I	V				6
7	TUITION-U OF I	V				7
8	TUITION-U OF I	V				8
9	TUITION-U OF I	V				9
10	TUITION-U OF I	V				10
11	TUITION-U OF I	V				11
12	TUITION-U OF I	V				12
13	TUITION-U OF I	V				13
14	TUITION-U OF I	V				14
15	TUITION-U OF I	V				15
16	TUITION-U OF I	V				16
17	TUITION-U OF I	V				17
18	TUITION-U OF I	V				18
19	TUITION-U OF I	V				19
20	TUITION-U OF I	V				20
21	TUITION-U OF I	V				21
22	TUITION-U OF I	V				22
23	TUITION-U OF I	V				23
24	TUITION-U OF I	V				24
25	TUITION-U OF I	V				25
26	TUITION-U OF I	V				26
27	TUITION-U OF I	V				27
28	TUITION-U OF I	V				28
29	TUITION-U OF I	V				29
30	TUITION-U OF I	V				30
31	TUITION-U OF I	V				31
32	TUITION-U OF I	V				32
500	Total reclassifications					500
	Code Letter - V					
1	DIAGNOSTIC SERVICES NURSING	W	Recovery Room	51	230,395	16,532
2	DIAGNOSTIC SERVICES NURSING	W	RADIO ANGIOGRAPHY	54.02	111,598	8,008
3	DIAGNOSTIC SERVICES NURSING	W	RADIO ANGIOGRAPHY	54.02	111,598	8,008
4	DIAGNOSTIC SERVICES NURSING	W	RADIO WEST HARRISON	54.03	35,999	2,583
5	DIAGNOSTIC SERVICES NURSING	W	MRI	58	71,998	5,166
6	DIAGNOSTIC SERVICES NURSING	W	GASTROENTEROLOGY	76.01	122,397	8,783
7	DIAGNOSTIC SERVICES NURSING	W	CARDIAC SERVICES	76.03	36,000	2,582
500	Total reclassifications				719,985	51,662
	Code Letter - W					
1	COVID EMER RESPONSE MGMT	Y	Employee Benefits Department	4	6,386	
2	COVID EMER RESPONSE MGMT	Y	HOSPITAL ADMIN & GENERAL	5.02	103,137	
3	COVID EMER RESPONSE MGMT	Y	AMBULATORY ADMIN & GENERAL	5.03	253,256	425,000
4	COVID EMER RESPONSE MGMT	Y	Maintenance & Repairs	6	7,516	405,666
5	COVID EMER RESPONSE MGMT	Y	Housekeeping	9		369,071
6	COVID EMER RESPONSE MGMT	Y	Dietary	10	67,590	
7	COVID EMER RESPONSE MGMT	Y	Nursing Administration	13	272,525	
8	COVID EMER RESPONSE MGMT	Y	Central Services & Supply	14	46,456	
9	COVID EMER RESPONSE MGMT	Y	Pharmacy	15	69,585	
10	COVID EMER RESPONSE MGMT	Y	Medical Records & Library	16	36,958	
11	COVID EMER RESPONSE MGMT	Y	Social Service	17	165,639	
12	COVID EMER RESPONSE MGMT	Y	PALLATIVE CARE	17.01	2,246	
13	COVID EMER RESPONSE MGMT	Y	UTILMGMT / DSCH PLANNING	18	101,391	
14	COVID EMER RESPONSE MGMT	Y	I&R Services-Salary & Fringes	21	334,065	624,579
15	COVID EMER RESPONSE MGMT	Y	I&R Services-Other Prgm Costs	22	6,131	
16	COVID EMER RESPONSE MGMT	Y	Adults & Pediatrics	30	1,969,091	517,503
17	COVID EMER RESPONSE MGMT	Y	Intensive Care Unit	31	478,810	732,469
18	COVID EMER RESPONSE MGMT	Y	PEDS ICU	31.01	47,065	5,004
19	COVID EMER RESPONSE MGMT	Y	NEONATAL ICU	31.02	522,793	
20	COVID EMER RESPONSE MGMT	Y	Coronary Care Unit	32	794,181	
21	COVID EMER RESPONSE MGMT	Y	Subprovider - IPF	40	275,571	104,963
22	COVID EMER RESPONSE MGMT	Y	Operating Room	50	557,475	54,000
23	COVID EMER RESPONSE MGMT	Y	Recovery Room	51	159,864	39,960
24	COVID EMER RESPONSE MGMT	Y	Delivery Room & Labor Room	52	357,887	338,608
25	COVID EMER RESPONSE MGMT	Y	Anesthesiology	53	12,719	
26	COVID EMER RESPONSE MGMT	Y	Radiology-Diagnostic	54	239,494	
27	COVID EMER RESPONSE MGMT	Y	RADIO ULTRASOUND	54.01	49,452	
28	COVID EMER RESPONSE MGMT	Y	RADIO ANGIOGRAPHY	54.02	70,662	
29	COVID EMER RESPONSE MGMT	Y	RADIO WEST HARRISON	54.03	7,702	
30	COVID EMER RESPONSE MGMT	Y	RADIO MILE SQUARE	54.04	3,247	
31	COVID EMER RESPONSE MGMT	Y	Radiology-Therapeutic	55	36,919	
32	COVID EMER RESPONSE MGMT	Y	Radioisotope	56	5,240	
33	COVID EMER RESPONSE MGMT	Y	CT Scan	57	41,112	
34	COVID EMER RESPONSE MGMT	Y	MRI	58	57,306	

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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	
35	COVID EMER RESPONSE MGMT	Y	Cardiac Catheterization	59	85,439		35
36	COVID EMER RESPONSE MGMT	Y	Laboratory	60	208,906	64,800	36
37	COVID EMER RESPONSE MGMT	Y	LAB TISSUE TYPING	60.01	5,314		37
38	COVID EMER RESPONSE MGMT	Y	LAB OUTREACH	60.02	16,105		38
39	COVID EMER RESPONSE MGMT	Y	Blood Storing, Processing & T	63	727		39
40	COVID EMER RESPONSE MGMT	Y	Intravenous Therapy	64	34,537		40
41	COVID EMER RESPONSE MGMT	Y	Respiratory Therapy	65	221,796		41
42	COVID EMER RESPONSE MGMT	Y	Physical Therapy	66	130,938		42
43	COVID EMER RESPONSE MGMT	Y	PHYSICAL THERAPY-ROOSEVELT RD	66.01	8,162		43
44	COVID EMER RESPONSE MGMT	Y	PHYSICAL THERAPY MAXWELL ST	66.02	28,913		44
45	COVID EMER RESPONSE MGMT	Y	PHYSICAL THERAPY-OCC	66.03	112,755		45
46	COVID EMER RESPONSE MGMT	Y	Occupational Therapy	67	101,107		46
47	COVID EMER RESPONSE MGMT	Y	OCCUPATIONAL THERAPY-OCC	67.01	9,086		47
48	COVID EMER RESPONSE MGMT	Y	Speech Pathology	68	6,552		48
49	COVID EMER RESPONSE MGMT	Y	Electrocardiology	69	8,151		49
50	COVID EMER RESPONSE MGMT	Y	Electroencephalography	70	17,008		50
51	COVID EMER RESPONSE MGMT	Y	Medical Supplies Charged to P	71		87,149	51
52	COVID EMER RESPONSE MGMT	Y	Renal Dialysis	74	100,995		52
53	COVID EMER RESPONSE MGMT	Y	GASTROENTROLOGY	76.01	135,493		53
54	COVID EMER RESPONSE MGMT	Y	CARDIAC SERVICES	76.03	171,240		54
55	COVID EMER RESPONSE MGMT	Y	TELEMEDCINE PROGRAM	76.04		417,972	55
56	COVID EMER RESPONSE MGMT	Y	SLEEP LAB WEST HARRISON	76.05	8,803		56
57	COVID EMER RESPONSE MGMT	Y	SICKLE CELL	76.06	21,738		57
58	COVID EMER RESPONSE MGMT	Y	HYPERBARIC OXYGEN THERAPY	76.98	2,592		58
59	COVID EMER RESPONSE MGMT	Y	Clinic	90	669,727	418,808	59
60	COVID EMER RESPONSE MGMT	Y	Emergency	91	861,547	150,845	60
61	COVID EMER RESPONSE MGMT	Y	EYE EAR INFIRMARY	93.01	189,995		61
62	COVID EMER RESPONSE MGMT	Y	OCC PSYCH	93.02	5,711		62
63	COVID EMER RESPONSE MGMT	Y	OCC ADOLESCENTS	93.03	209,191		63
64	COVID EMER RESPONSE MGMT	Y	LION'S EYE INST.	93.04	26,687		64
65	COVID EMER RESPONSE MGMT	Y	Kidney Acquisition	105	42,086		65
66	COVID EMER RESPONSE MGMT	Y	Liver Acquisition	107	8,925		66
67	COVID EMER RESPONSE MGMT	Y	Physicians' Private Offices	192	37,005		67
68	COVID EMER RESPONSE MGMT	Y	PILSEN-OFFSITE CLINIC	192.01	15,955		68
500	Total reclassifications				10,662,657	4,756,397	500
	Code Letter - Y						
	GRAND TOTAL (Increases)				32,336,087	421,469,893	

(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.

Health Financial Systems Compu-Max 2552-10

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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	
1	WOMENS HEALTH	A	Delivery Room & Labor Room	52	4,536,315	1,009,188		1
2	WOMENS HEALTH	A						2
500	Total reclassifications				4,536,315	1,009,188		500
	Code letter - A							
1	CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		34,989		1
2	CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		17,113		2
3	CHARGEABLE MED SPLS	B	Maintenance & Repairs	6		10,156		3
4	CHARGEABLE MED SPLS	B	Housekeeping	9		112,619		4
5	CHARGEABLE MED SPLS	B	Dietary	10		555		5
6	CHARGEABLE MED SPLS	B	Nursing Administration	13		1,879		6
7	CHARGEABLE MED SPLS	B	Central Services & Supply	14		284,648		7
8	CHARGEABLE MED SPLS	B	Pharmacy	15		830,941		8
9	CHARGEABLE MED SPLS	B	Medical Records & Library	16		39		9
10	CHARGEABLE MED SPLS	B	Social Service	17		21,008		10
11	CHARGEABLE MED SPLS	B	PALLATIVE CARE	17.01		84		11
12	CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		22,177		12
13	CHARGEABLE MED SPLS	B	I&R Services-Salary & Fringes	21		1,401		13
14	CHARGEABLE MED SPLS	B	Adults & Pediatrics	30		2,456,446		14
15	CHARGEABLE MED SPLS	B	Intensive Care Unit	31		1,329,841		15
16	CHARGEABLE MED SPLS	B	PEDS ICU	31.01		166,339		16
17	CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		556,492		17
18	CHARGEABLE MED SPLS	B	Coronary Care Unit	32		1,005,702		18
19	CHARGEABLE MED SPLS	B	Subprovider - IPF	40		72,822		19
20	CHARGEABLE MED SPLS	B	Operating Room	50		40,489,288		20
21	CHARGEABLE MED SPLS	B	Recovery Room	51		163,877		21
22	CHARGEABLE MED SPLS	B	Delivery Room & Labor Room	52		915,392		22
23	CHARGEABLE MED SPLS	B	Anesthesiology	53		1,826,472		23
24	CHARGEABLE MED SPLS	B	Radiology-Diagnostic	54		172,451		24
25	CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		51,742		25
26	CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,929,487		26
27	CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		68,459		27
28	CHARGEABLE MED SPLS	B	RADIO MILE SQUARE	54.04		2,256		28
29	CHARGEABLE MED SPLS	B	Radiology-Therapeutic	55		65,044		29
30	CHARGEABLE MED SPLS	B	Radioisotope	56		4,233		30
31	CHARGEABLE MED SPLS	B	CT Scan	57		217,426		31
32	CHARGEABLE MED SPLS	B	MRI	58		136,056		32
33	CHARGEABLE MED SPLS	B	Cardiac Catheterization	59		2,920,168		33
34	CHARGEABLE MED SPLS	B	Laboratory	60		66,862		34
35	CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		64		35
36	CHARGEABLE MED SPLS	B	LAB OUTREACH	60.02		183		36
37	CHARGEABLE MED SPLS	B	Blood Storing, Processing & T	63		59		37
38	CHARGEABLE MED SPLS	B	Intravenous Therapy	64		166,001		38
39	CHARGEABLE MED SPLS	B	Respiratory Therapy	65		369,170		39
40	CHARGEABLE MED SPLS	B	Physical Therapy	66		13,621		40
41	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY MAXWELL ST	66.02		2,591		41
42	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY-OCC	66.03		6,943		42
43	CHARGEABLE MED SPLS	B	Occupational Therapy	67		8,405		43
44	CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY-OCC	67.01		6,498		44
45	CHARGEABLE MED SPLS	B	Speech Pathology	68		7,932		45
46	CHARGEABLE MED SPLS	B	Electrocardiology	69		2,145		46
47	CHARGEABLE MED SPLS	B	Electroencephalography	70		49,758		47
48	CHARGEABLE MED SPLS	B	Renal Dialysis	74		167,789		48
49	CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		1,717,633		49
50	CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		9,703		50
51	CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		2,041,567		51
52	CHARGEABLE MED SPLS	B	SLEEP LAB WEST HARRISON	76.05		2,014		52
53	CHARGEABLE MED SPLS	B	SICKLE CELL	76.06		27,026		53
54	CHARGEABLE MED SPLS	B	UIH UROLOGY CLINIC	76.08		16,680		54
55	CHARGEABLE MED SPLS	B	HYPERBARIC OXYGEN THERAPY	76.98		836		55
56	CHARGEABLE MED SPLS	B	Clinic	90		1,395,271		56
57	CHARGEABLE MED SPLS	B	Emergency	91		1,214,853		57
58	CHARGEABLE MED SPLS	B	EYE EAR INFIRMARY	93.01		141,099		58
59	CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		4,503		59
60	CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		87,030		60
61	CHARGEABLE MED SPLS	B	LION'S EYE INST.	93.04		12,996		61
62	CHARGEABLE MED SPLS	B	Kidney Acquisition	105		61		62
63	CHARGEABLE MED SPLS	B	OTHER ORGAN ACQUISITION (SPEC	112		68		63
64	CHARGEABLE MED SPLS	B	Research	191		7,611		64
65	CHARGEABLE MED SPLS	B	PILSEN-OFFSITE CLINIC	192.01		16,508		65
500	Total reclassifications					66,451,082		500
	Code letter - B							
1	CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		276,510		1
2	CHARGEABLE DRUGS	C	Dietary	10		93		2

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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	
3	CHARGEABLE DRUGS	C	Central Services & Supply	14		1,739,485		3
4	CHARGEABLE DRUGS	C	Pharmacy	15		28,609,156		4
5	CHARGEABLE DRUGS	C	Adults & Pediatrics	30		491,909		5
6	CHARGEABLE DRUGS	C	Intensive Care Unit	31		230,495		6
7	CHARGEABLE DRUGS	C	PEDS ICU	31.01		11,258		7
8	CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		13,224		8
9	CHARGEABLE DRUGS	C	Coronary Care Unit	32		130,570		9
10	CHARGEABLE DRUGS	C	Subprovider - IPF	40		3,747		10
11	CHARGEABLE DRUGS	C	Operating Room	50		119,309		11
12	CHARGEABLE DRUGS	C	Recovery Room	51		37,259		12
13	CHARGEABLE DRUGS	C	Delivery Room & Labor Room	52		56,764		13
14	CHARGEABLE DRUGS	C	Anesthesiology	53		147,654		14
15	CHARGEABLE DRUGS	C	Radiology-Diagnostic	54		23,916		15
16	CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		38,642		16
17	CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		261,046		17
18	CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		26,120		18
19	CHARGEABLE DRUGS	C	Radiology-Therapeutic	55		4,633		19
20	CHARGEABLE DRUGS	C	Radioisotope	56		68,016		20
21	CHARGEABLE DRUGS	C	CT Scan	57		125,906		21
22	CHARGEABLE DRUGS	C	MRI	58		278,125		22
23	CHARGEABLE DRUGS	C	Cardiac Catheterization	59		53,394		23
24	CHARGEABLE DRUGS	C	Laboratory	60		376		24
25	CHARGEABLE DRUGS	C	Respiratory Therapy	65		33,269		25
26	CHARGEABLE DRUGS	C	Physical Therapy	66		154		26
27	CHARGEABLE DRUGS	C	Speech Pathology	68		75		27
28	CHARGEABLE DRUGS	C	Renal Dialysis	74		131,295		28
29	CHARGEABLE DRUGS	C	GASTROENTROLOGY	76.01		31,715		29
30	CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		5,924		30
31	CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		3,410		31
32	CHARGEABLE DRUGS	C	TELEMEDICINE PROGRAM	76.04		10,156,871		32
33	CHARGEABLE DRUGS	C	SICKLE CELL	76.06		194,107		33
34	CHARGEABLE DRUGS	C	HEART CENTER-ROOSEVELT RD	76.07		37		34
35	CHARGEABLE DRUGS	C	UIH UROLOGY CLINIC	76.08		2,764		35
36	CHARGEABLE DRUGS	C	HYPERBARIC OXYGEN THERAPY	76.98		6		36
37	CHARGEABLE DRUGS	C	Clinic	90		28,484,779		37
38	CHARGEABLE DRUGS	C	Emergency	91		136,468		38
39	CHARGEABLE DRUGS	C	EYE EAR INFIRMARY	93.01		232,383		39
40	CHARGEABLE DRUGS	C	OCC PSYCH	93.02		35,859		40
41	CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		566,377		41
42	CHARGEABLE DRUGS	C	LION'S EYE INST.	93.04		3,159,913		42
43	CHARGEABLE DRUGS	C	Kidney Acquisition	105		177		43
44	CHARGEABLE DRUGS	C	Liver Acquisition	107		10		44
45	CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	112		15,081		45
46	CHARGEABLE DRUGS	C	Research	191		1,116		46
500	Total reclassifications					75,939,397		500
	Code letter - C							
1	PHARMACY ALLIED HEALTH	D	Pharmacy	15	552,000			1
2	PHARMACY ALLIED HEALTH	D	Pharmacy	15		1,325,368		2
500	Total reclassifications				552,000	1,325,368		500
	Code letter - D							
1	RADIOLOGY ADMIN & NURSING	E	Radiology-Diagnostic	54	1,962,033	277,745		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				1,962,033	277,745		500
	Code letter - E							
1	DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADMI	5.01		28,006,678	9	1
2	DEPRECIATION-EQUIP	F					9	2
3	AMORTIZATION BOND DSCT	F					11	3
4	INTEREST ON INDEBTEDNESS	F					11	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		20,334	14	5
500	Total reclassifications					28,027,012		500
	Code letter - F							
1	BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADMI	5.01		231,600,009		1
2	BENEFIT EXPENSE	G	HOSPITAL ADMIN & GENERAL	5.02		130,848		2
3	BENEFIT EXPENSE	G	AMBULATORY ADMIN & GENERAL	5.03		94,111		3

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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	
4	BENEFIT EXPENSE	G	Maintenance & Repairs	6		13,108		4
5	BENEFIT EXPENSE	G	Housekeeping	9		37		5
6	BENEFIT EXPENSE	G	Dietary	10		58,517		6
7	BENEFIT EXPENSE	G	Cafeteria	11		178		7
8	BENEFIT EXPENSE	G	Nursing Administration	13		172,262		8
9	BENEFIT EXPENSE	G	Central Services & Supply	14		45,964		9
10	BENEFIT EXPENSE	G	Pharmacy	15		60,652		10
11	BENEFIT EXPENSE	G	Medical Records & Library	16		48,069		11
12	BENEFIT EXPENSE	G	Social Service	17		99,163		12
13	BENEFIT EXPENSE	G	PALLATIVE CARE	17.01		12,002		13
14	BENEFIT EXPENSE	G	UTILMGMT / DSCH PLANNING	18		53,970		14
15	BENEFIT EXPENSE	G	I&R Services-Salary & Fringes	21		759,535		15
16	BENEFIT EXPENSE	G	I&R Services-Other Prgm Costs	22		12,544		16
17	BENEFIT EXPENSE	G	Adults & Pediatrics	30		851,801		17
18	BENEFIT EXPENSE	G	Intensive Care Unit	31		240,597		18
19	BENEFIT EXPENSE	G	PEDS ICU	31.01		41,005		19
20	BENEFIT EXPENSE	G	NEONATAL ICU	31.02		152,700		20
21	BENEFIT EXPENSE	G	Coronary Care Unit	32		153,862		21
22	BENEFIT EXPENSE	G	Subprovider - IPF	40		163,579		22
23	BENEFIT EXPENSE	G	Operating Room	50		233,213		23
24	BENEFIT EXPENSE	G	Recovery Room	51		72,652		24
25	BENEFIT EXPENSE	G	Delivery Room & Labor Room	52		233,404		25
26	BENEFIT EXPENSE	G	Anesthesiology	53		23,503		26
27	BENEFIT EXPENSE	G	Radiology-Diagnostic	54		112,701		27
28	BENEFIT EXPENSE	G	RADIO ULTRASOUND	54.01		16,571		28
29	BENEFIT EXPENSE	G	RADIO ANGIOGRAPHY	54.02		24,106		29
30	BENEFIT EXPENSE	G	RADIO WEST HARRISON	54.03		4,807		30
31	BENEFIT EXPENSE	G	RADIO MILE SQUARE	54.04		2,630		31
32	BENEFIT EXPENSE	G	Radiology-Therapeutic	55		20,407		32
33	BENEFIT EXPENSE	G	Radioisotope	56		6,418		33
34	BENEFIT EXPENSE	G	CT Scan	57		20,411		34
35	BENEFIT EXPENSE	G	MRI	58		31,351		35
36	BENEFIT EXPENSE	G	Cardiac Catheterization	59		12,340		36
37	BENEFIT EXPENSE	G	Laboratory	60		164,963		37
38	BENEFIT EXPENSE	G	LAB TISSUE TYPING	60.01		3,218		38
39	BENEFIT EXPENSE	G	LAB OUTREACH	60.02		24,074		39
40	BENEFIT EXPENSE	G	Blood Storing, Processing & T	63		638		40
41	BENEFIT EXPENSE	G	Intravenous Therapy	64		5,750		41
42	BENEFIT EXPENSE	G	Respiratory Therapy	65		51,296		42
43	BENEFIT EXPENSE	G	Physical Therapy	66		37,347		43
44	BENEFIT EXPENSE	G	PHYSICAL THERAPY-ROOSEVELT RD	66.01		1,432		44
45	BENEFIT EXPENSE	G	PHYSICAL THERAPY MAXWELL ST	66.02		8,690		45
46	BENEFIT EXPENSE	G	PHYSICAL THERAPY-OCC	66.03		39,738		46
47	BENEFIT EXPENSE	G	Occupational Therapy	67		43,561		47
48	BENEFIT EXPENSE	G	OCCUPATIONAL THERAPY-OCC	67.01		6,262		48
49	BENEFIT EXPENSE	G	Speech Pathology	68		12,180		49
50	BENEFIT EXPENSE	G	Electrocardiology	69		3,347		50
51	BENEFIT EXPENSE	G	Electroencephalography	70		9,658		51
52	BENEFIT EXPENSE	G	Renal Dialysis	74		56,328		52
53	BENEFIT EXPENSE	G	GASTROENTROLOGY	76.01		34,424		53
54	BENEFIT EXPENSE	G	BONE MARROW TRANSPLANT	76.02		12,875		54
55	BENEFIT EXPENSE	G	CARDIAC SERVICES	76.03		32,234		55
56	BENEFIT EXPENSE	G	SLEEP LAB WEST HARRISON	76.05		5,360		56
57	BENEFIT EXPENSE	G	SICKLE CELL	76.06		20,344		57
58	BENEFIT EXPENSE	G	HEART CENTER-ROOSEVELT RD	76.07		17		58
59	BENEFIT EXPENSE	G	HYPERBARIC OXYGEN THERAPY	76.98		1,321		59
60	BENEFIT EXPENSE	G	Clinic	90		366,774		60
61	BENEFIT EXPENSE	G	Emergency	91		176,763		61
62	BENEFIT EXPENSE	G	EYE EAR INFIRMARY	93.01		32,812		62
63	BENEFIT EXPENSE	G	OCC PSYCH	93.02		14,795		63
64	BENEFIT EXPENSE	G	OCC ADOLESCENTS	93.03		39,038		64
65	BENEFIT EXPENSE	G	LION'S EYE INST.	93.04		4,983		65
66	BENEFIT EXPENSE	G	Kidney Acquisition	105		53,147		66
67	BENEFIT EXPENSE	G	Liver Acquisition	107		7,142		67
68	BENEFIT EXPENSE	G	Pancreas Acquisition	109		211		68
69	BENEFIT EXPENSE	G	Research	191		8,389		69
70	BENEFIT EXPENSE	G	Physicians' Private Offices	192		23,994		70
71	BENEFIT EXPENSE	G	PILSEN-OFFSITE CLINIC	192.01		4,066		71
500	Total reclassifications					236,886,198		500
	Code letter - G							
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Employee Benefits Department	4	92,233			1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	10,667			2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Dietary	10	132,714			3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Social Service	17	411,890			4

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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	
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Laboratory	60	22,974			5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	289,422			6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	1,492,369			7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	358,605			8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	14,438			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				2,825,312			500
	Code letter - H							
1	GLUCOSE MGMT	I	Nursing Administration	13	84,764	1,203		1
2	GLUCOSE MGMT	I						2
3	GLUCOSE MGMT	I						3
4	GLUCOSE MGMT	I						4
5	GLUCOSE MGMT	I						5
500	Total reclassifications				84,764	1,203		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	1,221,866	2,253,447		1
2	OUTREACH LAB	K	LAB TISSUE TYPING	60.01	552	1,357		2
500	Total reclassifications				1,222,418	2,254,804		500
	Code letter - K							
1	MOU COSTS NOT IN LINE 5.01	L	HOSPITAL ADMIN & GENERAL	5.02		309,147		1
2	MOU COSTS NOT IN LINE 5.01	L	AMBULATORY ADMIN & GENERAL	5.03		308,048		2
3	MOU COSTS NOT IN LINE 5.01	L	Nursing Administration	13		72,181		3
4	MOU COSTS NOT IN LINE 5.01	L	Adults & Pediatrics	30		100,199		4
5	MOU COSTS NOT IN LINE 5.01	L	HYPERBARIC OXYGEN THERAPY	76.98		31,680		5
6	MOU COSTS NOT IN LINE 5.01	L						6
7	MOU COSTS NOT IN LINE 5.01	L						7
500	Total reclassifications					821,255		500
	Code letter - L							
1	TRANSPLANT DIRECTORS	M	MEDICAL CENTER ALL OTHER ADMI	5.01	12,620			1
2	TRANSPLANT DIRECTORS	M						2
3	TRANSPLANT DIRECTORS	M						3
500	Total reclassifications				12,620			500
	Code letter - M							
1	RESIDENT BILLING BENEFITS	N	Employee Benefits Department	4		8,385,668		1
500	Total reclassifications					8,385,668		500
	Code letter - N							
1	RAPID RESPONSE TEAM	O	Nursing Administration	13	559,658	10,200		1
2	RAPID RESPONSE TEAM	O						2
3	RAPID RESPONSE TEAM	O						3
500	Total reclassifications				559,658	10,200		500
	Code letter - O							
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Pharmacy	15	116,292			1
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P						2
500	Total reclassifications				116,292			500
	Code letter - P							
1	AMBULATORY HEART CENTER	Q	Clinic	90	9,000			1
2	AMBULATORY HEART CENTER	Q	PHYSICAL THERAPY-ROOSEVELT RD	66.01	18,749			2
500	Total reclassifications				27,749			500
	Code letter - Q							
1	AMBULATORY OPHTHALMOLOGY	R	EYE EAR INFIRMARY	93.01	141,115	22,294		1
500	Total reclassifications				141,115	22,294		500
	Code letter - R							
1	RADIATION ONCOLOGY RESIDENTS	T	Radiology-Therapeutic	55	267,179			1
500	Total reclassifications				267,179			500
	Code letter - T							
1	ONCOLOGY UROLOGY CLINIC	U	Clinic	90	260,322			1
500	Total reclassifications				260,322			500
	Code letter - U							

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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	TUITION-U OF I	V	MEDICAL CENTER ALL OTHER ADMI	5.01		2,906,712		1
2	TUITION-U OF I	V	AMBULATORY ADMIN & GENERAL	5.03		5,227		2
3	TUITION-U OF I	V	Maintenance & Repairs	6		4,580		3
4	TUITION-U OF I	V	Nursing Administration	13		138,376		4
5	TUITION-U OF I	V	Pharmacy	15		21,053		5
6	TUITION-U OF I	V	Medical Records & Library	16		147		6
7	TUITION-U OF I	V	PALLATIVE CARE	17.01		2,655		7
8	TUITION-U OF I	V	I&R Services-Other Prgm Costs	22		288,098		8
9	TUITION-U OF I	V	Adults & Pediatrics	30		24,235		9
10	TUITION-U OF I	V	Intensive Care Unit	31		6,175		10
11	TUITION-U OF I	V	PEDS ICU	31.01		945		11
12	TUITION-U OF I	V	NEONATAL ICU	31.02		7,938		12
13	TUITION-U OF I	V	Coronary Care Unit	32		10,183		13
14	TUITION-U OF I	V	Subprovider - IPF	40		8,375		14
15	TUITION-U OF I	V	Operating Room	50		6,071		15
16	TUITION-U OF I	V	Recovery Room	51		2,000		16
17	TUITION-U OF I	V	Delivery Room & Labor Room	52		57,649		17
18	TUITION-U OF I	V	Radiology-Diagnostic	54		2,000		18
19	TUITION-U OF I	V	RADIO ANGIOGRAPHY	54.02		4,695		19
20	TUITION-U OF I	V	Cardiac Catheterization	59		365		20
21	TUITION-U OF I	V	Laboratory	60		599		21
22	TUITION-U OF I	V	Physical Therapy	66		4,207		22
23	TUITION-U OF I	V	PHYSICAL THERAPY MAXWELL ST	66.02		300		23
24	TUITION-U OF I	V	PHYSICAL THERAPY-OCC	66.03		4,167		24
25	TUITION-U OF I	V	Occupational Therapy	67		1,581		25
26	TUITION-U OF I	V	OCCUPATIONAL THERAPY-OCC	67.01		654		26
27	TUITION-U OF I	V	GASTROENTROLOGY	76.01		2,000		27
28	TUITION-U OF I	V	SICKLE CELL	76.06		1,509		28
29	TUITION-U OF I	V	Clinic	90		12,924		29
30	TUITION-U OF I	V	Emergency	91		15,668		30
31	TUITION-U OF I	V	Physicians' Private Offices	192		1,700		31
32	TUITION-U OF I	V	PILSEN-OFFSITE CLINIC	192.01		2,000		32
500	Total reclassifications					3,544,788		500
	Code letter - V							
1	DIAGNOSTIC SERVICES NURSING	W	Nursing Administration	13	719,985	51,662		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				719,985	51,662		500
	Code letter - W							
1	COVID EMER RESPONSE MGMT	Y	MEDICAL CENTER ALL OTHER ADMI	5.01	10,662,657	4,756,397		1
2	COVID EMER RESPONSE MGMT	Y						2
3	COVID EMER RESPONSE MGMT	Y						3
4	COVID EMER RESPONSE MGMT	Y						4
5	COVID EMER RESPONSE MGMT	Y						5
6	COVID EMER RESPONSE MGMT	Y						6
7	COVID EMER RESPONSE MGMT	Y						7
8	COVID EMER RESPONSE MGMT	Y						8
9	COVID EMER RESPONSE MGMT	Y						9
10	COVID EMER RESPONSE MGMT	Y						10
11	COVID EMER RESPONSE MGMT	Y						11
12	COVID EMER RESPONSE MGMT	Y						12
13	COVID EMER RESPONSE MGMT	Y						13
14	COVID EMER RESPONSE MGMT	Y						14
15	COVID EMER RESPONSE MGMT	Y						15
16	COVID EMER RESPONSE MGMT	Y						16
17	COVID EMER RESPONSE MGMT	Y						17
18	COVID EMER RESPONSE MGMT	Y						18
19	COVID EMER RESPONSE MGMT	Y						19
20	COVID EMER RESPONSE MGMT	Y						20
21	COVID EMER RESPONSE MGMT	Y						21
22	COVID EMER RESPONSE MGMT	Y						22
23	COVID EMER RESPONSE MGMT	Y						23
24	COVID EMER RESPONSE MGMT	Y						24
25	COVID EMER RESPONSE MGMT	Y						25
26	COVID EMER RESPONSE MGMT	Y						26
27	COVID EMER RESPONSE MGMT	Y						27
28	COVID EMER RESPONSE MGMT	Y						28
29	COVID EMER RESPONSE MGMT	Y						29

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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	
30	COVID EMER RESPONSE MGMT	Y						30
31	COVID EMER RESPONSE MGMT	Y						31
32	COVID EMER RESPONSE MGMT	Y						32
33	COVID EMER RESPONSE MGMT	Y						33
34	COVID EMER RESPONSE MGMT	Y						34
35	COVID EMER RESPONSE MGMT	Y						35
36	COVID EMER RESPONSE MGMT	Y						36
37	COVID EMER RESPONSE MGMT	Y						37
38	COVID EMER RESPONSE MGMT	Y						38
39	COVID EMER RESPONSE MGMT	Y						39
40	COVID EMER RESPONSE MGMT	Y						40
41	COVID EMER RESPONSE MGMT	Y						41
42	COVID EMER RESPONSE MGMT	Y						42
43	COVID EMER RESPONSE MGMT	Y						43
44	COVID EMER RESPONSE MGMT	Y						44
45	COVID EMER RESPONSE MGMT	Y						45
46	COVID EMER RESPONSE MGMT	Y						46
47	COVID EMER RESPONSE MGMT	Y						47
48	COVID EMER RESPONSE MGMT	Y						48
49	COVID EMER RESPONSE MGMT	Y						49
50	COVID EMER RESPONSE MGMT	Y						50
51	COVID EMER RESPONSE MGMT	Y						51
52	COVID EMER RESPONSE MGMT	Y						52
53	COVID EMER RESPONSE MGMT	Y						53
54	COVID EMER RESPONSE MGMT	Y						54
55	COVID EMER RESPONSE MGMT	Y						55
56	COVID EMER RESPONSE MGMT	Y						56
57	COVID EMER RESPONSE MGMT	Y						57
58	COVID EMER RESPONSE MGMT	Y						58
59	COVID EMER RESPONSE MGMT	Y						59
60	COVID EMER RESPONSE MGMT	Y						60
61	COVID EMER RESPONSE MGMT	Y						61
62	COVID EMER RESPONSE MGMT	Y						62
63	COVID EMER RESPONSE MGMT	Y						63
64	COVID EMER RESPONSE MGMT	Y						64
65	COVID EMER RESPONDE MGMT	Y						65
66	COVID EMER RESPONSE MGMT	Y						66
67	COVID EMER RESPONSE MGMT	Y						67
68	COVID EMER RESPONSE MGMT	Y						68
500	Total reclassifications				10,662,657	4,756,397		500
	Code letter - Y							
	GRAND TOTAL (Decreases)				23,950,419	429,855,561		

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

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

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	770,917					770,917		1
2	Land Improvements								2
3	Buildings and Fixtures	290,996,998	3,870,101		3,870,101		294,867,099		3
4	Building Improvements	22,657,646	50,040,222		50,040,222		72,697,868		4
5	Fixed Equipment								5
6	Movable Equipment	206,014,434	13,476,684		13,476,684	2,786,887	216,704,231		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	520,439,995	67,387,007		67,387,007	2,786,887	585,040,115		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	520,439,995	67,387,007		67,387,007	2,786,887	585,040,115		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	368,335,884		368,335,884	0.629591					1
2	Cap Rel Costs-Mvble Equip	216,704,231		216,704,231	0.370409					2
3	Total (sum of lines 1-2)	585,040,115		585,040,115	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	9,784,514						9,784,514	1
2	Cap Rel Costs-Mvble Equip	12,823,017		-58,402			58,403	12,823,018	2
3	Total (sum of lines 1-2)	22,607,531		-58,402			58,403	22,607,532	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)	B	-5,227,150	Cap Rel Costs-Mvble Equip	2	11
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-6,235,354			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	67,181,132			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing and allied health education (tuition, fees, books, etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	NON HOSPITAL COSTS	A	-7,900	Physicians' Private Offices	192	33
34	ORGAN ACQ NON ALLOW	A	-453	Dietary	10	34
34.01	ORGAN ACQ NON ALLOW	A	-418	Social Service	17	34.01
34.02	ORGAN ACQ NON ALLOW	A	-25,262	Kidney Acquisition	105	34.02
34.10	TRANSPLANT PHARMACIST	A	-4,098	Pharmacy	15	34.10
35	MOONLIGHTING PHYSICIANS	A	-393,400	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	35
36	HEALTH SCIENCE MANAGED CARE	A	-499,328	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	36
36.01	UI HEALTH PLUS	A	-2,584,914	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	36.01
37	NON PHYSICIAN ANESTHETIST	A	-903,171	Anesthesiology	53	37
38	NURSE PRACTIONER	A	-108,932	PALLATIVE CARE	17.01	38
38.01	NURSE PRACTIONER	A	-3,024,852	Adults & Pediatrics	30	38.01
38.02	NURSE PRACTIONER	A	-251,963	Operating Room	50	38.02
38.03	NURSE PRACTIONER	A	-954,362	Delivery Room & Labor Room	52	38.03
38.04	NURSE PRACTIONER	A	-208,273	RADIO ANGIOGRAPHY	54.02	38.04
38.05	NURSE PRACTIONER	A	-83,692	BONE MARROW TRANSPLANT	76.02	38.05
38.06	NURSE PRACTIONER	A	-242,150	SICKLE CELL	76.06	38.06
38.07	NURSE PRACTIONER	A	-575,332	Clinic	90	38.07
38.08	NURSE PRACTIONER	A	-103,317	OCC PSYCH	93.02	38.08
38.09	NURSE PRACTIONER	A	-31,828	Kidney Acquisition	105	38.09
39	PHYSICIAN-PART B & NON-ALLOW	A	-691,683	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	39
40	COM - MD SALARIES ADMIN	A	1,716,957	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	40
40.01	COM - MD SALARIES TEACHING	A	15,681,554	I&R Services-Other Prgm Costs Apprvd	22	40.01
41	EMPLOYEE HEATHL SVCS	A	-1,211,505	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	41
42	MISC INCOME	B	-2,781,363	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	42
42.01	MISC INCOME	B	-17,648	HOSPITAL ADMIN & GENERAL	5.02	42.01
42.02	MISC INCOME	B	-58,291	Maintenance & Repairs	6	42.02
42.03	MISC INCOME	B	-1,632,009	Dietary	10	42.03
42.04	MISC INCOME	B	-26,292	Nursing Administration	13	42.04
42.05	MISC INCOME	B	-39,048	Medical Records & Library	16	42.05
42.06	MISC INCOME	B	-13,011	I&R Services-Other Prgm Costs Apprvd	22	42.06
42.07	MISC INCOME	B	-567	Adults & Pediatrics	30	42.07
42.08	MISC INCOME	B	-296,381	Operating Room	50	42.08
42.09	MISC INCOME	B	-1,264	Delivery Room & Labor Room	52	42.09

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
42.10	MISC INCOME	B	-2,250	Anesthesiology	53	42.10
42.11	MISC INCOME	B	-1,059,923	Radiology-Therapeutic	55	42.11
42.12	MISC INCOME	B	-1,750	MRI	58	42.12
42.13	MISC INCOME	B	-162,790	Blood Storing, Processing & Trans.	63	42.13
42.14	MISC INCOME	B	-125	Physical Therapy	66	42.14
42.15	MISC INCOME	B	-1,467	PHYSICAL THERAPY-OCC	66.03	42.15
42.16	MISC INCOME	B	-7,350	Occupational Therapy	67	42.16
42.17	MISC INCOME	B	-70,338	Speech Pathology	68	42.17
42.18	MISC INCOME	B	-26,264	SLEEP LAB WEST HARRISON	76.05	42.18
42.19	MISC INCOME	B	-677,974	Clinic	90	42.19
42.20	MISC INCOME	B	-13,000	Kidney Acquisition	105	42.20
42.24	OTHER MISC COST OR INCOME	A	-1,215,325	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	42.24
42.25	OTHER MISC COST OR INCOME	A	-429,390	PALLATIVE CARE	17.01	42.25
42.26	OTHER MISC COST OR INCOME	A	-68,939	OTHER ORGAN ACQUISITION (SPECIFY)	112	42.26
42.27	OTHER MISC COST OR INCOME	A	-175	Gift, Flower, Coffee Shop & Canteen	190	42.27
42.28	OTHER MISC COST OR INCOME	A	-256,667	Physicians' Private Offices	192	42.28
42.50	VALET PARKING	B	-233,961	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	42.50
43	NON-ALLOWABLE COST	A	-255,822	Employee Benefits Department	4	43
43.01	NON-ALLOWABLE COST	A	-1,220,593	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	43.01
43.02	NON-ALLOWABLE COST	A	-286,632	HOSPITAL ADMIN & GENERAL	5.02	43.02
43.03	NON-ALLOWABLE COST	A	-769	AMBULATORY ADMIN & GENERAL	5.03	43.03
43.04	NON-ALLOWABLE COST	A	-14,067	Maintenance & Repairs	6	43.04
43.05	NON-ALLOWABLE COST	A	-1,926	Dietary	10	43.05
43.06	NON-ALLOWABLE COST	A	-1,233	Nursing Administration	13	43.06
43.07	NON-ALLOWABLE COST	A	-9,353	Pharmacy	15	43.07
43.08	NON-ALLOWABLE COST	A	-70,795	Medical Records & Library	16	43.08
43.09	NON-ALLOWABLE COST	A	-135	Social Service	17	43.09
43.10	NON-ALLOWABLE COST	A	-802	PALLATIVE CARE	17.01	43.10
43.11	NON-ALLOWABLE COST	A	-180	UTILMGMT / DSCH PLANNING	18	43.11
43.12	NON-ALLOWABLE COST	A	-364	Adults & Pediatrics	30	43.12
43.13	NON-ALLOWABLE COST	A	-1,393	PEDS ICU	31.01	43.13
43.14	NON-ALLOWABLE COST	A	-3,193	NEONATAL ICU	31.02	43.14
43.15	NON-ALLOWABLE COST	A	-2,813	Delivery Room & Labor Room	52	43.15
43.16	NON-ALLOWABLE COST	A	-3,589	RADIO ANGIOGRAPHY	54.02	43.16
43.17	NON-ALLOWABLE COST	A	-1,919	RADIO WEST HARRISON	54.03	43.17
43.18	NON-ALLOWABLE COST	A	-328	Radiology-Therapeutic	55	43.18
43.19	NON-ALLOWABLE COST	A	-11,490	Laboratory	60	43.19
43.20	NON-ALLOWABLE COST	A	-400,141	LAB OUTREACH	60.02	43.20
43.21	NON-ALLOWABLE COST	A	-397	Respiratory Therapy	65	43.21
43.22	NON-ALLOWABLE COST	A	-870	Physical Therapy	66	43.22
43.23	NON-ALLOWABLE COST	A	-199	Occupational Therapy	67	43.23
43.24	NON-ALLOWABLE COST	A	-250	OCCUPATIONAL THERAPY-OCC	67.01	43.24
43.25	NON-ALLOWABLE COST	A	-1,001	Renal Dialysis	74	43.25
43.26	NON-ALLOWABLE COST	A	-100,860	Clinic	90	43.26
43.27	NON-ALLOWABLE COST	A	-680	Emergency	91	43.27
43.28	NON-ALLOWABLE COST	A	-436	EYE EAR INFIRMARY	93.01	43.28
43.29	NON-ALLOWABLE COST	A	-42,821	Kidney Acquisition	105	43.29
43.30	NON-ALLOWABLE COST	A	-32,976	PILSEN-OFFSITE CLINIC	192.01	43.30
44	ROCKFORD WCHC	A	-171,996	Cap Rel Costs-Mvble Equip	2	14
45	GAIN/LOSS ON DISPOSAL	A	-278,317	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	45
46	SANCTIONED EMPLOYEES	A	-2,135	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46
46.01	SANCTIONED EMPLOYEES	A	-118,865	Adults & Pediatrics	30	46.01
46.02	SANCTIONED EMPLOYEES	A	-41,406	Employee Benefits Department	4	46.02
47	TIS DRUG COST GROSS UP	A	-45,524	Drugs Charged to Patients	73	47
47.01	MAP&OP HOSP DRUG MARKUP	A	-480,686	Drugs Charged to Patients	73	47.01
47.02	COM TRANSFER TIS	A	-3,703,308	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	47.02
47.03	CONTRACT PHARMACY - COP	A	-9,029,287	Pharmacy	15	47.03
48	POST YE EXPENSE	A	1,092,222	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	48
48.01	POST YE EXPENSE	A	26,443	HOSPITAL ADMIN & GENERAL	5.02	48.01
48.02	POST YE EXPENSE	A	68,104	AMBULATORY ADMIN & GENERAL	5.03	48.02
48.03	POST YE EXPENSE	A	383,049	Maintenance & Repairs	6	48.03
48.04	POST YE EXPENSE	A	101,721	Housekeeping	9	48.04
48.05	POST YE EXPENSE	A	8,442	Nursing Administration	13	48.05
48.06	POST YE EXPENSE	A	43,360	Central Services & Supply	14	48.06
48.07	POST YE EXPENSE	A	8,458	Pharmacy	15	48.07
48.08	POST YE EXPENSE	A	78,528	Social Service	17	48.08
48.09	POST YE EXPENSE	A	13,383	UTILMGMT / DSCH PLANNING	18	48.09
48.10	POST YE EXPENSE	A	5,423	I&R Services-Other Prgm Costs Apprvd	22	48.10
48.11	POST YE EXPENSE	A	26,482	Adults & Pediatrics	30	48.11
48.12	POST YE EXPENSE	A	310,776	Operating Room	50	48.12
48.13	POST YE EXPENSE	A	10,419	Anesthesiology	53	48.13
48.14	POST YE EXPENSE	A	9,888	RADIO ANGIOGRAPHY	54.02	48.14

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
48.15	POST YE EXPENSE	A	262,170	Radiology-Therapeutic	55		48.15
48.16	POST YE EXPENSE	A	24,992	Laboratory	60		48.16
48.17	POST YE EXPENSE	A	80,730	Respiratory Therapy	65		48.17
48.18	POST YE EXPENSE	A	44,614	Medical Supplies Charged to Patients	71		48.18
48.19	POST YE EXPENSE	A	94,291	Drugs Charged to Patients	73		48.19
48.20	POST YE EXPENSE	A	11,395	Renal Dialysis	74		48.20
48.21	POST YE EXPENSE	A	12,102	GASTROENTROLOGY	76.01		48.21
48.22	POST YE EXPENSE	A	47,085	BONE MARROW TRANSPLANT	76.02		48.22
48.23	POST YE EXPENSE	A	167,967	CARDIAC SERVICES	76.03		48.23
48.24	POST YE EXPENSE	A	5,802	Emergency	91		48.24
48.25	POST YE EXPENSE	A	18,802	EYE EAR INFIRMARY	93.01		48.25
48.26	POST YE EXPENSE	A	64,237	Kidney Acquisition	105		48.26
48.27	POST YE EXPENSE	A	357,968	Liver Acquisition	107		48.27
48.28	POST YE EXPENSE	A	52,646	Pancreas Acquisition	109		48.28
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		39,208,692				50

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

(2) Basis for adjustment (see instructions)

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

B. Amount Received - if cost cannot be determined

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

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

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS**WORKSHEET A-8-1****A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS
OR CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	4	Employee Benefits Department	OTBO - UNIVERSITY BENEFIT	343,036,421	236,930,707	106,105,714		1
2	6	Maintenance & Repairs	OTBO - UTILITIES	6,241,548	6,241,548			2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	MALPRACTICE EXPENSE	10,599,651	10,599,651			3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	ADMINISTRATIVE ALLOWANCE	6,689,400	6,689,400			3.01
3.02	2	Cap Rel Costs-Mvble Equip	EQUIPMENT DEPRECIATION	9,580,207	9,580,207		9	3.02
3.03	1	Cap Rel Costs-Bldg & Fixt	BUILDING DEPRECIATION	9,784,514	9,784,514		9	3.03
3.04	2	Cap Rel Costs-Mvble Equip	SOFTWARE DEPRECIATION	3,214,221	3,214,221		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	5,168,748	5,168,748		11	3.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	1,663,296	1,325,368	337,928		3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT	564,786		564,786		3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	577,668	740,718	-163,050		3.10
3.11	73	Drugs Charged to Patients	TELEMEDICINE COP DRUGCOST	10,156,871	10,156,871			3.11
3.12	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	COM SUPPORT	22,055,900	55,278,383	-33,222,483		3.12
3.13	4	Employee Benefits Department	TUITION WAVIER FROM UOFI	2,821,817	2,821,817			3.13
3.14	9	Housekeeping	HOUSEKEEPING BENEFITS		2,144,253	-2,144,253		3.14
3.15	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	UIH SPACE ON UIC CAMPUS	1,341,667	5,639,177	-4,297,510		3.15
4								4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		433,755,701	366,574,569	67,181,132		5

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

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

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

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	A	STATE OF ILLINOIS		BOARD OF TRUSTEES FOR THE U OF		UNIVERSITY	6
7							7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY	4,933,481		4,933,481	200,300	28,467	2,741,317	137,066	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	319,655		319,655	177,200	2,509	213,748	10,687	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	178,044		178,044	177,200	1,813	154,454	7,723	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	1,764,007		1,764,007	177,200	13,285	1,131,780	56,589	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY	8,938		8,938	177,200	139	11,842	592	5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	453,753		453,753	138,700	5,145	343,082	17,154	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG				177,200				7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	509,460		509,460	208,000	1,849	184,900	9,245	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	6,000		6,000	177,200	76	6,475	324	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	97,678		97,678	177,200	831	70,795	3,540	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY				177,200				11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	414,326		414,326	177,200	4,726	402,619	20,131	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	301,290		301,290	165,000	3,116	247,183	12,359	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY				196,400				14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	468,804		468,804	177,200	4,553	387,881	19,394	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	531,791		531,791	177,200	5,328	453,905	22,695	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	322,106		322,106	208,000	1,100	110,000	5,500	17
18	5.01	MEDICAL CENTER ALL O OB/GYN	2,661,056		2,661,056	196,400	22,994	2,171,164	108,558	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	89,318		89,318	177,200	460	39,188	1,959	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	57,798		57,798	208,000	780	78,000	3,900	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	693,757		693,757	208,000	5,341	534,100	26,705	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	911,499		911,499	177,200	5,690	484,744	24,237	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	616,277		616,277	215,700	5,462	566,420	28,321	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	106,653		106,653	140,600	1,446	97,744	4,887	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	219,818		219,818	140,600	1,723	116,468	5,823	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	334,600		334,600	154,100	3,924	290,716	14,536	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,290,541		1,290,541	225,300	7,315	792,341	39,617	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	97,481		97,481	177,200	576	49,071	2,454	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	1,107,422		1,107,422	177,200	7,088	603,843	30,192	31
32	5.01	MEDICAL CENTER ALL O ALLERGY				177,200				32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME				177,200				33
200		TOTAL	18,495,553		18,495,553		135,736	12,283,780	614,188	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY					2,741,317	2,192,164	2,192,164	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY					213,748	105,907	105,907	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY					154,454	23,590	23,590	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC					1,131,780	632,227	632,227	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY					11,842			5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE					343,082	110,671	110,671	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG								7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY					184,900	324,560	324,560	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC					6,475			9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO					70,795	26,883	26,883	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY								11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE					402,619	11,707	11,707	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI					247,183	54,107	54,107	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY								14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY					387,881	80,923	80,923	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY					453,905	77,886	77,886	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY					110,000	212,106	212,106	17
18	5.01	MEDICAL CENTER ALL O OB/GYN					2,171,164	489,892	489,892	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY					39,188	50,130	50,130	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL					78,000			20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS					534,100	159,657	159,657	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY					484,744	426,755	426,755	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY					566,420	49,857	49,857	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI					97,744	8,909	8,909	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS					116,468	103,350	103,350	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY					290,716	43,884	43,884	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY					792,341	498,200	498,200	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C					49,071	48,410	48,410	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					603,843	503,579	503,579	31
32	5.01	MEDICAL CENTER ALL O ALLERGY								32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME								33
200		TOTAL					12,283,780	6,235,354	6,235,354	200

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	9,784,514	9,784,514					1
2	Cap Rel Costs-Mvble Equip	12,823,018		12,823,018				2
4	Employee Benefits Department	341,813,531	55,485	4,024	341,873,040			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	147,442,153	778,283	2,290,173	37,141,582	187,652,191	187,652,191	5.01
5.02	HOSPITAL ADMIN & GENERAL	12,156,203	152,968	61,022	8,266,840	20,637,033	3,970,792	5.02
5.03	AMBULATORY ADMIN & GENERAL	19,347,697	166,331	37,134	5,624,197	25,175,359	4,844,016	5.03
6	Maintenance & Repairs	24,139,091	172,327	104,524	875,506	25,291,448	4,866,353	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	5,012,840	128,038	6,468	2,356	5,149,702	990,859	9
10	Dietary	5,112,910	281,376	16,206	3,300,253	8,710,745	1,676,043	10
11	Cafeteria	12,788			11,814	24,602	4,734	11
12	Maintenance of Personnel							12
13	Nursing Administration	7,572,777	55,663	430,995	6,802,941	14,862,376	2,859,685	13
14	Central Services & Supply	7,470,089	246,499	87,810	2,876,736	10,681,134	2,055,168	14
15	Pharmacy	10,105,115	129,190	782,744	2,703,737	13,720,786	2,640,030	15
16	Medical Records & Library	4,481,944	133,965	19,689	3,146,780	7,782,378	1,497,415	16
17	Social Service	7,610,341	49,393	22,453	5,806,688	13,488,875	2,595,408	17
17.01	PALLIATIVE CARE	323,781			777,202	1,100,983	211,841	17.01
18	UTILMGMT / DSCH PLANNING	5,019,996			3,619,051	8,639,047	1,662,248	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	33,641,722	3,595		30,550,371	64,195,688	12,351,957	21
22	I&R Services-Other Prgm Costs Apprvd	17,656,982	20,608		841,459	18,519,049	3,563,269	22
23	PARAMED ED PRGM-(SPECIFY)	2,215,296			509,972	2,725,268	524,372	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	59,622,456	1,176,817	267,044	54,471,199	115,537,516	22,230,269	30
31	Intensive Care Unit	18,082,862	178,995	196,666	15,394,672	33,853,195	6,513,727	31
31.01	PEDS ICU	2,978,655	62,866	13,586	2,575,532	5,630,639	1,083,397	31.01
31.02	NEONATAL ICU	10,609,549	115,936	225,146	9,408,304	20,358,935	3,917,283	31.02
32	Coronary Care Unit	9,875,627	106,456	111,424	8,849,963	18,943,470	3,644,932	32
40	Subprovider - IPF	9,766,734	229,979	23,408	8,261,863	18,281,984	3,517,655	40
43	Nursery	1,142,113	22,199		863,136	2,027,448	390,103	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	20,803,501	406,189	2,469,129	14,480,779	38,159,598	7,342,326	50
51	Recovery Room	4,445,654	7,231	12,757	3,879,669	8,345,311	1,605,730	51
52	Delivery Room & Labor Room	9,995,848	242,794	132,961	9,771,843	20,143,446	3,875,821	52
53	Anesthesiology	1,135,653	72,141	394,529	1,555,449	3,157,772	607,590	53
54	Radiology-Diagnostic	6,546,213	286,041	719,397	5,405,049	12,956,700	2,493,012	54
54.01	RADIO ULTRASOUND	1,347,801	36,249	300,016	1,144,810	2,828,876	544,307	54.01
54.02	RADIO ANGIOGRAPHY	2,658,028	71,935	31,604	2,027,075	4,788,642	921,387	54.02
54.03	RADIO WEST HARRISON	968,142	107,306	4,260	439,650	1,519,358	292,341	54.03
54.04	RADIO MILE SQUARE	292,281	34,067	51,649	243,243	621,240	119,533	54.04
55	Radiology-Therapeutic	4,691,476	193,223	112,784	1,124,630	6,122,113	1,177,962	55
56	Radioisotope	974,423	5,296		379,339	1,359,058	261,498	56
57	CT Scan	2,471,146	118,036	5,304	2,086,911	4,681,397	900,752	57
58	MRI	2,303,053	29,197	294,955	1,954,744	4,581,949	881,617	58
59	Cardiac Catheterization	1,070,779	37,319	26,680	887,861	2,022,639	389,178	59
60	Laboratory	28,504,035	636,580	597,116	9,899,746	39,637,477	7,626,687	60
60.01	LAB TISSUE TYPING	1,385,683	14,077	18,582	216,426	1,634,768	314,547	60.01
60.02	LAB OUTREACH	7,742,936	60,438		2,707,906	10,511,280	2,022,486	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,530,571	20,594		42,903	7,594,068	1,461,182	63
64	Intravenous Therapy	451,772		4,386	414,674	870,832	167,558	64
65	Respiratory Therapy	4,345,354	25,712	293,359	3,451,272	8,115,697	1,561,549	65
66	Physical Therapy	2,426,334	130,439	18,959	2,113,155	4,688,887	902,193	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	793,762	78,672		74,151	946,585	182,133	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	786,108		4,390	610,104	1,400,602	269,491	66.02
66.03	PHYSICAL THERAPY-OCC	2,574,386	8,218		2,350,755	4,933,359	949,233	66.03
67	Occupational Therapy	2,029,953	103,286		1,847,126	3,980,365	765,866	67
67.01	OCCUPATIONAL THERAPY-OCC	451,039			415,238	866,277	166,681	67.01
68	Speech Pathology	833,218	8,699		793,512	1,635,429	314,675	68
69	Electrocardiology	253,418	8,273		228,285	489,976	94,277	69
70	Electroencephalography	753,103	10,359	83,740	637,358	1,484,560	285,646	70
71	Medical Supplies Charged to Patients	66,431,515				66,431,515	12,782,154	71
73	Drugs Charged to Patients	75,420,756				75,420,756	14,511,783	73
74	Renal Dialysis	5,879,247	168,526	101,538	3,631,474	9,780,785	1,881,931	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	3,175,529	88,345	818,363	2,444,474	6,526,711	1,255,811	76.01
76.02	BONE MARROW TRANSPLANT	1,527,113		117,681	737,444	2,382,238	458,369	76.02
76.03	CARDIAC SERVICES	2,880,514	85,477	548,453	2,361,991	5,876,435	1,130,691	76.03
76.04	TELEMEDICINE PROGRAM	1,651,726	15,408			1,667,134	320,775	76.04
76.05	SLEEP LAB WEST HARRISON	1,204,606		2,748	360,078	1,567,432	301,591	76.05

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
76.06	SICKLE CELL	956,759		5,010	1,080,969	2,042,738	393,045	76.06
76.07	HEART CENTER-ROOSEVELT RD	50,259	17,932	2,887	26,666	97,744	18,807	76.07
76.08	UIH UROLOGY CLINIC	267,545	28,991		240,502	537,038	103,332	76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	67,881			91,944	159,825	30,752	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	27,314,097	1,252,939	762,442	24,166,707	53,496,185	10,293,254	90
91	Emergency	12,616,049	201,839	101,327	10,826,016	23,745,231	4,568,844	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	2,793,533	190,945	54,160	2,232,609	5,271,247	1,014,246	93.01
93.02	OCC PSYCH	1,031,096	425,343	5,851	995,416	2,457,706	472,890	93.02
93.03	OCC ADOLESCENTS	3,144,616	131,303	12,319	2,699,677	5,987,915	1,152,141	93.03
93.04	LION'S EYE INST.	577,307	28,936		481,796	1,088,039	209,351	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	10,231,731	35,892		2,612,093	12,879,716	2,478,199	105
107	Liver Acquisition	3,008,222	5,131		405,340	3,418,693	657,794	107
109	Pancreas Acquisition	1,129,316	357		44,024	1,173,697	225,832	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	217,006	31,131	1,092	200,463	449,692	86,526	112
118	SUBTOTALS (sum of lines 1-117)	1,127,962,877	9,727,835	12,810,944	339,505,500	1,125,526,584	180,456,932	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		11,388			11,388	2,191	190
191	Research	594,224	45,291		480,437	1,119,952	215,491	191
192	Physicians' Private Offices	5,425,919		1,955	1,607,480	7,035,354	1,353,679	192
192.01	PILSEN-OFFSITE CLINIC	902,423		10,119	279,623	1,192,165	229,386	192.01
192.02	MULTI-SPECIALTY AMB CLINIC	9,354				9,354	1,800	192.02
194	OUTPATIENT PHARMACY	28,027,044				28,027,044	5,392,712	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,162,921,841	9,784,514	12,823,018	341,873,040	1,162,921,841	187,652,191	202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	24,607,825	24,607,825					5.02
5.03	AMBULATORY ADMIN & GENERAL	30,019,375	714,011	30,733,386	30,733,386			5.03
6	Maintenance & Repairs	30,157,801	717,303	30,875,104		30,875,104		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,140,561	146,053	6,286,614		467,327	6,753,941	9
10	Dietary	10,386,788	247,050	10,633,838		1,026,998	228,109	10
11	Cafeteria	29,336	698	30,034				11
12	Maintenance of Personnel							12
13	Nursing Administration	17,722,061	421,519	18,143,580		203,166	45,126	13
14	Central Services & Supply	12,736,302	302,933	13,039,235		899,700	199,834	14
15	Pharmacy	16,360,816	389,142	16,749,958		471,534	104,733	15
16	Medical Records & Library	9,279,793	220,720	9,500,513		488,961	108,604	16
17	Social Service	16,084,283	382,565	16,466,848		180,281	40,043	17
17.01	PALLIATIVE CARE	1,312,824	31,226	1,344,050				17.01
18	UTILMGMT / DSCH PLANNING	10,301,295	245,016	10,546,311				18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	76,547,645	1,820,686	78,368,331		13,120	2,914	21
22	I&R Services-Other Prgm Costs Apprvd	22,082,318	525,228	22,607,546		75,217	16,707	22
23	PARAMED ED PRGM-(SPECIFY)	3,249,640	77,293	3,326,933				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	137,767,785	3,276,910	141,044,695		4,295,285	954,036	30
31	Intensive Care Unit	40,366,922	960,127	41,327,049		653,317	145,110	31
31.01	PEDS ICU	6,714,036	159,693	6,873,729		229,457	50,965	31.01
31.02	NEONATAL ICU	24,276,218	577,410	24,853,628		423,159	93,989	31.02
32	Coronary Care Unit	22,588,402	537,265	23,125,667		388,555	86,303	32
40	Subprovider - IPF	21,799,639	518,504	22,318,143		839,406	186,442	40
43	Nursery	2,417,551	57,501	2,475,052		81,026	17,997	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	45,501,924	1,082,263	46,584,187		1,482,557	329,294	50
51	Recovery Room	9,951,041	236,686	10,187,727		26,391	5,862	51
52	Delivery Room & Labor Room	24,019,267	571,298	24,590,565		886,179	196,831	52
53	Anesthesiology	3,765,362	89,559	3,854,921		263,310	58,484	53
54	Radiology-Diagnostic	15,449,712	367,471	15,817,183		1,044,025	231,891	54
54.01	RADIO ULTRASOUND	3,373,183	80,231	3,453,414		132,306	29,387	54.01
54.02	RADIO ANGIOGRAPHY	5,710,029	135,813	5,845,842		262,559	58,318	54.02
54.03	RADIO WEST HARRISON	1,811,699	43,091	1,854,790		391,660	86,992	54.03
54.04	RADIO MILE SQUARE	740,773	17,619	758,392		124,344	27,618	54.04
55	Radiology-Therapeutic	7,300,075	173,632	7,473,707		705,248	156,644	55
56	Radioisotope	1,620,556	38,545	1,659,101		19,330	4,293	56
57	CT Scan	5,582,149	132,771	5,714,920		430,821	95,691	57
58	MRI	5,463,566	129,951	5,593,517		106,566	23,670	58
59	Cardiac Catheterization	2,411,817	57,365	2,469,182		136,212	30,254	59
60	Laboratory	47,264,164	1,124,178	48,388,342		2,323,466	516,070	60
60.01	LAB TISSUE TYPING	1,949,315	46,364	1,995,679		51,380	11,412	60.01
60.02	LAB OUTREACH	12,533,766	298,116	12,831,882		220,593	48,996	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9,055,250	215,379	9,270,629		75,167	16,696	63
64	Intravenous Therapy	1,038,390	24,698	1,063,088				64
65	Respiratory Therapy	9,677,246	230,173	9,907,419		93,846	20,844	65
66	Physical Therapy	5,591,080	132,984	5,724,064		476,091	105,746	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,128,718		1,128,718	334,394	287,147	63,779	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,670,093		1,670,093	494,782			66.02
66.03	PHYSICAL THERAPY-OCC	5,882,592		5,882,592	1,742,777	29,997	6,663	66.03
67	Occupational Therapy	4,746,231	112,889	4,859,120		376,987	83,733	67
67.01	OCCUPATIONAL THERAPY-OCC	1,032,958		1,032,958	306,024			67.01
68	Speech Pathology	1,950,104	46,383	1,996,487		31,749	7,052	68
69	Electrocardiology	584,253	13,896	598,149		30,197	6,707	69
70	Electroencephalography	1,770,206	42,104	1,812,310		37,809	8,398	70
71	Medical Supplies Charged to Patients	79,213,669	1,884,097	81,097,766				71
73	Drugs Charged to Patients	89,932,539	2,139,045	92,071,584				73
74	Renal Dialysis	11,662,716	277,398	11,940,114		615,107	136,623	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	7,782,522	185,107	7,967,629		322,452	71,621	76.01
76.02	BONE MARROW TRANSPLANT	2,840,607	67,564	2,908,171				76.02
76.03	CARDIAC SERVICES	7,007,126	166,664	7,173,790		311,986	69,296	76.03
76.04	TELEMEDICINE PROGRAM	1,987,909		1,987,909	588,938	56,238	12,491	76.04
76.05	SLEEP LAB WEST HARRISON	1,869,023	44,455	1,913,478				76.05
76.06	SICKLE CELL	2,435,783	57,935	2,493,718				76.06
76.07	HEART CENTER-ROOSEVELT RD	116,551		116,551	34,529	65,452	14,538	76.07

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	
76.08	UIH UROLOGY CLINIC	640,370		640,370	189,716	105,815	23,503	76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	190,577	4,533	195,110				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	63,789,439		63,789,439	18,898,283	4,573,116	1,015,745	90
91	Emergency	28,314,075	673,450	28,987,525		736,697	163,629	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	6,285,493		6,285,493	1,862,140	696,935	154,798	93.01
93.02	OCC PSYCH	2,930,596		2,930,596	868,218	1,552,466	344,822	93.02
93.03	OCC ADOLESCENTS	7,140,056		7,140,056	2,115,313	479,246	106,446	93.03
93.04	LION'S EYE INST.	1,297,390		1,297,390	384,365	105,614	23,458	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	15,357,915	365,288	15,723,203		131,004	29,098	105
107	Liver Acquisition	4,076,487	96,959	4,173,446		18,729	4,160	107
109	Pancreas Acquisition	1,399,529	33,288	1,432,817		1,302	289	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	536,218	12,754	548,972		113,627	25,238	112
118	SUBTOTALS (sum of lines 1-117)	1,118,331,325	23,780,849	1,117,504,349	27,819,479	30,668,232	6,707,992	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	13,579	323	13,902	4,119	41,565	9,232	190
191	Research	1,335,443	31,764	1,367,207		165,307	36,717	191
192	Physicians' Private Offices	8,389,033		8,389,033	2,485,335			192
192.01	PILSEN-OFFSITE CLINIC	1,421,551		1,421,551	421,149			192.01
192.02	MULTI-SPECIALTY AMB CLINIC	11,154		11,154	3,304			192.02
194	OUTPATIENT PHARMACY	33,419,756	794,889	34,214,645				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,162,921,841	24,607,825	1,162,921,841	30,733,386	30,875,104	6,753,941	202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	11,888,945						10
11	Cafeteria	6,361,232	6,391,266					11
12	Maintenance of Personnel							12
13	Nursing Administration		151,682	18,543,554				13
14	Central Services & Supply		64,141		14,202,910			14
15	Pharmacy		60,284		100,846	17,487,355		15
16	Medical Records & Library		70,162				10,168,240	16
17	Social Service		129,469	13,042				17
17.01	PALLATIVE CARE		17,329	18,993				17.01
18	UTILMGMT / DSCH PLANNING		80,693	30,642				18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		681,169					21
22	I&R Services-Other Prgm Costs Apprvd		18,762					22
23	PARAMED ED PRGM-(SPECIFY)		11,371					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,733,656	1,214,460	6,737,388	401,350	70,916	778,792	30
31	Intensive Care Unit	722,790	343,249	1,874,501	207,441	33,229	246,721	31
31.01	PEDS ICU	94,218	57,426	271,603	23,485	1,623	18,868	31.01
31.02	NEONATAL ICU		209,773	980,935	75,798	1,906	176,811	31.02
32	Coronary Care Unit	315,828	197,324	993,850	152,841	18,823	128,267	32
40	Subprovider - IPF	661,221	184,211	807,464	10,091	540	112,752	40
43	Nursery		19,245	99,651			15,043	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		322,872	1,266,719	4,337,392	17,200	632,606	50
51	Recovery Room		86,503	387,334	27,688	5,371	49,012	51
52	Delivery Room & Labor Room		217,879	1,089,956	130,785	8,183	164,083	52
53	Anesthesiology		34,681	118,644	242,924	21,286	287,151	53
54	Radiology-Diagnostic		120,514	14,815	19,095	3,448	138,883	54
54.01	RADIO ULTRASOUND		25,525	17,220	8,168	5,571	61,535	54.01
54.02	RADIO ANGIOGRAPHY		45,197	50,142	523,771	37,633	242,380	54.02
54.03	RADIO WEST HARRISON		9,803	4,812	7,385	3,766	44,956	54.03
54.04	RADIO MILE SQUARE		5,423	1,266	237		12,015	54.04
55	Radiology-Therapeutic		25,075	40,266	7,049	668	81,430	55
56	Radioisotope		8,458	2,153	786	9,805	20,129	56
57	CT Scan		46,531	58,752	30,186	18,151	423,416	57
58	MRI		43,584	27,857	16,783	40,096	260,653	58
59	Cardiac Catheterization		19,796	40,899	306,271	7,697	85,841	59
60	Laboratory		220,731	380	12,330	54	1,493,477	60
60.01	LAB TISSUE TYPING		4,826		12		24,412	60.01
60.02	LAB OUTREACH		60,377		21		614,028	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		957		6		164,666	63
64	Intravenous Therapy		9,246	36,973	20,619		16,875	64
65	Respiratory Therapy		76,952	7,471	47,120	4,796	195,239	65
66	Physical Therapy		47,116	506	1,778	22	33,852	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		1,653	380			9,091	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		13,603	633	295		10,300	66.02
66.03	PHYSICAL THERAPY-OCC		52,414	127	698		36,346	66.03
67	Occupational Therapy		41,185		849		26,803	67
67.01	OCCUPATIONAL THERAPY-OCC		9,258		654		7,712	67.01
68	Speech Pathology		17,693		806	11	15,477	68
69	Electrocardiology		5,090		245		19,220	69
70	Electroencephalography		14,211		5,032		18,715	70
71	Medical Supplies Charged to Patients				6,669,438		621,040	71
73	Drugs Charged to Patients					10,935,174	1,314,871	73
74	Renal Dialysis		80,969	177,016	26,465	12,502	141,195	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		54,503	196,643	189,305	4,572	126,259	76.01
76.02	BONE MARROW TRANSPLANT		16,442	42,165	1,078	854	14,769	76.02
76.03	CARDIAC SERVICES		52,664	92,434	206,570	492	123,179	76.03
76.04	TELEMEDICINE PROGRAM					1,464,255	5,969	76.04
76.05	SLEEP LAB WEST HARRISON		8,029		248		17,895	76.05
76.06	SICKLE CELL		24,102	124,975	4,476	27,983	21,862	76.06
76.07	HEART CENTER-ROOSEVELT RD		595			5	2,105	76.07

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
76.08	UIH UROLOGY CLINIC		5,362		1,678	398	1,088	76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		2,050	7,217	101	1	700	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		538,835	1,353,581	171,409	4,132,420	396,834	90
91	Emergency		241,383	1,100,972	178,148	19,674	410,386	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY		49,780	13,802	14,905	33,501	70,456	93.01
93.02	OCC PSYCH		22,194	12,662	791	5,170	21,035	93.02
93.03	OCC ADOLESCENTS		60,194	165,494	11,957	81,651	55,349	93.03
93.04	LION'S EYE INST.		10,742	633	1,630	455,546	23,039	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		58,241	150,806	6	26	85,955	105
107	Liver Acquisition		9,038	16,841		1	31,657	107
109	Pancreas Acquisition		982	2,532			14,297	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		4,470	1,266	7	2,174	743	112
118	SUBTOTALS (sum of lines 1-117)	11,888,945	6,338,478	18,454,413	14,199,049	17,487,194	10,168,240	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research		10,712	12,662	1,313	161		191
192	Physicians' Private Offices		35,841	62,551				192
192.01	PILSEN-OFFSITE CLINIC		6,235	13,928	2,548			192.01
192.02	MULTI-SPECIALTY AMB CLINIC							192.02
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	11,888,945	6,391,266	18,543,554	14,202,910	17,487,355	10,168,240	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	16,829,683						17
17.01	PALLATIVE CARE		1,380,372					17.01
18	UTILMGMT / DSCH PLANNING			10,657,646				18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd				79,065,534			21
22	I&R Services-Other Prgm Costs Apprvd					22,718,232		22
23	PARAMED ED PRGM-(SPECIFY)						3,338,304	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	6,996,391	825,159	6,370,921	7,601,690	1,739,990	1,995,570	30
31	Intensive Care Unit	192,623	162,753	1,256,591	1,209,902	551,229	393,603	31
31.01	PEDS ICU	376,204	15,770	121,761	684,550	42,154	38,139	31.01
31.02	NEONATAL ICU	404,238	116,581	900,105	2,268,567	395,035	281,941	31.02
32	Coronary Care Unit	180,415	76,561	591,119	1,074,584	286,576	185,157	32
40	Subprovider - IPF	846,458	148,889	1,149,553	1,042,745	251,912	360,075	40
43	Nursery		34,659	267,596	175,117	33,610	83,819	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	94,051			10,308,051	1,413,378		50
51	Recovery Room	108,520				109,503		51
52	Delivery Room & Labor Room	282,153			1,416,859	366,597		52
53	Anesthesiology				2,276,527	641,557		53
54	Radiology-Diagnostic					310,294		54
54.01	RADIO ULTRASOUND				294,516	137,482		54.01
54.02	RADIO ANGIOGRAPHY				2,364,086	541,529		54.02
54.03	RADIO WEST HARRISON					100,441		54.03
54.04	RADIO MILE SQUARE					26,844		54.04
55	Radiology-Therapeutic	150,572			2,913,318	181,932		55
56	Radioisotope				318,395	44,972		56
57	CT Scan				1,377,060	946,004		57
58	MRI				1,345,221	582,355		58
59	Cardiac Catheterization				2,897,398	191,788		59
60	Laboratory				9,543,902	3,336,925		60
60.01	LAB TISSUE TYPING					54,542		60.01
60.02	LAB OUTREACH					1,371,873		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				1,926,292	367,900		63
64	Intravenous Therapy					37,702		64
65	Respiratory Therapy				2,085,490	436,207		65
66	Physical Therapy				437,794	75,633		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					20,312		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					23,013		66.02
66.03	PHYSICAL THERAPY-OCC					81,205		66.03
67	Occupational Therapy				230,837	59,885		67
67.01	OCCUPATIONAL THERAPY-OCC					17,231		67.01
68	Speech Pathology				222,877	34,580		68
69	Electrocardiology				652,711	42,941		69
70	Electroencephalography					41,814		70
71	Medical Supplies Charged to Patients				2,762,080	1,387,537		71
73	Drugs Charged to Patients				12,616,416	2,937,707		73
74	Renal Dialysis				1,345,221	315,461		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					282,091		76.01
76.02	BONE MARROW TRANSPLANT	51,999				32,997		76.02
76.03	CARDIAC SERVICES					275,209		76.03
76.04	TELEMEDICINE PROGRAM					13,336		76.04
76.05	SLEEP LAB WEST HARRISON					39,982		76.05
76.06	SICKLE CELL					48,845		76.06
76.07	HEART CENTER-ROOSEVELT RD					4,704		76.07

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
76.08	UIH UROLOGY CLINIC					2,430		76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					1,563		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,630,455			2,220,808	886,614		90
91	Emergency	295,266			2,316,326	916,892		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	705,382			461,673	157,414		93.01
93.02	OCC PSYCH				596,991	46,997		93.02
93.03	OCC ADOLESCENTS				819,868	123,661		93.03
93.04	LION'S EYE INST.					51,473		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	519,993			382,074	192,043		105
107	Liver Acquisition	86,816			350,235	70,729		107
109	Pancreas Acquisition	73,703				31,942		109
112	OTHER ORGAN ACQUISITION (SPECIFY)				79,599	1,660		112
118	SUBTOTALS (sum of lines 1-117)	14,995,239	1,380,372	10,657,646	78,619,780	22,718,232	3,338,304	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	1,834,444			445,754			192
192.01	PILSEN-OFFSITE CLINIC							192.01
192.02	MULTI-SPECIALTY AMB CLINIC							192.02
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	16,829,683	1,380,372	10,657,646	79,065,534	22,718,232	3,338,304	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLIATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	184,760,299	-9,341,680	175,418,619			30
31	Intensive Care Unit	49,320,108	-1,761,131	47,558,977			31
31.01	PEDS ICU	8,899,952	-726,704	8,173,248			31.01
31.02	NEONATAL ICU	31,182,466	-2,663,602	28,518,864			31.02
32	Coronary Care Unit	27,801,870	-1,361,160	26,440,710			32
40	Subprovider - IPF	28,919,902	-1,294,657	27,625,245			40
43	Nursery	3,302,815	-208,727	3,094,088			43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	66,788,307	-11,721,429	55,066,878			50
51	Recovery Room	10,993,911	-109,503	10,884,408			51
52	Delivery Room & Labor Room	29,350,070	-1,783,456	27,566,614			52
53	Anesthesiology	7,799,485	-2,918,084	4,881,401			53
54	Radiology-Diagnostic	17,700,148	-310,294	17,389,854			54
54.01	RADIO ULTRASOUND	4,165,124	-431,998	3,733,126			54.01
54.02	RADIO ANGIOGRAPHY	9,971,457	-2,905,615	7,065,842			54.02
54.03	RADIO WEST HARRISON	2,504,605	-100,441	2,404,164			54.03
54.04	RADIO MILE SQUARE	956,139	-26,844	929,295			54.04
55	Radiology-Therapeutic	11,735,909	-3,095,250	8,640,659			55
56	Radioisotope	2,087,422	-363,367	1,724,055			56
57	CT Scan	9,141,532	-2,323,064	6,818,468			57
58	MRI	8,040,302	-1,927,576	6,112,726			58
59	Cardiac Catheterization	6,185,338	-3,089,186	3,096,152			59
60	Laboratory	65,835,677	-12,880,827	52,954,850			60
60.01	LAB TISSUE TYPING	2,142,263	-54,542	2,087,721			60.01
60.02	LAB OUTREACH	15,147,770	-1,371,873	13,775,897			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	11,822,313	-2,294,192	9,528,121			63
64	Intravenous Therapy	1,184,503	-37,702	1,146,801			64
65	Respiratory Therapy	12,875,384	-2,521,697	10,353,687			65
66	Physical Therapy	6,902,602	-513,427	6,389,175			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,845,474	-20,312	1,825,162			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	2,212,719	-23,013	2,189,706			66.02
66.03	PHYSICAL THERAPY-OCC	7,832,819	-81,205	7,751,614			66.03
67	Occupational Therapy	5,679,399	-290,722	5,388,677			67
67.01	OCCUPATIONAL THERAPY-OCC	1,373,837	-17,231	1,356,606			67.01
68	Speech Pathology	2,326,732	-257,457	2,069,275			68
69	Electrocardiology	1,355,260	-695,652	659,608			69
70	Electroencephalography	1,938,289	-41,814	1,896,475			70
71	Medical Supplies Charged to Patients	92,537,861	-4,149,617	88,388,244			71
73	Drugs Charged to Patients	119,875,752	-15,554,123	104,321,629			73
74	Renal Dialysis	14,790,673	-1,747,404	13,043,269			74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	9,215,075	-282,091	8,932,984			76.01
76.02	BONE MARROW TRANSPLANT	3,068,475	-32,997	3,035,478			76.02
76.03	CARDIAC SERVICES	8,305,620	-275,209	8,030,411			76.03
76.04	TELEMEDICINE PROGRAM	4,129,136	-13,336	4,115,800			76.04
76.05	SLEEP LAB WEST HARRISON	1,979,632	-39,982	1,939,650			76.05
76.06	SICKLE CELL	2,745,961	-48,845	2,697,116			76.06
76.07	HEART CENTER-ROOSEVELT RD	238,479	-4,704	233,775			76.07

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
76.08	UIH UROLOGY CLINIC	970,360	-2,430	967,930			76.08
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	206,742	-1,563	205,179			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	101,607,539	-3,107,422	98,500,117			90
91	Emergency	35,366,898	-3,233,218	32,133,680			91
92	Observation Beds (Non-Distinct Part)						92
93.01	EYE EAR INFIRMARY	10,506,279	-619,087	9,887,192			93.01
93.02	OCC PSYCH	6,401,942	-643,988	5,757,954			93.02
93.03	OCC ADOLESCENTS	11,159,235	-943,529	10,215,706			93.03
93.04	LION'S EYE INST.	2,353,890	-51,473	2,302,417			93.04
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	17,272,449	-574,117	16,698,332			105
107	Liver Acquisition	4,761,652	-420,964	4,340,688			107
109	Pancreas Acquisition	1,557,864	-31,942	1,525,922			109
112	OTHER ORGAN ACQUISITION (SPECIFY)	777,756	-81,259	696,497			112
118	SUBTOTALS (sum of lines 1-117)	1,111,911,472	-101,424,734	1,010,486,738			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	68,818		68,818			190
191	Research	1,594,079		1,594,079			191
192	Physicians' Private Offices	13,252,958	-445,754	12,807,204			192
192.01	PILSEN-OFFSITE CLINIC	1,865,411		1,865,411			192.01
192.02	MULTI-SPECIALTY AMB CLINIC	14,458		14,458			192.02
194	OUTPATIENT PHARMACY	34,214,645		34,214,645			194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	1,162,921,841	-101,870,488	1,061,051,353			202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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		55,485	4,024	59,509	59,509		4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN		778,283	2,290,173	3,068,456	6,473	3,074,929	5.01
5.02	HOSPITAL ADMIN & GENERAL		152,968	61,022	213,990	1,441	65,069	5.02
5.03	AMBULATORY ADMIN & GENERAL		166,331	37,134	203,465	980	79,378	5.03
6	Maintenance & Repairs		172,327	104,524	276,851	153	79,744	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping		128,038	6,468	134,506		16,237	9
10	Dietary		281,376	16,206	297,582	575	27,465	10
11	Cafeteria					2	78	11
12	Maintenance of Personnel							12
13	Nursing Administration		55,663	430,995	486,658	1,186	46,861	13
14	Central Services & Supply		246,499	87,810	334,309	501	33,678	14
15	Pharmacy		129,190	782,744	911,934	471	43,262	15
16	Medical Records & Library		133,965	19,689	153,654	548	24,538	16
17	Social Service		49,393	22,453	71,846	1,012	42,530	17
17.01	PALLATIVE CARE					135	3,471	17.01
18	UTILMGMT / DSCH PLANNING					631	27,239	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		3,595		3,595	5,324	202,409	21
22	I&R Services-Other Prgm Costs Apprvd		20,608		20,608	147	58,391	22
23	PARAMED ED PRGM-(SPECIFY)					89	8,593	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,176,817	267,044	1,443,861	9,422	364,193	30
31	Intensive Care Unit		178,995	196,666	375,661	2,683	106,739	31
31.01	PEDS ICU		62,866	13,586	76,452	449	17,753	31.01
31.02	NEONATAL ICU		115,936	225,146	341,082	1,640	64,192	31.02
32	Coronary Care Unit		106,456	111,424	217,880	1,542	59,729	32
40	Subprovider - IPF		229,979	23,408	253,387	1,440	57,643	40
43	Nursery		22,199		22,199	150	6,393	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		406,189	2,469,129	2,875,318	2,524	120,317	50
51	Recovery Room		7,231	12,757	19,988	676	26,313	51
52	Delivery Room & Labor Room		242,794	132,961	375,755	1,703	63,512	52
53	Anesthesiology		72,141	394,529	466,670	271	9,956	53
54	Radiology-Diagnostic		286,041	719,397	1,005,438	942	40,852	54
54.01	RADIO ULTRASOUND		36,249	300,016	336,265	200	8,919	54.01
54.02	RADIO ANGIOGRAPHY		71,935	31,604	103,539	353	15,099	54.02
54.03	RADIO WEST HARRISON		107,306	4,260	111,566	77	4,791	54.03
54.04	RADIO MILE SQUARE		34,067	51,649	85,716	42	1,959	54.04
55	Radiology-Therapeutic		193,223	112,784	306,007	196	19,303	55
56	Radioisotope		5,296		5,296	66	4,285	56
57	CT Scan		118,036	5,304	123,340	364	14,760	57
58	MRI		29,197	294,955	324,152	341	14,447	58
59	Cardiac Catheterization		37,319	26,680	63,999	155	6,377	59
60	Laboratory		636,580	597,116	1,233,696	1,725	124,977	60
60.01	LAB TISSUE TYPING		14,077	18,582	32,659	38	5,154	60.01
60.02	LAB OUTREACH		60,438		60,438	472	33,142	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		20,594		20,594	7	23,944	63
64	Intravenous Therapy			4,386	4,386	72	2,746	64
65	Respiratory Therapy		25,712	293,359	319,071	601	25,589	65
66	Physical Therapy		130,439	18,959	149,398	368	14,784	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		78,672		78,672	13	2,985	66.01
66.02	PHYSICAL THERAPY MAXWELL ST			4,390	4,390	106	4,416	66.02
66.03	PHYSICAL THERAPY-OCC		8,218		8,218	410	15,555	66.03
67	Occupational Therapy		103,286		103,286	322	12,550	67
67.01	OCCUPATIONAL THERAPY-OCC					72	2,731	67.01
68	Speech Pathology		8,699		8,699	138	5,157	68
69	Electrocardiology		8,273		8,273	40	1,545	69
70	Electroencephalography		10,359	83,740	94,099	111	4,681	70
71	Medical Supplies Charged to Patients						209,459	71
73	Drugs Charged to Patients						237,802	73
74	Renal Dialysis		168,526	101,538	270,064	633	30,839	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		88,345	818,363	906,708	426	20,579	76.01
76.02	BONE MARROW TRANSPLANT			117,681	117,681	129	7,511	76.02
76.03	CARDIAC SERVICES		85,477	548,453	633,930	412	18,528	76.03
76.04	TELEMEDICINE PROGRAM		15,408		15,408		5,256	76.04
76.05	SLEEP LAB WEST HARRISON			2,748	2,748	63	4,942	76.05
76.06	SICKLE CELL			5,010	5,010	188	6,441	76.06
76.07	HEART CENTER-ROOSEVELT RD		17,932	2,887	20,819	5	308	76.07

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	
76.08	UIH UROLOGY CLINIC		28,991		28,991	42	1,693	76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					16	504	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,252,939	762,442	2,015,381	4,211	168,673	90
91	Emergency		201,839	101,327	303,166	1,887	74,869	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY		190,945	54,160	245,105	389	16,620	93.01
93.02	OCC PSYCH		425,343	5,851	431,194	173	7,749	93.02
93.03	OCC ADOLESCENTS		131,303	12,319	143,622	470	18,880	93.03
93.04	LION'S EYE INST.		28,936		28,936	84	3,431	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		35,892		35,892	455	40,610	105
107	Liver Acquisition		5,131		5,131	71	10,779	107
109	Pancreas Acquisition		357		357	8	3,701	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		31,131	1,092	32,223	35	1,418	112
118	SUBTOTALS (sum of lines 1-117)		9,727,835	12,810,944	22,538,779	59,096	2,957,023	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		11,388		11,388		36	190
191	Research		45,291		45,291	84	3,531	191
192	Physicians' Private Offices			1,955	1,955	280	22,182	192
192.01	PILSEN-OFFSITE CLINIC			10,119	10,119	49	3,759	192.01
192.02	MULTI-SPECIALTY AMB CLINIC						29	192.02
194	OUTPATIENT PHARMACY						88,369	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		9,784,514	12,823,018	22,607,532	59,509	3,074,929	202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	280,500						5.02
5.03	AMBULATORY ADMIN & GENERAL	8,135	291,958					5.03
6	Maintenance & Repairs	8,173		364,921				6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	1,664		5,523	157,930			9
10	Dietary	2,815		12,138	5,334	345,909		10
11	Cafeteria	8				185,080	185,168	11
12	Maintenance of Personnel							12
13	Nursing Administration	4,803		2,401	1,055		4,396	13
14	Central Services & Supply	3,452		10,634	4,673		1,859	14
15	Pharmacy	4,434		5,573	2,449		1,747	15
16	Medical Records & Library	2,515		5,779	2,540		2,033	16
17	Social Service	4,359		2,131	936		3,752	17
17.01	PALLATIVE CARE	356					502	17.01
18	UTILMGMT / DSCH PLANNING	2,792					2,339	18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	20,744		155	68		19,742	21
22	I&R Services-Other Prgm Costs Apprvd	5,984		889	391		544	22
23	PARAMED ED PRGM-(SPECIFY)	881					330	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	37,458		50,767	22,309	108,631	35,129	30
31	Intensive Care Unit	10,939		7,722	3,393	21,030	9,948	31
31.01	PEDS ICU	1,820		2,712	1,192	2,741	1,664	31.01
31.02	NEONATAL ICU	6,579		5,001	2,198		6,080	31.02
32	Coronary Care Unit	6,121		4,592	2,018	9,189	5,719	32
40	Subprovider - IPF	5,908		9,921	4,360	19,238	5,339	40
43	Nursery	655		958	421		558	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,331		17,523	7,700		9,357	50
51	Recovery Room	2,697		312	137		2,507	51
52	Delivery Room & Labor Room	6,509		10,474	4,603		6,315	52
53	Anesthesiology	1,020		3,112	1,368		1,005	53
54	Radiology-Diagnostic	4,187		12,340	5,422		3,493	54
54.01	RADIO ULTRASOUND	914		1,564	687		740	54.01
54.02	RADIO ANGIOGRAPHY	1,547		3,103	1,364		1,310	54.02
54.03	RADIO WEST HARRISON	491		4,629	2,034		284	54.03
54.04	RADIO MILE SQUARE	201		1,470	646		157	54.04
55	Radiology-Therapeutic	1,978		8,336	3,663		727	55
56	Radioisotope	439		228	100		245	56
57	CT Scan	1,513		5,092	2,238		1,349	57
58	MRI	1,481		1,260	553		1,263	58
59	Cardiac Catheterization	654		1,610	707		574	59
60	Laboratory	12,809		27,462	12,067		6,397	60
60.01	LAB TISSUE TYPING	528		607	267		140	60.01
60.02	LAB OUTREACH	3,397		2,607	1,146		1,750	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,454		888	390		28	63
64	Intravenous Therapy	281					268	64
65	Respiratory Therapy	2,623		1,109	487		2,230	65
66	Physical Therapy	1,515		5,627	2,473		1,366	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		3,176	3,394	1,491		48	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		4,700				394	66.02
66.03	PHYSICAL THERAPY-OCC		16,554	355	156		1,519	66.03
67	Occupational Therapy	1,286		4,456	1,958		1,194	67
67.01	OCCUPATIONAL THERAPY-OCC		2,907				268	67.01
68	Speech Pathology	528		375	165		513	68
69	Electrocardiology	158		357	157		148	69
70	Electroencephalography	480		447	196		412	70
71	Medical Supplies Charged to Patients	21,467						71
73	Drugs Charged to Patients	24,372						73
74	Renal Dialysis	3,161		7,270	3,195		2,347	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,109		3,811	1,675		1,580	76.01
76.02	BONE MARROW TRANSPLANT	770					477	76.02
76.03	CARDIAC SERVICES	1,899		3,687	1,620		1,526	76.03
76.04	TELEMEDICINE PROGRAM		5,594	665	292			76.04
76.05	SLEEP LAB WEST HARRISON	507					233	76.05
76.06	SICKLE CELL	660					699	76.06
76.07	HEART CENTER-ROOSEVELT RD		328	774	340		17	76.07

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	
76.08	UIH UROLOGY CLINIC		1,802	1,251	550		155	76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	52					59	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		179,543	54,053	23,750		15,617	90
91	Emergency	7,673		8,707	3,826		6,996	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY		17,687	8,237	3,620		1,443	93.01
93.02	OCC PSYCH		8,247	18,349	8,063		643	93.02
93.03	OCC ADOLESCENTS		20,092	5,664	2,489		1,745	93.03
93.04	LION'S EYE INST.		3,651	1,248	549		311	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,162		1,548	680		1,688	105
107	Liver Acquisition	1,105		221	97		262	107
109	Pancreas Acquisition	379		15	7		28	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	145		1,343	590		130	112
118	SUBTOTALS (sum of lines 1-117)	271,077	264,281	362,476	156,855	345,909	183,638	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	4	39	491	216			190
191	Research	362		1,954	859		310	191
192	Physicians' Private Offices		23,607				1,039	192
192.01	PILSEN-OFFSITE CLINIC		4,000				181	192.01
192.02	MULTI-SPECIALTY AMB CLINIC		31					192.02
194	OUTPATIENT PHARMACY	9,057						194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	280,500	291,958	364,921	157,930	345,909	185,168	202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	547,360						13
14	Central Services & Supply		389,106					14
15	Pharmacy		2,763	972,633				15
16	Medical Records & Library				191,607			16
17	Social Service	385				126,951		17
17.01	PALLATIVE CARE	561					5,025	17.01
18	UTILMGMT / DSCH PLANNING	904						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	198,874	10,996	3,944	14,686	52,776	3,005	30
31	Intensive Care Unit	55,331	5,683	1,848	4,653	1,453	592	31
31.01	PEDS ICU	8,017	643	90	356	2,838	57	31.01
31.02	NEONATAL ICU	28,955	2,077	106	3,334	3,049	424	31.02
32	Coronary Care Unit	29,336	4,187	1,047	2,419	1,361	279	32
40	Subprovider - IPF	23,834	276	30	2,126	6,385	542	40
43	Nursery	2,941			284		126	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	37,390	118,831	957	11,929	709		50
51	Recovery Room	11,433	759	299	924	819		51
52	Delivery Room & Labor Room	32,173	3,583	455	3,094	2,128		52
53	Anesthesiology	3,502	6,655	1,184	5,415			53
54	Radiology-Diagnostic	437	523	192	2,619			54
54.01	RADIO ULTRASOUND	508	224	310	1,160			54.01
54.02	RADIO ANGIOGRAPHY	1,480	14,350	2,093	4,571			54.02
54.03	RADIO WEST HARRISON	142	202	209	848			54.03
54.04	RADIO MILE SQUARE	37	6		227			54.04
55	Radiology-Therapeutic	1,189	193	37	1,536	1,136		55
56	Radioisotope	64	22	545	380			56
57	CT Scan	1,734	827	1,010	7,985			57
58	MRI	822	460	2,230	4,915			58
59	Cardiac Catheterization	1,207	8,391	428	1,619			59
60	Laboratory	11	338	3	28,022			60
60.01	LAB TISSUE TYPING				460			60.01
60.02	LAB OUTREACH		1		11,579			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				3,105			63
64	Intravenous Therapy	1,091	565		318			64
65	Respiratory Therapy	221	1,291	267	3,682			65
66	Physical Therapy	15	49	1	638			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	11			171			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	19	8		194			66.02
66.03	PHYSICAL THERAPY-OCC	4	19		685			66.03
67	Occupational Therapy		23		505			67
67.01	OCCUPATIONAL THERAPY-OCC		18		145			67.01
68	Speech Pathology		22	1	292			68
69	Electrocardiology		7		362			69
70	Electroencephalography		138		353			70
71	Medical Supplies Charged to Patients		182,711		11,711			71
73	Drugs Charged to Patients			608,221	24,795			73
74	Renal Dialysis	5,225	725	695	2,663			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	5,804	5,186	254	2,381			76.01
76.02	BONE MARROW TRANSPLANT	1,245	30	47	279	392		76.02
76.03	CARDIAC SERVICES	2,728	5,659	27	2,323			76.03
76.04	TELEMEDICINE PROGRAM			81,438	113			76.04
76.05	SLEEP LAB WEST HARRISON		7		337			76.05
76.06	SICKLE CELL	3,689	123	1,556	412			76.06
76.07	HEART CENTER-ROOSEVELT RD				40			76.07

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	
76.08	UIH UROLOGY CLINIC		46	22	21			76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	213	3		13			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	39,954	4,696	229,834	7,483	27,386		90
91	Emergency	32,498	4,881	1,094	7,739	2,227		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	407	408	1,863	1,329	5,321		93.01
93.02	OCC PSYCH	374	22	288	397			93.02
93.03	OCC ADOLESCENTS	4,885	328	4,541	1,044			93.03
93.04	LION'S EYE INST.	19	45	25,336	434			93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,451		1	1,621	3,922		105
107	Liver Acquisition	497			597	655		107
109	Pancreas Acquisition	75			270	556		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	37		121	14			112
118	SUBTOTALS (sum of lines 1-117)	544,729	389,000	972,624	191,607	113,113	5,025	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	374	36	9				191
192	Physicians' Private Offices	1,846				13,838		192
192.01	PILSEN-OFFSITE CLINIC	411	70					192.01
192.02	MULTI-SPECIALTY AMB CLINIC							192.02
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	547,360	389,106	972,633	191,607	126,951	5,025	202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	33,905						18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd		252,037					21
22	I&R Services-Other Prgm Costs Apprvd			86,954				22
23	PARAMED ED PRGM-(SPECIFY)				9,893			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	20,268				2,376,319		30
31	Intensive Care Unit	3,998				611,673		31
31.01	PEDS ICU	387				117,171		31.01
31.02	NEONATAL ICU	2,863				467,580		31.02
32	Coronary Care Unit	1,881				347,300		32
40	Subprovider - IPF	3,657				394,086		40
43	Nursery	851				35,536		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					3,214,886		50
51	Recovery Room					66,864		51
52	Delivery Room & Labor Room					510,304		52
53	Anesthesiology					500,158		53
54	Radiology-Diagnostic					1,076,445		54
54.01	RADIO ULTRASOUND					351,491		54.01
54.02	RADIO ANGIOGRAPHY					148,809		54.02
54.03	RADIO WEST HARRISON					125,273		54.03
54.04	RADIO MILE SQUARE					90,461		54.04
55	Radiology-Therapeutic					344,301		55
56	Radioisotope					11,670		56
57	CT Scan					160,212		57
58	MRI					351,924		58
59	Cardiac Catheterization					85,721		59
60	Laboratory					1,447,507		60
60.01	LAB TISSUE TYPING					39,853		60.01
60.02	LAB OUTREACH					114,532		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					51,410		63
64	Intravenous Therapy					9,727		64
65	Respiratory Therapy					357,171		65
66	Physical Therapy					176,234		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					89,961		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					14,227		66.02
66.03	PHYSICAL THERAPY-OCC					43,475		66.03
67	Occupational Therapy					125,580		67
67.01	OCCUPATIONAL THERAPY-OCC					6,141		67.01
68	Speech Pathology					15,890		68
69	Electrocardiology					11,047		69
70	Electroencephalography					100,917		70
71	Medical Supplies Charged to Patients					425,348		71
73	Drugs Charged to Patients					895,190		73
74	Renal Dialysis					326,817		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					950,513		76.01
76.02	BONE MARROW TRANSPLANT					128,561		76.02
76.03	CARDIAC SERVICES					672,339		76.03
76.04	TELEMEDICINE PROGRAM					108,766		76.04
76.05	SLEEP LAB WEST HARRISON					8,837		76.05
76.06	SICKLE CELL					18,778		76.06
76.07	HEART CENTER-ROOSEVELT RD					22,631		76.07

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	
76.08	UIH UROLOGY CLINIC					34,573		76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					860		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					2,770,581		90
91	Emergency					455,563		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY					302,429		93.01
93.02	OCC PSYCH					475,499		93.02
93.03	OCC ADOLESCENTS					203,760		93.03
93.04	LION'S EYE INST.					64,044		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					95,030		105
107	Liver Acquisition					19,415		107
109	Pancreas Acquisition					5,396		109
112	OTHER ORGAN ACQUISITION (SPECIFY)					36,056		112
118	SUBTOTALS (sum of lines 1-117)	33,905				22,012,842		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					12,174		190
191	Research					52,810		191
192	Physicians' Private Offices					64,747		192
192.01	PILSEN-OFFSITE CLINIC					18,589		192.01
192.02	MULTI-SPECIALTY AMB CLINIC					60		192.02
194	OUTPATIENT PHARMACY					97,426		194
200	Cross Foot Adjustments		252,037	86,954	9,893	348,884		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	33,905	252,037	86,954	9,893	22,607,532		202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLIATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	2,376,319					30
31	Intensive Care Unit	611,673					31
31.01	PEDS ICU	117,171					31.01
31.02	NEONATAL ICU	467,580					31.02
32	Coronary Care Unit	347,300					32
40	Subprovider - IPF	394,086					40
43	Nursery	35,536					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,214,886					50
51	Recovery Room	66,864					51
52	Delivery Room & Labor Room	510,304					52
53	Anesthesiology	500,158					53
54	Radiology-Diagnostic	1,076,445					54
54.01	RADIO ULTRASOUND	351,491					54.01
54.02	RADIO ANGIOGRAPHY	148,809					54.02
54.03	RADIO WEST HARRISON	125,273					54.03
54.04	RADIO MILE SQUARE	90,461					54.04
55	Radiology-Therapeutic	344,301					55
56	Radioisotope	11,670					56
57	CT Scan	160,212					57
58	MRI	351,924					58
59	Cardiac Catheterization	85,721					59
60	Laboratory	1,447,507					60
60.01	LAB TISSUE TYPING	39,853					60.01
60.02	LAB OUTREACH	114,532					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	51,410					63
64	Intravenous Therapy	9,727					64
65	Respiratory Therapy	357,171					65
66	Physical Therapy	176,234					66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	89,961					66.01
66.02	PHYSICAL THERAPY MAXWELL ST	14,227					66.02
66.03	PHYSICAL THERAPY-OCC	43,475					66.03
67	Occupational Therapy	125,580					67
67.01	OCCUPATIONAL THERAPY-OCC	6,141					67.01
68	Speech Pathology	15,890					68
69	Electrocardiology	11,047					69
70	Electroencephalography	100,917					70
71	Medical Supplies Charged to Patients	425,348					71
73	Drugs Charged to Patients	895,190					73
74	Renal Dialysis	326,817					74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	950,513					76.01
76.02	BONE MARROW TRANSPLANT	128,561					76.02
76.03	CARDIAC SERVICES	672,339					76.03
76.04	TELEMEDICINE PROGRAM	108,766					76.04
76.05	SLEEP LAB WEST HARRISON	8,837					76.05
76.06	SICKLE CELL	18,778					76.06
76.07	HEART CENTER-ROOSEVELT RD	22,631					76.07

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
76.08	UIH UROLOGY CLINIC	34,573						76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	860						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,770,581						90
91	Emergency	455,563						91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	302,429						93.01
93.02	OCC PSYCH	475,499						93.02
93.03	OCC ADOLESCENTS	203,760						93.03
93.04	LION'S EYE INST.	64,044						93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	95,030						105
107	Liver Acquisition	19,415						107
109	Pancreas Acquisition	5,396						109
112	OTHER ORGAN ACQUISITION (SPECIFY)	36,056						112
118	SUBTOTALS (sum of lines 1-117)	22,012,842						118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	12,174						190
191	Research	52,810						191
192	Physicians' Private Offices	64,747						192
192.01	PILSEN-OFFSITE CLINIC	18,589						192.01
192.02	MULTI-SPECIALTY AMB CLINIC	60						192.02
194	OUTPATIENT PHARMACY	97,426						194
200	Cross Foot Adjustments	348,884						200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	22,607,532						202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	713,142						1
2	Cap Rel Costs-Mvble Equip		9,595,310					2
4	Employee Benefits Department	4,044	3,011	370,047,409				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	56,725	1,713,709	40,202,478	-187,652,191	975,269,650		5.01
5.02	HOSPITAL ADMIN & GENERAL	11,149	45,662	8,948,123		20,637,033	-24,607,825	5.02
5.03	AMBULATORY ADMIN & GENERAL	12,123	27,787	6,087,696		25,175,359		5.03
6	Maintenance & Repairs	12,560	78,214	947,658		25,291,448		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	9,332	4,840	2,550		5,149,702		9
10	Dietary	20,508	12,127	3,572,232		8,710,745		10
11	Cafeteria			12,788		24,602		11
12	Maintenance of Personnel							12
13	Nursing Administration	4,057	322,508	7,363,582		14,862,376		13
14	Central Services & Supply	17,966	65,707	3,113,812		10,681,134		14
15	Pharmacy	9,416	585,718	2,926,556		13,720,786		15
16	Medical Records & Library	9,764	14,733	3,406,111		7,782,378		16
17	Social Service	3,600	16,801	6,285,226		13,488,875		17
17.01	PALLIATIVE CARE			841,252		1,100,983		17.01
18	UTILMGMT / DSCH PLANNING			3,917,303		8,639,047		18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	262		33,068,075		64,195,688		21
22	I&R Services-Other Prgm Costs Apprvd	1,502		910,805		18,519,049		22
23	PARAMED ED PRGM-(SPECIFY)			552,000		2,725,268		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	85,772	199,826	58,960,327		115,537,516		30
31	Intensive Care Unit	13,046	147,163	16,663,371		33,853,195		31
31.01	PEDS ICU	4,582	10,166	2,787,786		5,630,639		31.01
31.02	NEONATAL ICU	8,450	168,474	10,183,657		20,358,935		31.02
32	Coronary Care Unit	7,759	83,377	9,579,302		18,943,470		32
40	Subprovider - IPF	16,762	17,516	8,942,736		18,281,984		40
43	Nursery	1,618		934,268		2,027,448		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	29,605	1,847,621	15,674,163		38,159,598		50
51	Recovery Room	527	9,546	4,199,399		8,345,311		51
52	Delivery Room & Labor Room	17,696	99,493	10,577,156		20,143,446		52
53	Anesthesiology	5,258	295,221	1,683,636		3,157,772		53
54	Radiology-Diagnostic	20,848	538,316	5,850,488		12,956,700		54
54.01	RADIO ULTRASOUND	2,642	224,498	1,239,156		2,828,876		54.01
54.02	RADIO ANGIOGRAPHY	5,243	23,649	2,194,129		4,788,642		54.02
54.03	RADIO WEST HARRISON	7,821	3,188	475,882		1,519,358		54.03
54.04	RADIO MILE SQUARE	2,483	38,648	263,289		621,240		54.04
55	Radiology-Therapeutic	14,083	84,395	1,217,313		6,122,113		55
56	Radioisotope	386		410,601		1,359,058		56
57	CT Scan	8,603	3,969	2,258,897		4,681,397		57
58	MRI	2,128	220,711	2,115,838		4,581,949		58
59	Cardiac Catheterization	2,720	19,964	961,031		2,022,639		59
60	Laboratory	46,397	446,815	10,715,600		39,637,477		60
60.01	LAB TISSUE TYPING	1,026	13,905	234,262		1,634,768		60.01
60.02	LAB OUTREACH	4,405		2,931,069		10,511,280		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,501		46,439		7,594,068		63
64	Intravenous Therapy		3,282	448,848		870,832		64
65	Respiratory Therapy	1,874	219,517	3,735,697		8,115,697		65
66	Physical Therapy	9,507	14,187	2,287,303		4,688,887		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	5,734		80,262		946,585	-1,128,718	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		3,285	660,384		1,400,602	-1,670,093	66.02
66.03	PHYSICAL THERAPY-OCC	599		2,544,484		4,933,359	-5,882,592	66.03
67	Occupational Therapy	7,528		1,999,351		3,980,365		67
67.01	OCCUPATIONAL THERAPY-OCC			449,458		866,277	-1,032,958	67.01
68	Speech Pathology	634		858,907		1,635,429		68
69	Electrocardiology	603		247,098		489,976		69
70	Electroencephalography	755	62,662	689,884		1,484,560		70
71	Medical Supplies Charged to Patients					66,431,515		71
73	Drugs Charged to Patients					75,420,756		73
74	Renal Dialysis	12,283	75,980	3,930,749		9,780,785		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	6,439		2,645,927		6,526,711		76.01
76.02	BONE MARROW TRANSPLANT		88,059	798,218		2,382,238		76.02
76.03	CARDIAC SERVICES	6,230	410,401	2,556,646		5,876,435		76.03
76.04	TELEMEDICINE PROGRAM	1,123				1,667,134	-1,987,909	76.04
76.05	SLEEP LAB WEST HARRISON		2,056	389,753		1,567,432		76.05
76.06	SICKLE CELL		3,749	1,170,053		2,042,738		76.06

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	RECON- CILIATION	
		1	2	4	5A.01	5.01		
76.07	HEART CENTER-ROOSEVELT RD	1,307	2,160	28,864		97,744	-116,551	76.07
76.08	UIH UROLOGY CLINIC	2,113		260,322		537,038	-640,370	76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY			99,521		159,825		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	91,320	570,526	26,158,323		53,496,185	-63,789,439	90
91	Emergency	14,711	75,822	11,718,205		23,745,231		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	13,917	40,527	2,416,602		5,271,247	-6,285,493	93.01
93.02	OCC PSYCH	31,001	4,378	1,077,450		2,457,706	-2,930,596	93.02
93.03	OCC ADOLESCENTS	9,570	9,218	2,922,162		5,987,915	-7,140,056	93.03
93.04	LION'S EYE INST.	2,109		521,502		1,088,039	-1,297,390	93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,616		2,827,360		12,879,716		105
107	Liver Acquisition	374		438,745		3,418,693		107
109	Pancreas Acquisition	26		47,652		1,173,697		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,269	817	216,984		449,692		112
118	SUBTOTALS (sum of lines 1-117)	709,011	9,586,275	367,484,756	-187,652,191	937,874,393	-118,509,990	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	830				11,388		190
191	Research	3,301		520,031		1,119,952		191
192	Physicians' Private Offices		1,463	1,739,955		7,035,354	-8,389,033	192
192.01	PILSEN-OFFSITE CLINIC		7,572	302,667		1,192,165	-1,421,551	192.01
192.02	MULTI-SPECIALTY AMB CLINIC					9,354	-11,154	192.02
194	OUTPATIENT PHARMACY					28,027,044		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	9,784,514	12,823,018	341,873,040		187,652,191		202
203	Unit Cost Multiplier (Wkst. B, Part I)	13.720289	1.336384	0.923863		0.192411		203
204	Cost to be allocated (Per Wkst. B, Part II)			59,509		3,074,929		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000161		0.003153		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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	1,034,590,113						5.02
5.03	AMBULATORY ADMIN & GENERAL	30,019,375	-30,733,386	103,737,805				5.03
6	Maintenance & Repairs	30,157,801	-30,875,104		616,541			6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,140,561	-6,286,614		9,332	607,209		9
10	Dietary	10,386,788	-10,633,838		20,508	20,508	994,850	10
11	Cafeteria	29,336	-30,034				532,299	11
12	Maintenance of Personnel							12
13	Nursing Administration	17,722,061	-18,143,580		4,057	4,057		13
14	Central Services & Supply	12,736,302	-13,039,235		17,966	17,966		14
15	Pharmacy	16,360,816	-16,749,958		9,416	9,416		15
16	Medical Records & Library	9,279,793	-9,500,513		9,764	9,764		16
17	Social Service	16,084,283	-16,466,848		3,600	3,600		17
17.01	PALLATIVE CARE	1,312,824	-1,344,050					17.01
18	UTILMGMT / DSCH PLANNING	10,301,295	-10,546,311					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	76,547,645	-78,368,331		262	262		21
22	I&R Services-Other Prgm Costs Apprvd	22,082,318	-22,607,546		1,502	1,502		22
23	PARAMED ED PRGM-(SPECIFY)	3,249,640	-3,326,933					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	137,767,785	-141,044,695		85,772	85,772	312,427	30
31	Intensive Care Unit	40,366,922	-41,327,049		13,046	13,046	60,482	31
31.01	PEDS ICU	6,714,036	-6,873,729		4,582	4,582	7,884	31.01
31.02	NEONATAL ICU	24,276,218	-24,853,628		8,450	8,450		31.02
32	Coronary Care Unit	22,588,402	-23,125,667		7,759	7,759	26,428	32
40	Subprovider - IPF	21,799,639	-22,318,143		16,762	16,762	55,330	40
43	Nursery	2,417,551	-2,475,052		1,618	1,618		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	45,501,924	-46,584,187		29,605	29,605		50
51	Recovery Room	9,951,041	-10,187,727		527	527		51
52	Delivery Room & Labor Room	24,019,267	-24,590,565		17,696	17,696		52
53	Anesthesiology	3,765,362	-3,854,921		5,258	5,258		53
54	Radiology-Diagnostic	15,449,712	-15,817,183		20,848	20,848		54
54.01	RADIO ULTRASOUND	3,373,183	-3,453,414		2,642	2,642		54.01
54.02	RADIO ANGIOGRAPHY	5,710,029	-5,845,842		5,243	5,243		54.02
54.03	RADIO WEST HARRISON	1,811,699	-1,854,790		7,821	7,821		54.03
54.04	RADIO MILE SQUARE	740,773	-758,392		2,483	2,483		54.04
55	Radiology-Therapeutic	7,300,075	-7,473,707		14,083	14,083		55
56	Radioisotope	1,620,556	-1,659,101		386	386		56
57	CT Scan	5,582,149	-5,714,920		8,603	8,603		57
58	MRI	5,463,566	-5,593,517		2,128	2,128		58
59	Cardiac Catheterization	2,411,817	-2,469,182		2,720	2,720		59
60	Laboratory	47,264,164	-48,388,342		46,397	46,397		60
60.01	LAB TISSUE TYPING	1,949,315	-1,995,679		1,026	1,026		60.01
60.02	LAB OUTREACH	12,533,766	-12,831,882		4,405	4,405		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9,055,250	-9,270,629		1,501	1,501		63
64	Intravenous Therapy	1,038,390	-1,063,088					64
65	Respiratory Therapy	9,677,246	-9,907,419		1,874	1,874		65
66	Physical Therapy	5,591,080	-5,724,064		9,507	9,507		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD			1,128,718	5,734	5,734		66.01
66.02	PHYSICAL THERAPY MAXWELL ST			1,670,093				66.02
66.03	PHYSICAL THERAPY-OCC			5,882,592	599	599		66.03
67	Occupational Therapy	4,746,231	-4,859,120		7,528	7,528		67
67.01	OCCUPATIONAL THERAPY-OCC			1,032,958				67.01
68	Speech Pathology	1,950,104	-1,996,487		634	634		68
69	Electrocardiology	584,253	-598,149		603	603		69
70	Electroencephalography	1,770,206	-1,812,310		755	755		70
71	Medical Supplies Charged to Patients	79,213,669	-81,097,766					71
73	Drugs Charged to Patients	89,932,539	-92,071,584					73
74	Renal Dialysis	11,662,716	-11,940,114		12,283	12,283		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	7,782,522	-7,967,629		6,439	6,439		76.01
76.02	BONE MARROW TRANSPLANT	2,840,607	-2,908,171					76.02
76.03	CARDIAC SERVICES	7,007,126	-7,173,790		6,230	6,230		76.03
76.04	TELEMEDICINE PROGRAM			1,987,909	1,123	1,123		76.04
76.05	SLEEP LAB WEST HARRISON	1,869,023	-1,913,478					76.05
76.06	SICKLE CELL	2,435,783	-2,493,718					76.06

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
76.07	HEART CENTER-ROOSEVELT RD			116,551	1,307	1,307		76.07
76.08	UIH UROLOGY CLINIC			640,370	2,113	2,113		76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	190,577	-195,110					76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			63,789,439	91,320	91,320		90
91	Emergency	28,314,075	-28,987,525		14,711	14,711		91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY			6,285,493	13,917	13,917		93.01
93.02	OCC PSYCH			2,930,596	31,001	31,001		93.02
93.03	OCC ADOLESCENTS			7,140,056	9,570	9,570		93.03
93.04	LION'S EYE INST.			1,297,390	2,109	2,109		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	15,357,915	-15,723,203		2,616	2,616		105
107	Liver Acquisition	4,076,487	-4,173,446		374	374		107
109	Pancreas Acquisition	1,399,529	-1,432,817		26	26		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	536,218	-548,972		2,269	2,269		112
118	SUBTOTALS (sum of lines 1-117)	999,821,335	-1,023,602,184	93,902,165	612,410	603,078	994,850	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	13,579		13,902	830	830		190
191	Research	1,335,443	-1,367,207		3,301	3,301		191
192	Physicians' Private Offices			8,389,033				192
192.01	PILSEN-OFFSITE CLINIC			1,421,551				192.01
192.02	MULTI-SPECIALTY AMB CLINIC			11,154				192.02
194	OUTPATIENT PHARMACY	33,419,756	-34,214,645					194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	24,607,825		30,733,386	30,875,104	6,753,941	11,888,945	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.023785		0.296260	50.077941	11.122926	11.950490	203
204	Cost to be allocated (Per Wkst. B, Part II)	280,500		291,958	364,921	157,930	345,909	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000271		0.002814	0.591884	0.260092	0.347700	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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINIS- TRATION DIRECT NRSNG 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	310,273,884						11
12	Maintenance of Personnel							12
13	Nursing Administration	7,363,582	146,449					13
14	Central Services & Supply	3,113,812		141,188,886				14
15	Pharmacy	2,926,556		1,002,500	121,302,189			15
16	Medical Records & Library	3,406,111				2,779,099,276		16
17	Social Service	6,285,226	103				37,220	17
17.01	PALLATIVE CARE	841,252	150					17.01
18	UTILMGMT / DSCH PLANNING	3,917,303	242					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd	33,068,075						21
22	I&R Services-Other Prgm Costs Apprvd	910,805						22
23	PARAMED ED PRGM-(SPECIFY)	552,000						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	58,960,327	53,209	3,989,763	491,909	212,842,781	15,473	30
31	Intensive Care Unit	16,663,371	14,804	2,062,143	230,495	67,428,573	426	31
31.01	PEDS ICU	2,787,786	2,145	233,461	11,258	5,156,486	832	31.01
31.02	NEONATAL ICU	10,183,657	7,747	753,497	13,224	48,322,345	894	31.02
32	Coronary Care Unit	9,579,302	7,849	1,519,369	130,570	35,055,139	399	32
40	Subprovider - IPF	8,942,736	6,377	100,314	3,747	30,814,971	1,872	40
43	Nursery	934,268	787			4,111,312		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	15,674,163	10,004	43,117,371	119,309	172,890,310	208	50
51	Recovery Room	4,199,399	3,059	275,243	37,259	13,394,859	240	51
52	Delivery Room & Labor Room	10,577,156	8,608	1,300,112	56,764	44,843,677	624	52
53	Anesthesiology	1,683,636	937	2,414,867	147,654	78,477,975		53
54	Radiology-Diagnostic	5,850,488	117	189,819	23,916	37,956,422		54
54.01	RADIO ULTRASOUND	1,239,156	136	81,192	38,642	16,817,412		54.01
54.02	RADIO ANGIOGRAPHY	2,194,129	396	5,206,731	261,046	66,242,070		54.02
54.03	RADIO WEST HARRISON	475,882	38	73,412	26,120	12,286,331		54.03
54.04	RADIO MILE SQUARE	263,289	10	2,353		3,283,633		54.04
55	Radiology-Therapeutic	1,217,313	318	70,069	4,633	22,254,667	333	55
56	Radioisotope	410,601	17	7,809	68,016	5,501,120		56
57	CT Scan	2,258,897	464	300,075	125,906	115,719,166		57
58	MRI	2,115,838	220	166,840	278,125	71,236,096		58
59	Cardiac Catheterization	961,031	323	3,044,596	53,394	23,460,353		59
60	Laboratory	10,715,600	3	122,573	376	408,297,122		60
60.01	LAB TISSUE TYPING	234,262		124		6,671,787		60.01
60.02	LAB OUTREACH	2,931,069		212		167,813,190		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	46,439		59		45,003,045		63
64	Intravenous Therapy	448,848	292	204,973		4,611,864		64
65	Respiratory Therapy	3,735,697	59	468,409	33,269	53,358,624		65
66	Physical Therapy	2,287,303	4	17,678	154	9,251,785		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	80,262	3			2,484,606		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	660,384	5	2,930		2,815,046		66.02
66.03	PHYSICAL THERAPY-OCC	2,544,484	1	6,943		9,933,332		66.03
67	Occupational Therapy	1,999,351		8,437		7,325,362		67
67.01	OCCUPATIONAL THERAPY-OCC	449,458		6,498		2,107,718		67.01
68	Speech Pathology	858,907		8,017	75	4,229,962		68
69	Electrocardiology	247,098		2,439		5,252,679		69
70	Electroencephalography	689,884		50,027		5,114,912		70
71	Medical Supplies Charged to Patients			66,299,751		169,729,313		71
73	Drugs Charged to Patients				75,852,675	359,352,599		73
74	Renal Dialysis	3,930,749	1,398	263,081	86,722	38,588,509		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	2,645,927	1,553	1,881,851	31,715	34,506,532		76.01
76.02	BONE MARROW TRANSPLANT	798,218	333	10,714	5,924	4,036,307	115	76.02
76.03	CARDIAC SERVICES	2,556,646	730	2,053,482	3,410	33,664,764		76.03
76.04	TELEMEDICINE PROGRAM				10,156,871	1,631,343		76.04
76.05	SLEEP LAB WEST HARRISON	389,753		2,467		4,890,817		76.05
76.06	SICKLE CELL	1,170,053	987	44,493	194,107	5,974,963		76.06

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
76.07	HEART CENTER-ROOSEVELT RD	28,864			37	575,376		76.07
76.08	UIH UROLOGY CLINIC	260,322		16,680	2,764	297,232		76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	99,521	57	1,006	6	191,224		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	26,158,323	10,690	1,703,954	28,664,713	108,454,312	8,029	90
91	Emergency	11,718,205	8,695	1,770,945	136,468	112,158,010	653	91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY	2,416,602	109	148,171	232,383	19,255,550	1,560	93.01
93.02	OCC PSYCH	1,077,450	100	7,866	35,859	5,748,865		93.02
93.03	OCC ADOLESCENTS	2,922,162	1,307	118,861	566,377	15,126,706		93.03
93.04	LION'S EYE INST.	521,502	5	16,199	3,159,913	6,296,420		93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,827,360	1,191	61	177	23,491,526	1,150	105
107	Liver Acquisition	438,745	133		10	8,651,852	192	107
109	Pancreas Acquisition	47,652	20			3,907,288	163	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	216,984	10	68	15,081	203,036		112
118	SUBTOTALS (sum of lines 1-117)	307,711,231	145,745	141,150,505	121,301,073	2,779,099,276	33,163	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	520,031	100	13,052	1,116			191
192	Physicians' Private Offices	1,739,955	494				4,057	192
192.01	PILSEN-OFFSITE CLINIC	302,667	110	25,329				192.01
192.02	MULTI-SPECIALTY AMB CLINIC							192.02
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,391,266	18,543,554	14,202,910	17,487,355	10,168,240	16,829,683	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.020599	126.621240	0.100595	0.144164	0.003659	452.167732	203
204	Cost to be allocated (Per Wkst. B, Part II)	185,168	547,360	389,106	972,633	191,607	126,951	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000597	3.737547	0.002756	0.008018	0.000069	3.410828	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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	115,101						17.01
18	UTILMGMT / DSCH PLANNING		115,101					18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd			9,933				21
22	I&R Services-Other Prgm Costs Apprvd				2,779,099,276			22
23	PARAMED ED PRGM-(SPECIFY)					115,101		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	68,805	68,805	955	212,842,781	68,805		30
31	Intensive Care Unit	13,571	13,571	152	67,428,573	13,571		31
31.01	PEDS ICU	1,315	1,315	86	5,156,486	1,315		31.01
31.02	NEONATAL ICU	9,721	9,721	285	48,322,345	9,721		31.02
32	Coronary Care Unit	6,384	6,384	135	35,055,139	6,384		32
40	Subprovider - IPF	12,415	12,415	131	30,814,971	12,415		40
43	Nursery	2,890	2,890	22	4,111,312	2,890		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,295	172,890,310			50
51	Recovery Room				13,394,859			51
52	Delivery Room & Labor Room			178	44,843,677			52
53	Anesthesiology			286	78,477,975			53
54	Radiology-Diagnostic				37,956,422			54
54.01	RADIO ULTRASOUND			37	16,817,412			54.01
54.02	RADIO ANGIOGRAPHY			297	66,242,070			54.02
54.03	RADIO WEST HARRISON				12,286,331			54.03
54.04	RADIO MILE SQUARE				3,283,633			54.04
55	Radiology-Therapeutic			366	22,254,667			55
56	Radioisotope			40	5,501,120			56
57	CT Scan			173	115,719,166			57
58	MRI			169	71,236,096			58
59	Cardiac Catheterization			364	23,460,353			59
60	Laboratory			1,199	408,297,122			60
60.01	LAB TISSUE TYPING				6,671,787			60.01
60.02	LAB OUTREACH				167,813,190			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			242	45,003,045			63
64	Intravenous Therapy				4,611,864			64
65	Respiratory Therapy			262	53,358,624			65
66	Physical Therapy			55	9,251,785			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				2,484,606			66.01
66.02	PHYSICAL THERAPY MAXWELL ST				2,815,046			66.02
66.03	PHYSICAL THERAPY-OCC				9,933,332			66.03
67	Occupational Therapy			29	7,325,362			67
67.01	OCCUPATIONAL THERAPY-OCC				2,107,718			67.01
68	Speech Pathology			28	4,229,962			68
69	Electrocardiology			82	5,252,679			69
70	Electroencephalography				5,114,912			70
71	Medical Supplies Charged to Patients			347	169,729,313			71
73	Drugs Charged to Patients			1,585	359,352,599			73
74	Renal Dialysis			169	38,588,509			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY				34,506,532			76.01
76.02	BONE MARROW TRANSPLANT				4,036,307			76.02
76.03	CARDIAC SERVICES				33,664,764			76.03
76.04	TELEMEDCINE PROGRAM				1,631,343			76.04

Health Financial Systems Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	22	23		
76.05	SLEEP LAB WEST HARRISON				4,890,817			76.05
76.06	SICKLE CELL				5,974,963			76.06
76.07	HEART CENTER-ROOSEVELT RD				575,376			76.07
76.08	UIH UROLOGY CLINIC				297,232			76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY				191,224			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			279	108,454,312			90
91	Emergency			291	112,158,010			91
92	Observation Beds (Non-Distinct Part)							92
93.01	EYE EAR INFIRMARY			58	19,255,550			93.01
93.02	OCC PSYCH			75	5,748,865			93.02
93.03	OCC ADOLESCENTS			103	15,126,706			93.03
93.04	LION'S EYE INST.				6,296,420			93.04
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			48	23,491,526			105
107	Liver Acquisition			44	8,651,852			107
109	Pancreas Acquisition				3,907,288			109
112	OTHER ORGAN ACQUISITION (SPECIFY)			10	203,036			112
118	SUBTOTALS (sum of lines 1-117)	115,101	115,101	9,877	2,779,099,276	115,101		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
192.02	MULTI-SPECIALTY AMB CLINIC							192.02
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,380,372	10,657,646	79,065,534	22,718,232	3,338,304		202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.992702	92.593861	7,959,884627	0.008175	29.003258		203
204	Cost to be allocated (Per Wkst. B, Part II)	5,025	33,905	252,037	86,954	9,893		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.043657	0.294567	25.373704	0.000031	0.085951		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

Health Financial Systems Compu-Max 2552-10

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
		CODE	LINE NO.	AMOUNT	
		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	-86,722	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	175,418,619		175,418,619		175,418,619	30
31	Intensive Care Unit	47,558,977		47,558,977		47,558,977	31
31.01	PEDS ICU	8,173,248		8,173,248		8,173,248	31.01
31.02	NEONATAL ICU	28,518,864		28,518,864		28,518,864	31.02
32	Coronary Care Unit	26,440,710		26,440,710		26,440,710	32
40	Subprovider - IPF	27,625,245		27,625,245		27,625,245	40
43	Nursery	3,094,088		3,094,088		3,094,088	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	55,066,878		55,066,878		55,066,878	50
51	Recovery Room	10,884,408		10,884,408		10,884,408	51
52	Delivery Room & Labor Room	27,566,614		27,566,614		27,566,614	52
53	Anesthesiology	4,881,401		4,881,401		4,881,401	53
54	Radiology-Diagnostic	17,389,854		17,389,854		17,389,854	54
54.01	RADIO ULTRASOUND	3,733,126		3,733,126		3,733,126	54.01
54.02	RADIO ANGIOGRAPHY	7,065,842		7,065,842		7,065,842	54.02
54.03	RADIO WEST HARRISON	2,404,164		2,404,164		2,404,164	54.03
54.04	RADIO MILE SQUARE	929,295		929,295		929,295	54.04
55	Radiology-Therapeutic	8,640,659		8,640,659		8,640,659	55
56	Radioisotope	1,724,055		1,724,055		1,724,055	56
57	CT Scan	6,818,468		6,818,468		6,818,468	57
58	MRI	6,112,726		6,112,726		6,112,726	58
59	Cardiac Catheterization	3,096,152		3,096,152		3,096,152	59
60	Laboratory	52,954,850		52,954,850		52,954,850	60
60.01	LAB TISSUE TYPING	2,087,721		2,087,721		2,087,721	60.01
60.02	LAB OUTREACH	13,775,897		13,775,897		13,775,897	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	9,528,121		9,528,121		9,528,121	63
64	Intravenous Therapy	1,146,801		1,146,801		1,146,801	64
65	Respiratory Therapy	10,353,687		10,353,687		10,353,687	65
66	Physical Therapy	6,389,175		6,389,175		6,389,175	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,825,162		1,825,162		1,825,162	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	2,189,706		2,189,706		2,189,706	66.02
66.03	PHYSICAL THERAPY-OCC	7,751,614		7,751,614		7,751,614	66.03
67	Occupational Therapy	5,388,677		5,388,677		5,388,677	67
67.01	OCCUPATIONAL THERAPY-OCC	1,356,606		1,356,606		1,356,606	67.01
68	Speech Pathology	2,069,275		2,069,275		2,069,275	68
69	Electrocardiology	659,608		659,608		659,608	69
70	Electroencephalography	1,896,475		1,896,475		1,896,475	70
71	Medical Supplies Charged to Patients	88,388,244		88,388,244		88,388,244	71
73	Drugs Charged to Patients	104,321,629		104,321,629		104,321,629	73
74	Renal Dialysis	13,043,269		13,043,269		13,043,269	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	8,932,984		8,932,984		8,932,984	76.01
76.02	BONE MARROW TRANSPLANT	3,035,478		3,035,478		3,035,478	76.02
76.03	CARDIAC SERVICES	8,030,411		8,030,411		8,030,411	76.03
76.04	TELEMEDICINE PROGRAM	4,115,800		4,115,800		4,115,800	76.04
76.05	SLEEP LAB WEST HARRISON	1,939,650		1,939,650		1,939,650	76.05
76.06	SICKLE CELL	2,697,116		2,697,116		2,697,116	76.06
76.07	HEART CENTER-ROOSEVELT RD	233,775		233,775		233,775	76.07
76.08	UIH UROLOGY CLINIC	967,930		967,930		967,930	76.08
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	205,179		205,179		205,179	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	98,500,117		98,500,117		98,500,117	90
91	Emergency	32,133,680		32,133,680		32,133,680	91
92	Observation Beds (Non-Distinct Part)	13,058,635		13,058,635		13,058,635	92
93.01	EYE EAR INFIRMARY	9,887,192		9,887,192		9,887,192	93.01
93.02	OCC PSYCH	5,757,954		5,757,954		5,757,954	93.02
93.03	OCC ADOLESCENTS	10,215,706		10,215,706		10,215,706	93.03
93.04	LION'S EYE INST.	2,302,417		2,302,417		2,302,417	93.04
	OTHER REIMBURSABLE COST CENTERS						
105	Kidney Acquisition	16,698,332		16,698,332		16,698,332	105
107	Liver Acquisition	4,340,688		4,340,688		4,340,688	107
109	Pancreas Acquisition	1,525,922		1,525,922		1,525,922	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	696,497		696,497		696,497	112
200	Subtotal (sum of lines 30 thru 199)	1,023,545,373		1,023,545,373		1,023,545,373	200
201	Less Observation Beds	13,058,635		13,058,635		13,058,635	201
202	Total (line 200 minus line 201)	1,010,486,738		1,010,486,738		1,010,486,738	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	194,987,887		194,987,887				30
31	Intensive Care Unit	67,428,573		67,428,573				31
31.01	PEDS ICU	5,156,486		5,156,486				31.01
31.02	NEONATAL ICU	48,322,345		48,322,345				31.02
32	Coronary Care Unit	35,055,139		35,055,139				32
40	Subprovider - IPF	30,814,971		30,814,971				40
43	Nursery	4,111,312		4,111,312				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	71,880,726	101,009,584	172,890,310	0.318508	0.318508	0.318508	50
51	Recovery Room	4,562,573	8,832,286	13,394,859	0.812581	0.812581	0.812581	51
52	Delivery Room & Labor Room	36,918,282	7,925,395	44,843,677	0.614727	0.614727	0.614727	52
53	Anesthesiology	40,432,584	38,045,391	78,477,975	0.062201	0.062201	0.062201	53
54	Radiology-Diagnostic	10,209,582	27,746,840	37,956,422	0.458153	0.458153	0.458153	54
54.01	RADIO ULTRASOUND	6,635,462	10,181,950	16,817,412	0.221980	0.221980	0.221980	54.01
54.02	RADIO ANGIOGRAPHY	35,486,242	30,755,828	66,242,070	0.106667	0.106667	0.106667	54.02
54.03	RADIO WEST HARRISON	39,486	12,246,845	12,286,331	0.195678	0.195678	0.195678	54.03
54.04	RADIO MILE SQUARE	2,969	3,280,664	3,283,633	0.283008	0.283008	0.283008	54.04
55	Radiology-Therapeutic	2,345,550	19,909,117	22,254,667	0.388263	0.388263	0.388263	55
56	Radioisotope	1,652,362	3,848,758	5,501,120	0.313401	0.313401	0.313401	56
57	CT Scan	47,751,365	67,967,801	115,719,166	0.058923	0.058923	0.058923	57
58	MRI	23,302,840	47,933,256	71,236,096	0.085809	0.085809	0.085809	58
59	Cardiac Catheterization	13,058,456	10,401,897	23,460,353	0.131974	0.131974	0.131974	59
60	Laboratory	163,446,338	244,850,784	408,297,122	0.129697	0.129697	0.129697	60
60.01	LAB TISSUE TYPING	1,150,044	5,521,743	6,671,787	0.312918	0.312918	0.312918	60.01
60.02	LAB OUTREACH		167,813,190	167,813,190	0.082091	0.082091	0.082091	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	33,755,394	11,247,651	45,003,045	0.211722	0.211722	0.211722	63
64	Intravenous Therapy	4,008,491	603,373	4,611,864	0.248663	0.248663	0.248663	64
65	Respiratory Therapy	47,669,486	5,689,138	53,358,624	0.194040	0.194040	0.194040	65
66	Physical Therapy	7,045,725	2,206,060	9,251,785	0.690588	0.690588	0.690588	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	878	2,483,728	2,484,606	0.734588	0.734588	0.734588	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		2,815,046	2,815,046	0.777858	0.777858	0.777858	66.02
66.03	PHYSICAL THERAPY-OCC	5,360	9,927,972	9,933,332	0.780364	0.780364	0.780364	66.03
67	Occupational Therapy	6,565,530	759,832	7,325,362	0.735619	0.735619	0.735619	67
67.01	OCCUPATIONAL THERAPY-OCC	239	2,107,479	2,107,718	0.643637	0.643637	0.643637	67.01
68	Speech Pathology	1,472,495	2,757,467	4,229,962	0.489195	0.489195	0.489195	68
69	Electrocardiology	3,887,793	1,364,886	5,252,679	0.125576	0.125576	0.125576	69
70	Electroencephalography	4,502,534	612,378	5,114,912	0.370774	0.370774	0.370774	70
71	Medical Supplies Charged to Patients	104,792,136	64,937,177	169,729,313	0.520760	0.520760	0.520760	71
73	Drugs Charged to Patients	153,946,164	205,406,435	359,352,599	0.290304	0.290304	0.290304	73
74	Renal Dialysis	13,787,877	24,800,632	38,588,509	0.338009	0.338009	0.338009	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	8,637,238	25,869,294	34,506,532	0.258878	0.258878	0.258878	76.01
76.02	BONE MARROW TRANSPLANT	3,655,320	380,987	4,036,307	0.752043	0.752043	0.752043	76.02
76.03	CARDIAC SERVICES	18,230,974	15,433,790	33,664,764	0.238541	0.238541	0.238541	76.03
76.04	TELEMEDICINE PROGRAM		1,631,343	1,631,343	2.522952	2.522952	2.522952	76.04
76.05	SLEEP LAB WEST HARRISON	6,021	4,884,796	4,890,817	0.396590	0.396590	0.396590	76.05
76.06	SICKLE CELL	284,603	5,690,360	5,974,963	0.451403	0.451403	0.451403	76.06
76.07	HEART CENTER-ROOSEVELT RD	965	574,411	575,376	0.406300	0.406300	0.406300	76.07
76.08	UIH UROLOGY CLINIC	1,229	296,003	297,232	3.256480	3.256480	3.256480	76.08
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,312	189,912	191,224	1.072977	1.072977	1.072977	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	298,680	108,155,632	108,454,312	0.908218	0.908218	0.908218	90
91	Emergency	35,674,143	76,483,867	112,158,010	0.286504	0.286504	0.286504	91
92	Observation Beds (Non-Distinct Part)	115,148	17,739,746	17,854,894	0.731376	0.731376	0.731376	92
93.01	EYE EAR INFIRMARY	13,585	19,241,965	19,255,550	0.513472	0.513472	0.513472	93.01
93.02	OCC PSYCH	3,449	5,745,416	5,748,865	1.001581	1.001581	1.001581	93.02
93.03	OCC ADOLESCENTS	586,186	14,540,520	15,126,706	0.675342	0.675342	0.675342	93.03
93.04	LION'S EYE INST.	5,876	6,290,544	6,296,420	0.365671	0.365671	0.365671	93.04
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	23,491,526		23,491,526				105
107	Liver Acquisition	8,512,306	139,546	8,651,852				107
109	Pancreas Acquisition	3,907,288		3,907,288				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	203,036		203,036				112
200	Subtotal (sum of lines 30 thru 199)	1,329,820,561	1,449,278,715	2,779,099,276				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,329,820,561	1,449,278,715	2,779,099,276				202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C PART I

		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
	COST CENTER DESCRIPTIONS			Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	184,760,299		184,760,299		184,760,299	30
31	Intensive Care Unit	49,320,108		49,320,108		49,320,108	31
31.01	PEDS ICU	8,899,952		8,899,952		8,899,952	31.01
31.02	NEONATAL ICU	31,182,466		31,182,466		31,182,466	31.02
32	Coronary Care Unit	27,801,870		27,801,870		27,801,870	32
40	Subprovider - IPF	28,919,902		28,919,902		28,919,902	40
43	Nursery	3,302,815		3,302,815		3,302,815	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	66,788,307		66,788,307		66,788,307	50
51	Recovery Room	10,993,911		10,993,911		10,993,911	51
52	Delivery Room & Labor Room	29,350,070		29,350,070		29,350,070	52
53	Anesthesiology	7,799,485		7,799,485		7,799,485	53
54	Radiology-Diagnostic	17,700,148		17,700,148		17,700,148	54
54.01	RADIO ULTRASOUND	4,165,124		4,165,124		4,165,124	54.01
54.02	RADIO ANGIOGRAPHY	9,971,457		9,971,457		9,971,457	54.02
54.03	RADIO WEST HARRISON	2,504,605		2,504,605		2,504,605	54.03
54.04	RADIO MILE SQUARE	956,139		956,139		956,139	54.04
55	Radiology-Therapeutic	11,735,909		11,735,909		11,735,909	55
56	Radioisotope	2,087,422		2,087,422		2,087,422	56
57	CT Scan	9,141,532		9,141,532		9,141,532	57
58	MRI	8,040,302		8,040,302		8,040,302	58
59	Cardiac Catheterization	6,185,338		6,185,338		6,185,338	59
60	Laboratory	65,835,677		65,835,677		65,835,677	60
60.01	LAB TISSUE TYPING	2,142,263		2,142,263		2,142,263	60.01
60.02	LAB OUTREACH	15,147,770		15,147,770		15,147,770	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	11,822,313		11,822,313		11,822,313	63
64	Intravenous Therapy	1,184,503		1,184,503		1,184,503	64
65	Respiratory Therapy	12,875,384		12,875,384		12,875,384	65
66	Physical Therapy	6,902,602		6,902,602		6,902,602	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,845,474		1,845,474		1,845,474	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	2,212,719		2,212,719		2,212,719	66.02
66.03	PHYSICAL THERAPY-OCC	7,832,819		7,832,819		7,832,819	66.03
67	Occupational Therapy	5,679,399		5,679,399		5,679,399	67
67.01	OCCUPATIONAL THERAPY-OCC	1,373,837		1,373,837		1,373,837	67.01
68	Speech Pathology	2,326,732		2,326,732		2,326,732	68
69	Electrocardiology	1,355,260		1,355,260		1,355,260	69
70	Electroencephalography	1,938,289		1,938,289		1,938,289	70
71	Medical Supplies Charged to Patients	92,537,861		92,537,861		92,537,861	71
73	Drugs Charged to Patients	119,875,752		119,875,752		119,875,752	73
74	Renal Dialysis	14,703,951		14,703,951		14,703,951	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	9,215,075		9,215,075		9,215,075	76.01
76.02	BONE MARROW TRANSPLANT	3,068,475		3,068,475		3,068,475	76.02
76.03	CARDIAC SERVICES	8,305,620		8,305,620		8,305,620	76.03
76.04	TELEMEDICINE PROGRAM	4,129,136		4,129,136		4,129,136	76.04
76.05	SLEEP LAB WEST HARRISON	1,979,632		1,979,632		1,979,632	76.05
76.06	SICKLE CELL	2,745,961		2,745,961		2,745,961	76.06
76.07	HEART CENTER-ROOSEVELT RD	238,479		238,479		238,479	76.07
76.08	UIH UROLOGY CLINIC	970,360		970,360		970,360	76.08
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	206,742		206,742		206,742	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	101,607,539		101,607,539		101,607,539	90
91	Emergency	35,366,898		35,366,898		35,366,898	91
92	Observation Beds (Non-Distinct Part)	13,754,093		13,754,093		13,754,093	92
93.01	EYE EAR INFIRMARY	10,506,279		10,506,279		10,506,279	93.01
93.02	OCC PSYCH	6,401,942		6,401,942		6,401,942	93.02
93.03	OCC ADOLESCENTS	11,159,235		11,159,235		11,159,235	93.03
93.04	LION'S EYE INST.	2,353,890		2,353,890		2,353,890	93.04
	OTHER REIMBURSABLE COST CENTERS						
105	Kidney Acquisition	17,272,449		17,272,449		17,272,449	105
107	Liver Acquisition	4,761,652		4,761,652		4,761,652	107
109	Pancreas Acquisition	1,557,864		1,557,864		1,557,864	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	777,756		777,756		777,756	112
200	Subtotal (sum of lines 30 thru 199)	1,125,578,843		1,126,024,597		1,126,024,597	200
201	Less Observation Beds	13,754,093		13,754,093		13,754,093	201
202	Total (line 200 minus line 201)	1,111,824,750		1,112,270,504		1,112,270,504	202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C PART I

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD 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
76.08	UIH UROLOGY CLINIC							76.08
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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	66,788,307	3,214,886	63,573,421		50
51	Recovery Room	10,993,911	66,864	10,927,047		51
52	Delivery Room & Labor Room	29,350,070	510,304	28,839,766		52
53	Anesthesiology	7,799,485	500,158	7,299,327		53
54	Radiology-Diagnostic	17,700,148	1,076,445	16,623,703		54
54.01	RADIO ULTRASOUND	4,165,124	351,491	3,813,633		54.01
54.02	RADIO ANGIOGRAPHY	9,971,457	148,809	9,822,648		54.02
54.03	RADIO WEST HARRISON	2,504,605	125,273	2,379,332		54.03
54.04	RADIO MILE SQUARE	956,139	90,461	865,678		54.04
55	Radiology-Therapeutic	11,735,909	344,301	11,391,608		55
56	Radioisotope	2,087,422	11,670	2,075,752		56
57	CT Scan	9,141,532	160,212	8,981,320		57
58	MRI	8,040,302	351,924	7,688,378		58
59	Cardiac Catheterization	6,185,338	85,721	6,099,617		59
60	Laboratory	65,835,677	1,447,507	64,388,170		60
60.01	LAB TISSUE TYPING	2,142,263	39,853	2,102,410		60.01
60.02	LAB OUTREACH	15,147,770	114,532	15,033,238		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	11,822,313	51,410	11,770,903		63
64	Intravenous Therapy	1,184,503	9,727	1,174,776		64
65	Respiratory Therapy	12,875,384	357,171	12,518,213		65
66	Physical Therapy	6,902,602	176,234	6,726,368		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,845,474	89,961	1,755,513		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	2,212,719	14,227	2,198,492		66.02
66.03	PHYSICAL THERAPY-OCC	7,832,819	43,475	7,789,344		66.03
67	Occupational Therapy	5,679,399	125,580	5,553,819		67
67.01	OCCUPATIONAL THERAPY-OCC	1,373,837	6,141	1,367,696		67.01
68	Speech Pathology	2,326,732	15,890	2,310,842		68
69	Electrocardiology	1,355,260	11,047	1,344,213		69
70	Electroencephalography	1,938,289	100,917	1,837,372		70
71	Medical Supplies Charged to Patients	92,537,861	425,348	92,112,513		71
73	Drugs Charged to Patients	119,875,752	895,190	118,980,562		73
74	Renal Dialysis	14,703,951	326,817	14,377,134		74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTEROLOGY	9,215,075	950,513	8,264,562		76.01
76.02	BONE MARROW TRANSPLANT	3,068,475	128,561	2,939,914		76.02
76.03	CARDIAC SERVICES	8,305,620	672,339	7,633,281		76.03
76.04	TELEMEDICINE PROGRAM	4,129,136	108,766	4,020,370		76.04
76.05	SLEEP LAB WEST HARRISON	1,979,632	8,837	1,970,795		76.05
76.06	SICKLE CELL	2,745,961	18,778	2,727,183		76.06
76.07	HEART CENTER-ROOSEVELT RD	238,479	22,631	215,848		76.07
76.08	UIH UROLOGY CLINIC	970,360	34,573	935,787		76.08
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY	206,742	860	205,882		76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	101,607,539	2,770,581	98,836,958		90
91	Emergency	35,366,898	455,563	34,911,335		91
92	Observation Beds (Non-Distinct Part)	13,754,093	176,905	13,577,188		92
93.01	EYE EAR INFIRMARY	10,506,279	302,429	10,203,850		93.01
93.02	OCC PSYCH	6,401,942	475,499	5,926,443		93.02
93.03	OCC ADOLESCENTS	11,159,235	203,760	10,955,475		93.03
93.04	LION'S EYE INST.	2,353,890	64,044	2,289,846		93.04
	OTHER REIMBURSABLE COST CENTERS					
105	Kidney Acquisition	17,272,449	95,030	17,177,419		105
107	Liver Acquisition	4,761,652	19,415	4,742,237		107
109	Pancreas Acquisition	1,557,864	5,396	1,552,468		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	777,756	36,056	741,700		112
200	Subtotal	791,391,431	17,840,082	773,551,349		200
201	Less Observation Beds	13,754,093	176,905	13,577,188		201
202	Total	777,637,338	17,663,177	759,974,161		202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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		66,788,307			50
51	Recovery Room		10,993,911			51
52	Delivery Room & Labor Room		29,350,070			52
53	Anesthesiology		7,799,485			53
54	Radiology-Diagnostic		17,700,148			54
54.01	RADIO ULTRASOUND		4,165,124			54.01
54.02	RADIO ANGIOGRAPHY		9,971,457			54.02
54.03	RADIO WEST HARRISON		2,504,605			54.03
54.04	RADIO MILE SQUARE		956,139			54.04
55	Radiology-Therapeutic		11,735,909			55
56	Radioisotope		2,087,422			56
57	CT Scan		9,141,532			57
58	MRI		8,040,302			58
59	Cardiac Catheterization		6,185,338			59
60	Laboratory		65,835,677			60
60.01	LAB TISSUE TYPING		2,142,263			60.01
60.02	LAB OUTREACH		15,147,770			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.		11,822,313			63
64	Intravenous Therapy		1,184,503			64
65	Respiratory Therapy		12,875,384			65
66	Physical Therapy		6,902,602			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		1,845,474			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		2,212,719			66.02
66.03	PHYSICAL THERAPY-OCC		7,832,819			66.03
67	Occupational Therapy		5,679,399			67
67.01	OCCUPATIONAL THERAPY-OCC		1,373,837			67.01
68	Speech Pathology		2,326,732			68
69	Electrocardiology		1,355,260			69
70	Electroencephalography		1,938,289			70
71	Medical Supplies Charged to Patients		92,537,861			71
73	Drugs Charged to Patients		119,875,752			73
74	Renal Dialysis		14,703,951			74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTEROLOGY		9,215,075			76.01
76.02	BONE MARROW TRANSPLANT		3,068,475			76.02
76.03	CARDIAC SERVICES		8,305,620			76.03
76.04	TELEMEDICINE PROGRAM		4,129,136			76.04
76.05	SLEEP LAB WEST HARRISON		1,979,632			76.05
76.06	SICKLE CELL		2,745,961			76.06
76.07	HEART CENTER-ROOSEVELT RD		238,479			76.07
76.08	UIH UROLOGY CLINIC		970,360			76.08
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY		206,742			76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic		101,607,539			90
91	Emergency		35,366,898			91
92	Observation Beds (Non-Distinct Part)		13,754,093	17,854,894	0.770326	92
93.01	EYE EAR INFIRMARY		10,506,279			93.01
93.02	OCC PSYCH		6,401,942			93.02
93.03	OCC ADOLESCENTS		11,159,235			93.03
93.04	LION'S EYE INST.		2,353,890			93.04
	OTHER REIMBURSABLE COST CENTERS					
105	Kidney Acquisition		17,272,449			105
107	Liver Acquisition		4,761,652			107
109	Pancreas Acquisition		1,557,864			109
112	OTHER ORGAN ACQUISITION (SPECIFY)		777,756			112
200	Subtotal		791,391,431	17,854,894		200
201	Less Observation Beds		13,754,093	17,854,894		201
202	Total		777,637,338			202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		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)	2,376,319		2,376,319	74,339	31.97	14,346	458,642	30
31	Intensive Care Unit	611,673		611,673	13,571	45.07	3,987	179,694	31
31.01	PEDS ICU	117,171		117,171	1,315	89.10			31.01
31.02	NEONATAL ICU	467,580		467,580	9,721	48.10			31.02
32	Coronary Care Unit	347,300		347,300	6,384	54.40	1,745	94,928	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	394,086		394,086	12,415	31.74	964	30,597	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	35,536		35,536	2,890	12.30			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	4,349,665		4,349,665	120,635		21,042	763,861	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0150

WORKSHEET D PART II

Check [] Title V [XX] Hospital [] SUB (Other) [XX] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] PARHM Demo [] 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	3,214,886	172,890,310	0.018595	16,686,050	310,277	50
51 Recovery Room	66,864	13,394,859	0.004992	900,334	4,494	51
52 Delivery Room & Labor Room	510,304	44,843,677	0.011380	211,399	2,406	52
53 Anesthesiology	500,158	78,477,975	0.006373	6,339,385	40,401	53
54 Radiology-Diagnostic	1,076,445	37,956,422	0.028360	2,461,812	69,817	54
54.01 RADIO ULTRASOUND	351,491	16,817,412	0.020900	1,491,320	31,169	54.01
54.02 RADIO ANGIOGRAPHY	148,809	66,242,070	0.002246	7,562,284	16,985	54.02
54.03 RADIO WEST HARRISON	125,273	12,286,331	0.010196	8,966	91	54.03
54.04 RADIO MILE SQUARE	90,461	3,283,633	0.027549	1,124	31	54.04
55 Radiology-Therapeutic	344,301	22,254,667	0.015471	408,343	6,317	55
56 Radioisotope	11,670	5,501,120	0.002121	425,501	902	56
57 CT Scan	160,212	115,719,166	0.001384	11,362,019	15,725	57
58 MRI	351,924	71,236,096	0.004940	4,291,416	21,200	58
59 Cardiac Catheterization	85,721	23,460,353	0.003654	4,165,693	15,221	59
60 Laboratory	1,447,507	408,297,122	0.003545	38,426,112	136,221	60
60.01 LAB TISSUE TYPING	39,853	6,671,787	0.005973	516,757	3,087	60.01
60.02 LAB OUTREACH	114,532	167,813,190	0.000682			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 Blood Storing, Processing & Tra	51,410	45,003,045	0.001142	7,780,951	8,886	63
64 Intravenous Therapy	9,727	4,611,864	0.002109	922,159	1,945	64
65 Respiratory Therapy	357,171	53,358,624	0.006694	10,090,894	67,548	65
66 Physical Therapy	176,234	9,251,785	0.019049	1,731,306	32,980	66
66.01 PHYSICAL THERAPY-ROOSEVELT RD	89,961	2,484,606	0.036207	307	11	66.01
66.02 PHYSICAL THERAPY MAXWELL ST	14,227	2,815,046	0.005054			66.02
66.03 PHYSICAL THERAPY-OCC	43,475	9,933,332	0.004377	1,657	7	66.03
67 Occupational Therapy	125,580	7,325,362	0.017143	1,089,813	18,683	67
67.01 OCCUPATIONAL THERAPY-OCC	6,141	2,107,718	0.002914			67.01
68 Speech Pathology	15,890	4,229,962	0.003757	454,690	1,708	68
69 Electrocardiology	11,047	5,252,679	0.002103	1,018,800	2,143	69
70 Electroencephalography	100,917	5,114,912	0.019730	971,590	19,169	70
71 Medical Supplies Charged to Pat	425,348	169,729,313	0.002506	26,446,412	66,275	71
73 Drugs Charged to Patients	895,190	359,352,599	0.002491	33,767,034	84,114	73
74 Renal Dialysis	326,817	38,588,509	0.008469	4,987,410	42,238	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	950,513	34,506,532	0.027546	1,784,957	49,168	76.01
76.02 BONE MARROW TRANSPLANT	128,561	4,036,307	0.031851	435,554	13,873	76.02
76.03 CARDIAC SERVICES	672,339	33,664,764	0.019972	4,491,644	89,707	76.03
76.04 TELEMEDCINE PROGRAM	108,766	1,631,343	0.066673			76.04
76.05 SLEEP LAB WEST HARRISON	8,837	4,890,817	0.001807	6,021	11	76.05
76.06 SICKLE CELL	18,778	5,974,963	0.003143	87,213	274	76.06
76.07 HEART CENTER-ROOSEVELT RD	22,631	575,376	0.039333	421	17	76.07
76.08 UIH UROLOGY CLINIC	34,573	297,232	0.116317	1,229	143	76.08
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	860	191,224	0.004497	1,312	6	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 Clinic	2,770,581	108,454,312	0.025546	181,364	4,633	90
91 Emergency	455,563	112,158,010	0.004062	7,549,125	30,665	91
92 Observation Beds (Non-Distinct	176,905	17,854,894	0.009908	97,346	965	92
93.01 EYE EAR INFIRMARY	302,429	19,255,550	0.015706	2,950	46	93.01
93.02 OCC PSYCH	475,499	5,748,865	0.082712	477	39	93.02
93.03 OCC ADOLESCENTS	203,760	15,126,706	0.013470			93.03
93.04 LION'S EYE INST.	64,044	6,296,420	0.010171	4,454	45	93.04
OTHER REIMBURSABLE COST CENTERS						
200 Total (sum of lines 50-199)	17,684,185	2,356,968,861		199,165,605	1,209,643	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

Check [] Title V [XX] Hospital [XX] PPS
Applicable [XX] Title XVIII, Part A [] PARHM Demonstration [] TEFRA
Boxes: [] Title XIX

		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)				1,995,570			1,995,570	30
31	Intensive Care Unit				393,603			393,603	31
31.01	PEDS ICU				38,139			38,139	31.01
31.02	NEONATAL ICU				281,941			281,941	31.02
32	Coronary Care Unit				185,157			185,157	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF				360,075			360,075	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery				83,819			83,819	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	TOTAL (lines 30-199)				3,338,304			3,338,304	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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

☒ Hospital
☐ PARHM Demonstration

☒ PPS
☐ TEFRA

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	74,339	26.84	14,346	385,047	30
31	Intensive Care Unit	13,571	29.00	3,987	115,623	31
31.01	PEDS ICU	1,315	29.00			31.01
31.02	NEONATAL ICU	9,721	29.00			31.02
32	Coronary Care Unit	6,384	29.00	1,745	50,605	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	12,415	29.00	964	27,956	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	2,890	29.00			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	120,635		21,042	579,231	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0150

WORKSHEET D
PART IV

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
52	Delivery Room & Labor Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
54.01	RADIO ULTRASOUND									54.01
54.02	RADIO ANGIOGRAPHY									54.02
54.03	RADIO WEST HARRISON									54.03
54.04	RADIO MILE SQUARE									54.04
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
60.01	LAB TISSUE TYPING									60.01
60.02	LAB OUTREACH									60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
66.01	PHYSICAL THERAPY-ROOSEVELT RD									66.01
66.02	PHYSICAL THERAPY MAXWELL ST									66.02
66.03	PHYSICAL THERAPY-OCC									66.03
67	Occupational Therapy									67
67.01	OCCUPATIONAL THERAPY-OCC									67.01
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
76	OTHER ANCILLARY SVC									76
76.01	GASTROENTROLOGY									76.01
76.02	BONE MARROW TRANSPLANT									76.02
76.03	CARDIAC SERVICES									76.03
76.04	TELEMEDICINE PROGRAM									76.04
76.05	SLEEP LAB WEST HARRISON									76.05
76.06	SICKLE CELL									76.06
76.07	HEART CENTER-ROOSEVELT RD									76.07
76.08	UIH UROLOGY CLINIC									76.08
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					148,555		148,555	148,555	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)					148,555		148,555	148,555	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	172,890,310			16,686,050		13,231,990		50
51	Recovery Room	13,394,859			900,334		1,066,488		51
52	Delivery Room & Labor Room	44,843,677			211,399		103,243		52
53	Anesthesiology	78,477,975			6,339,385		5,022,692		53
54	Radiology-Diagnostic	37,956,422			2,461,812		2,590,822		54
54.01	RADIO ULTRASOUND	16,817,412			1,491,320		1,299,996		54.01
54.02	RADIO ANGIOGRAPHY	66,242,070			7,562,284		6,316,758		54.02
54.03	RADIO WEST HARRISON	12,286,331			8,966		1,977,373		54.03
54.04	RADIO MILE SQUARE	3,283,633			1,124		124,718		54.04
55	Radiology-Therapeutic	22,254,667			408,343		3,221,693		55
56	Radioisotope	5,501,120			425,501		752,005		56
57	CT Scan	115,719,166			11,362,019		11,599,463		57
58	MRI	71,236,096			4,291,416		7,032,546		58
59	Cardiac Catheterization	23,460,353			4,165,693		2,757,200		59
60	Laboratory	408,297,122			38,426,112		14,724,640		60
60.01	LAB TISSUE TYPING	6,671,787			516,757		202,306		60.01
60.02	LAB OUTREACH	167,813,190							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	45,003,045			7,780,951		1,234,039		63
64	Intravenous Therapy	4,611,864			922,159		104,270		64
65	Respiratory Therapy	53,358,624			10,090,894		1,052,157		65
66	Physical Therapy	9,251,785			1,731,306		6,616		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,484,606			307		152,785		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	2,815,046					3,258		66.02
66.03	PHYSICAL THERAPY-OCC	9,933,332			1,657		12,416		66.03
67	Occupational Therapy	7,325,362			1,089,813		4,637		67
67.01	OCCUPATIONAL THERAPY-OCC	2,107,718					3,158		67.01
68	Speech Pathology	4,229,962			454,690		221,213		68
69	Electrocardiology	5,252,679			1,018,800		316,665		69
70	Electroencephalography	5,114,912			971,590		72,758		70
71	Medical Supplies Charged to Pat	169,729,313			26,446,412		12,404,835		71
73	Drugs Charged to Patients	359,352,599			33,767,034		42,080,445		73
74	Renal Dialysis	38,588,509			4,987,410		6,350		74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	34,506,532			1,784,957		3,954,238		76.01
76.02	BONE MARROW TRANSPLANT	4,036,307			435,554		16,335		76.02
76.03	CARDIAC SERVICES	33,664,764			4,491,644		2,276,491		76.03
76.04	TELEMEDCINE PROGRAM	1,631,343							76.04
76.05	SLEEP LAB WEST HARRISON	4,890,817			6,021		532,758		76.05
76.06	SICKLE CELL	5,974,963			87,213		593,591		76.06
76.07	HEART CENTER-ROOSEVELT RD	575,376			421		127,899		76.07
76.08	UIH UROLOGY CLINIC	297,232			1,229		52,311		76.08
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	191,224			1,312		69,864		76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	108,454,312			181,364		15,236,921		90
91	Emergency	112,158,010			7,549,125		7,699,523		91
92	Observation Beds (Non-Distinct	17,854,894	0.008320	0.008320	97,346	810	2,804,923	23,337	92
93.01	EYE EAR INFIRMARY	19,255,550			2,950		4,054,807		93.01
93.02	OCC PSYCH	5,748,865			477		471,410		93.02
93.03	OCC ADOLESCENTS	15,126,706					9,393		93.03
93.04	LION'S EYE INST.	6,296,420			4,454		1,565,843		93.04
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,356,968,861			199,165,605	810	169,165,842	23,337	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 [] SNF [] ICF/IID
Applicable [XX] Title XVIII, Part B [] IPF [] NF [] PARHM Demonstration
Boxes: [] Title XIX - O/P [] IRF [] Swing Bed SNF [] PARHM CAH Swing Bed SNF
[] SUB [] Swing Bed NF
(Other)

			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	0.318508	13,231,990			4,214,495			50
51	Recovery Room	0.812581	1,066,488			866,608			51
52	Delivery Room & Labor Room	0.614727	103,243			63,466			52
53	Anesthesiology	0.062201	5,022,692			312,416			53
54	Radiology-Diagnostic	0.458153	2,590,822			1,186,993			54
54.01	RADIO ULTRASOUND	0.221980	1,299,996			288,573			54.01
54.02	RADIO ANGIOGRAPHY	0.106667	6,316,758			673,790			54.02
54.03	RADIO WEST HARRISON	0.195678	1,977,373			386,928			54.03
54.04	RADIO MILE SQUARE	0.283008	124,718			35,296			54.04
55	Radiology-Therapeutic	0.388263	3,221,693			1,250,864			55
56	Radioisotope	0.313401	752,005			235,679			56
57	CT Scan	0.058923	11,599,463			683,475			57
58	MRI	0.085809	7,032,546			603,456			58
59	Cardiac Catheterization	0.131974	2,757,200			363,879			59
60	Laboratory	0.129697	14,724,640			1,909,742			60
60.01	LAB TISSUE TYPING	0.312918	202,306			63,305			60.01
60.02	LAB OUTREACH	0.082091							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.211722	1,234,039			261,273			63
64	Intravenous Therapy	0.248663	104,270			25,928			64
65	Respiratory Therapy	0.194040	1,052,157			204,161			65
66	Physical Therapy	0.690588	6,616			4,569			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.734588	152,785			112,234			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.777858	3,258			2,534			66.02
66.03	PHYSICAL THERAPY-OCC	0.780364	12,416			9,689			66.03
67	Occupational Therapy	0.735619	4,637			3,411			67
67.01	OCCUPATIONAL THERAPY-OCC	0.643637	3,158			2,033			67.01
68	Speech Pathology	0.489195	221,213			108,216			68
69	Electrocardiology	0.125576	316,665			39,766			69
70	Electroencephalography	0.370774	72,758			26,977			70
71	Medical Supplies Charged to Pat	0.520760	12,404,835			6,459,942			71
73	Drugs Charged to Patients	0.290304	42,080,445			12,216,122			73
74	Renal Dialysis	0.338009	6,350			2,146			74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	0.258878	3,954,238			1,023,665			76.01
76.02	BONE MARROW TRANSPLANT	0.752043	16,335			12,285			76.02
76.03	CARDIAC SERVICES	0.238541	2,276,491			543,036			76.03
76.04	TELEMEDICINE PROGRAM	2.522952							76.04
76.05	SLEEP LAB WEST HARRISON	0.396590	532,758			211,286			76.05
76.06	SICKLE CELL	0.451403	593,591			267,949			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.406300	127,899			51,965			76.07
76.08	UIH UROLOGY CLINIC	3.256480	52,311			170,350			76.08
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.072977	69,864			74,962			76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.908218	15,236,921			13,838,446			90
91	Emergency	0.286504	7,699,523			2,205,944			91
92	Observation Beds (Non-Distinct	0.731376	2,804,923			2,051,453			92
93.01	EYE EAR INFIRMARY	0.513472	4,054,807			2,082,030			93.01
93.02	OCC PSYCH	1.001581	471,410			472,155			93.02
93.03	OCC ADOLESCENTS	0.675342	9,393			6,343			93.03
93.04	LION'S EYE INST.	0.365671	1,565,843			572,583			93.04
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		169,165,842			56,202,418			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		169,165,842			56,202,418			202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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) [XX] PPS
Applicable [XX] Title XVIII, Part A [XX] IPF [] PARHM Demo [] 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	3,214,886	172,890,310	0.018595	28,117	523	50
51	Recovery Room	66,864	13,394,859	0.004992	30,682	153	51
52	Delivery Room & Labor Room	510,304	44,843,677	0.011380	8,179	93	52
53	Anesthesiology	500,158	78,477,975	0.006373	6,386	41	53
54	Radiology-Diagnostic	1,076,445	37,956,422	0.028360	5,238	149	54
54.01	RADIO ULTRASOUND	351,491	16,817,412	0.020900	10,063	210	54.01
54.02	RADIO ANGIOGRAPHY	148,809	66,242,070	0.002246			54.02
54.03	RADIO WEST HARRISON	125,273	12,286,331	0.010196			54.03
54.04	RADIO MILE SQUARE	90,461	3,283,633	0.027549			54.04
55	Radiology-Therapeutic	344,301	22,254,667	0.015471			55
56	Radioisotope	11,670	5,501,120	0.002121			56
57	CT Scan	160,212	115,719,166	0.001384	65,781	91	57
58	MRI	351,924	71,236,096	0.004940	22,672	112	58
59	Cardiac Catheterization	85,721	23,460,353	0.003654			59
60	Laboratory	1,447,507	408,297,122	0.003545	282,782	1,002	60
60.01	LAB TISSUE TYPING	39,853	6,671,787	0.005973			60.01
60.02	LAB OUTREACH	114,532	167,813,190	0.000682			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	51,410	45,003,045	0.001142	7,877	9	63
64	Intravenous Therapy	9,727	4,611,864	0.002109	2,974	6	64
65	Respiratory Therapy	357,171	53,358,624	0.006694	39,842	267	65
66	Physical Therapy	176,234	9,251,785	0.019049	6,038	115	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	89,961	2,484,606	0.036207			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	14,227	2,815,046	0.005054			66.02
66.03	PHYSICAL THERAPY-OCC	43,475	9,933,332	0.004377			66.03
67	Occupational Therapy	125,580	7,325,362	0.017143	122,095	2,093	67
67.01	OCCUPATIONAL THERAPY-OCC	6,141	2,107,718	0.002914			67.01
68	Speech Pathology	15,890	4,229,962	0.003757	1,066	4	68
69	Electrocardiology	11,047	5,252,679	0.002103	6,642	14	69
70	Electroencephalography	100,917	5,114,912	0.019730	22,654	447	70
71	Medical Supplies Charged to Pat	425,348	169,729,313	0.002506	50,896	128	71
73	Drugs Charged to Patients	895,190	359,352,599	0.002491	244,483	609	73
74	Renal Dialysis	326,817	38,588,509	0.008469	28,380	240	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	950,513	34,506,532	0.027546			76.01
76.02	BONE MARROW TRANSPLANT	128,561	4,036,307	0.031851			76.02
76.03	CARDIAC SERVICES	672,339	33,664,764	0.019972	4,018	80	76.03
76.04	TELEMEDCINE PROGRAM	108,766	1,631,343	0.066673			76.04
76.05	SLEEP LAB WEST HARRISON	8,837	4,890,817	0.001807			76.05
76.06	SICKLE CELL	18,778	5,974,963	0.003143			76.06
76.07	HEART CENTER-ROOSEVELT RD	22,631	575,376	0.039333			76.07
76.08	UIH UROLOGY CLINIC	34,573	297,232	0.116317			76.08
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	860	191,224	0.004497			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,770,581	108,454,312	0.025546			90
91	Emergency	455,563	112,158,010	0.004062			91
92	Observation Beds (Non-Distinct		17,854,894				92
93.01	EYE EAR INFIRMARY	302,429	19,255,550	0.015706	171	3	93.01
93.02	OCC PSYCH	475,499	5,748,865	0.082712	1,525	126	93.02
93.03	OCC ADOLESCENTS	203,760	15,126,706	0.013470			93.03
93.04	LION'S EYE INST.	64,044	6,296,420	0.010171	272	3	93.04
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,507,280	2,356,968,861		998,833	6,518	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
63	Blood Storing, Processing & Tra									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
66.01	PHYSICAL THERAPY-ROOSEVELT RD									66.01
66.02	PHYSICAL THERAPY MAXWELL ST									66.02
66.03	PHYSICAL THERAPY-OCC									66.03
67	Occupational Therapy									67
67.01	OCCUPATIONAL THERAPY-OCC									67.01
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
76	OTHER ANCILLARY SVC									76
76.01	GASTROENTROLOGY									76.01
76.02	BONE MARROW TRANSPLANT									76.02
76.03	CARDIAC SERVICES									76.03
76.04	TELEMEDICINE PROGRAM									76.04
76.05	SLEEP LAB WEST HARRISON									76.05
76.06	SICKLE CELL									76.06
76.07	HEART CENTER-ROOSEVELT RD									76.07
76.08	UIH UROLOGY CLINIC									76.08
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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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

		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	172,890,310			28,117				50
51	Recovery Room	13,394,859			30,682				51
52	Delivery Room & Labor Room	44,843,677			8,179				52
53	Anesthesiology	78,477,975			6,386				53
54	Radiology-Diagnostic	37,956,422			5,238		523		54
54.01	RADIO ULTRASOUND	16,817,412			10,063				54.01
54.02	RADIO ANGIOGRAPHY	66,242,070							54.02
54.03	RADIO WEST HARRISON	12,286,331							54.03
54.04	RADIO MILE SQUARE	3,283,633							54.04
55	Radiology-Therapeutic	22,254,667							55
56	Radioisotope	5,501,120							56
57	CT Scan	115,719,166			65,781		2,553		57
58	MRI	71,236,096			22,672				58
59	Cardiac Catheterization	23,460,353							59
60	Laboratory	408,297,122			282,782		572		60
60.01	LAB TISSUE TYPING	6,671,787							60.01
60.02	LAB OUTREACH	167,813,190							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	45,003,045			7,877				63
64	Intravenous Therapy	4,611,864			2,974				64
65	Respiratory Therapy	53,358,624			39,842		1,347		65
66	Physical Therapy	9,251,785			6,038				66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,484,606							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	2,815,046							66.02
66.03	PHYSICAL THERAPY-OCC	9,933,332							66.03
67	Occupational Therapy	7,325,362			122,095				67
67.01	OCCUPATIONAL THERAPY-OCC	2,107,718							67.01
68	Speech Pathology	4,229,962			1,066				68
69	Electrocardiology	5,252,679			6,642		1,690		69
70	Electroencephalography	5,114,912			22,654				70
71	Medical Supplies Charged to Pat	169,729,313			50,896				71
73	Drugs Charged to Patients	359,352,599			244,483		1,066		73
74	Renal Dialysis	38,588,509			28,380				74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	34,506,532							76.01
76.02	BONE MARROW TRANSPLANT	4,036,307							76.02
76.03	CARDIAC SERVICES	33,664,764			4,018				76.03
76.04	TELEMEDCINE PROGRAM	1,631,343							76.04
76.05	SLEEP LAB WEST HARRISON	4,890,817							76.05
76.06	SICKLE CELL	5,974,963							76.06
76.07	HEART CENTER-ROOSEVELT RD	575,376							76.07
76.08	UIH UROLOGY CLINIC	297,232							76.08
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	191,224							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	108,454,312							90
91	Emergency	112,158,010							91
92	Observation Beds (Non-Distinct	17,854,894							92
93.01	EYE EAR INFIRMARY	19,255,550			171				93.01
93.02	OCC PSYCH	5,748,865			1,525				93.02
93.03	OCC ADOLESCENTS	15,126,706							93.03
93.04	LION'S EYE INST.	6,296,420			272				93.04
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,356,968,861			998,833		7,751		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S150

WORKSHEET D
PART V

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

			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	0.318508							50
51	Recovery Room	0.812581							51
52	Delivery Room & Labor Room	0.614727							52
53	Anesthesiology	0.062201							53
54	Radiology-Diagnostic	0.458153	523			240			54
54.01	RADIO ULTRASOUND	0.221980							54.01
54.02	RADIO ANGIOGRAPHY	0.106667							54.02
54.03	RADIO WEST HARRISON	0.195678							54.03
54.04	RADIO MILE SQUARE	0.283008							54.04
55	Radiology-Therapeutic	0.388263							55
56	Radioisotope	0.313401							56
57	CT Scan	0.058923	2,553			150			57
58	MRI	0.085809							58
59	Cardiac Catheterization	0.131974							59
60	Laboratory	0.129697	572			74			60
60.01	LAB TISSUE TYPING	0.312918							60.01
60.02	LAB OUTREACH	0.082091							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.211722							63
64	Intravenous Therapy	0.248663							64
65	Respiratory Therapy	0.194040	1,347			261			65
66	Physical Therapy	0.690588							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.734588							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.777858							66.02
66.03	PHYSICAL THERAPY-OCC	0.780364							66.03
67	Occupational Therapy	0.735619							67
67.01	OCCUPATIONAL THERAPY-OCC	0.643637							67.01
68	Speech Pathology	0.489195							68
69	Electrocardiology	0.125576	1,690			212			69
70	Electroencephalography	0.370774							70
71	Medical Supplies Charged to Pat	0.520760							71
73	Drugs Charged to Patients	0.290304	1,066			309			73
74	Renal Dialysis	0.338009							74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	0.258878							76.01
76.02	BONE MARROW TRANSPLANT	0.752043							76.02
76.03	CARDIAC SERVICES	0.238541							76.03
76.04	TELEMEDICINE PROGRAM	2.522952							76.04
76.05	SLEEP LAB WEST HARRISON	0.396590							76.05
76.06	SICKLE CELL	0.451403							76.06
76.07	HEART CENTER-ROOSEVELT RD	0.406300							76.07
76.08	UIH UROLOGY CLINIC	3.256480							76.08
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.072977							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.908218							90
91	Emergency	0.286504							91
92	Observation Beds (Non-Distinct	0.731376							92
93.01	EYE EAR INFIRMARY	0.513472							93.01
93.02	OCC PSYCH	1.001581							93.02
93.03	OCC ADOLESCENTS	0.675342							93.03
93.04	LION'S EYE INST.	0.365671							93.04
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		7,751			1,246			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		7,751			1,246			202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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** ☐ **PARHM Demo** ☐ **TEFRA**
Boxes: ☐ **Title XIX - I/P** ☐ **IRF** ☐ **NF** ☐ **Other**

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

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	74,339	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	74,339	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)	68,805	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)	14,346	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)	175,418,619	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)	175,418,619	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)	175,418,619	37

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 ☐ PARHM Demo ☐ TEFRA
 Boxes: ☐ Title XIX - I/P ☐ IRF ☐ Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

						1	
38	Adjusted general inpatient routine service cost per diem (see instructions)					2,359.71	38
39	Program general inpatient routine service cost (line 9 x line 38)					33,852,400	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)					33,852,400	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	47,558,977	13,571	3,504.46	3,987	13,972,282	43
43.01	PEDS ICU	8,173,248	1,315	6,215.40			43.01
43.02	NEONATAL ICU	28,518,864	9,721	2,933.74			43.02
44	Coronary Care Unit	26,440,710	6,384	4,141.72	1,745	7,227,301	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)					51,978,706	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					107,030,689	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	1,284,539	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,210,453	51
52	Total Program excludable cost (sum of lines 50 and 51)	2,494,992	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	104,535,697	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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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

☐ PARHM Demo

☒ PPS

☐ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,534	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,359.71	88
89	Observation bed cost (line 87 x line 88) (see instructions)					13,058,635	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	2,376,319	175,418,619	0.013547	13,058,635	176,905	90
91	Nursing School						91
92	Allied Health	1,995,570	175,418,619	0.011376	13,058,635	148,555	92
93	Other Medical Education						93

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 ☐ PARHM Demo ☐ TEFRA
Boxes: ☐ Title XIX - I/P ☐ IRF ☐ NF ☐ Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,415	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,415	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	12,415	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)	964	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)	27,625,245	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)	27,625,245	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)	27,625,245	37

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 ☐ PARHM Demo ☐ TEFRA
 Boxes: ☐ Title XIX - I/P ☐ IRF ☐ Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY**PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS**

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	2,225.15	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,145,045	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,145,045	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	310,066	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,455,111	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	58,553	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,518	51
52	Total Program excludable cost (sum of lines 50 and 51)	65,071	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,390,040	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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 ☐ PARHM Demo ☐ PARHM CAH ☐ Swing Bed SNF
☒ 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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		41,264,381		30
31	Intensive Care Unit		18,847,903		31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit		9,790,597		32
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.318508	16,686,050	5,314,640	50
51	Recovery Room	0.812581	900,334	731,594	51
52	Delivery Room & Labor Room	0.614727	211,399	129,953	52
53	Anesthesiology	0.062201	6,339,385	394,316	53
54	Radiology-Diagnostic	0.458153	2,461,812	1,127,887	54
54.01	RADIO ULTRASOUND	0.221980	1,491,320	331,043	54.01
54.02	RADIO ANGIOGRAPHY	0.106667	7,562,284	806,646	54.02
54.03	RADIO WEST HARRISON	0.195678	8,966	1,754	54.03
54.04	RADIO MILE SQUARE	0.283008	1,124	318	54.04
55	Radiology-Therapeutic	0.388263	408,343	158,544	55
56	Radioisotope	0.313401	425,501	133,352	56
57	CT Scan	0.058923	11,362,019	669,484	57
58	MRI	0.085809	4,291,416	368,242	58
59	Cardiac Catheterization	0.131974	4,165,693	549,763	59
60	Laboratory	0.129697	38,426,112	4,983,751	60
60.01	LAB TISSUE TYPING	0.312918	516,757	161,703	60.01
60.02	LAB OUTREACH	0.082091			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.211722	7,780,951	1,647,399	63
64	Intravenous Therapy	0.248663	922,159	229,307	64
65	Respiratory Therapy	0.194040	10,090,894	1,958,037	65
66	Physical Therapy	0.690588	1,731,306	1,195,619	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.734588	307	226	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.777858			66.02
66.03	PHYSICAL THERAPY-OCC	0.780364	1,657	1,293	66.03
67	Occupational Therapy	0.735619	1,089,813	801,687	67
67.01	OCCUPATIONAL THERAPY-OCC	0.643637			67.01
68	Speech Pathology	0.489195	454,690	222,432	68
69	Electrocardiology	0.125576	1,018,800	127,937	69
70	Electroencephalography	0.370774	971,590	360,240	70
71	Medical Supplies Charged to Patients	0.520760	26,446,412	13,772,234	71
73	Drugs Charged to Patients	0.290304	33,767,034	9,802,705	73
74	Renal Dialysis	0.338009	4,987,410	1,685,789	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.258878	1,784,957	462,086	76.01
76.02	BONE MARROW TRANSPLANT	0.752043	435,554	327,555	76.02
76.03	CARDIAC SERVICES	0.238541	4,491,644	1,071,441	76.03
76.04	TELEMEDICINE PROGRAM	2.522952			76.04
76.05	SLEEP LAB WEST HARRISON	0.396590	6,021	2,388	76.05
76.06	SICKLE CELL	0.451403	87,213	39,368	76.06
76.07	HEART CENTER-ROOSEVELT RD	0.406300	421	171	76.07
76.08	UIH UROLOGY CLINIC	3.256480	1,229	4,002	76.08
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.072977	1,312	1,408	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.908218	181,364	164,718	90
91	Emergency	0.286504	7,549,125	2,162,855	91
92	Observation Beds (Non-Distinct Part)	0.731376	97,346	71,197	92
93.01	EYE EAR INFIRMARY	0.513472	2,950	1,515	93.01
93.02	OCC PSYCH	1.001581	477	478	93.02
93.03	OCC ADOLESCENTS	0.675342			93.03
93.04	LION'S EYE INST.	0.365671	4,454	1,629	93.04
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		199,165,605	51,978,706	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		199,165,605		202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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

☐ PARHM Demo

☐ PARHM CAH

Swing Bed SNF

☒ 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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

Check Applicable Boxes: [] Title V [XX] Title XVIII, Part A [] Title XIX
 [] Hospital [XX] IPF [] IRF [] SUB (Other)
 [] SNF [] NF [] Swing Bed SNF [] Swing Bed NF
 [] ICF/IID [] PARHM Demo [] PARHM CAH [] Swing Bed SNF
 [XX] 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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit				32
40	Subprovider - IPF		2,594,960		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.318508	28,117	8,955	50
51	Recovery Room	0.812581	30,682	24,932	51
52	Delivery Room & Labor Room	0.614727	8,179	5,028	52
53	Anesthesiology	0.062201	6,386	397	53
54	Radiology-Diagnostic	0.458153	5,238	2,400	54
54.01	RADIO ULTRASOUND	0.221980	10,063	2,234	54.01
54.02	RADIO ANGIOGRAPHY	0.106667			54.02
54.03	RADIO WEST HARRISON	0.195678			54.03
54.04	RADIO MILE SQUARE	0.283008			54.04
55	Radiology-Therapeutic	0.388263			55
56	Radioisotope	0.313401			56
57	CT Scan	0.058923	65,781	3,876	57
58	MRI	0.085809	22,672	1,945	58
59	Cardiac Catheterization	0.131974			59
60	Laboratory	0.129697	282,782	36,676	60
60.01	LAB TISSUE TYPING	0.312918			60.01
60.02	LAB OUTREACH	0.082091			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.211722	7,877	1,668	63
64	Intravenous Therapy	0.248663	2,974	740	64
65	Respiratory Therapy	0.194040	39,842	7,731	65
66	Physical Therapy	0.690588	6,038	4,170	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.734588			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.777858			66.02
66.03	PHYSICAL THERAPY-OCC	0.780364			66.03
67	Occupational Therapy	0.735619	122,095	89,815	67
67.01	OCCUPATIONAL THERAPY-OCC	0.643637			67.01
68	Speech Pathology	0.489195	1,066	521	68
69	Electrocardiology	0.125576	6,642	834	69
70	Electroencephalography	0.370774	22,654	8,400	70
71	Medical Supplies Charged to Patients	0.520760	50,896	26,505	71
73	Drugs Charged to Patients	0.290304	244,483	70,974	73
74	Renal Dialysis	0.338009	28,380	9,593	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.258878			76.01
76.02	BONE MARROW TRANSPLANT	0.752043			76.02
76.03	CARDIAC SERVICES	0.238541	4,018	958	76.03
76.04	TELEMEDICINE PROGRAM	2.522952			76.04
76.05	SLEEP LAB WEST HARRISON	0.396590			76.05
76.06	SICKLE CELL	0.451403			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.406300			76.07
76.08	UIH UROLOGY CLINIC	3.256480			76.08
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.072977			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.908218			90
91	Emergency	0.286504			91
92	Observation Beds (Non-Distinct Part)	0.731376			92
93.01	EYE EAR INFIRMARY	0.513472	171	88	93.01
93.02	OCC PSYCH	1.001581	1,525	1,527	93.02
93.03	OCC ADOLESCENTS	0.675342			93.03
93.04	LION'S EYE INST.	0.365671	272	99	93.04
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		998,833	310,066	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		998,833		202

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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

☐ PARHM Demo

☐ PARHM CAH

☐ Swing Bed SNF

☒ 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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4 PART I

Check
Applicable
Box:

[] HEART
[XX] KIDNEY

[] LIVER
[] LUNG

[] PANCREAS
[] INTESTINE

[] ISLET

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)	
			D	2			
		1			3	4	
1	Adults & Pediatrics	315,080	38	2,359.71	128	302,043	1
2	Intensive Care Unit	27,399	43	3,504.46	9	31,540	2
2.01	PEDS ICU		43.01	6,215.40			2.01
2.02	NEONATAL ICU		43.02	2,933.74			2.02
3	Coronary Care Unit	12,678	44	4,141.72	3	12,425	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)	355,157			140	346,008	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	0.318508	1,800,345	573,424	8
9	Recovery Room	51	0.812581	151,576	123,168	9
10	Delivery Room & Labor Room	52	0.614727			10
11	Anesthesiology	53	0.062201	405,019	25,193	11
12	Radiology-Diagnostic	54	0.458153	142,504	65,289	12
12.01	RADIO ULTRASOUND	54.01	0.221980	23,368	5,187	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.106667	62,503	6,667	12.02
12.03	RADIO WEST HARRISON	54.03	0.195678	62,888	12,306	12.03
12.04	RADIO MILE SQUARE	54.04	0.283008			12.04
13	Radiology-Therapeutic	55	0.388263			13
14	Radioisotope	56	0.313401	26,380	8,268	14
15	CT Scan	57	0.058923	1,409,555	83,055	15
16	MRI	58	0.085809	71,674	6,150	16
17	Cardiac Catheterization	59	0.131974	170,171	22,458	17
18	Laboratory	60	0.129697	5,631,570	730,398	18
18.01	LAB TISSUE TYPING	60.01	0.312918	1,851,569	579,389	18.01
18.02	LAB OUTREACH	60.02	0.082091			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	0.211722	326,711	69,172	21
22	Intravenous Therapy	64	0.248663	1,658	412	22
23	Respiratory Therapy	65	0.194040	43,274	8,397	23
24	Physical Therapy	66	0.690588	792	547	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.734588			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.777858			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	0.780364			24.03
25	Occupational Therapy	67	0.735619	478	352	25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.643637			25.01
26	Speech Pathology	68	0.489195			26
27	Electrocardiology	69	0.125576	19,169	2,407	27
28	Electroencephalography	70	0.370774	8,781	3,256	28
29	Medical Supplies Charged to Patients	71	0.520760	335	174	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.290304	320,190	92,952	31
32	Renal Dialysis	74	0.338009	2,365	799	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.258878	255,907	66,249	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.752043			34.02
34.03	CARDIAC SERVICES	76.03	0.238541	523,295	124,827	34.03
34.04	TELEMEDICINE PROGRAM	76.04	2.522952			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.396590			34.05
34.06	SICKLE CELL	76.06	0.451403			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.406300	918	373	34.07
34.08	UIH UROLOGY CLINIC	76.08	3.256480			34.08
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.072977			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	0.908218	586,716	532,866	37
38	Emergency	91	0.286504	2,853	817	38

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

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	
39	Observation Beds (Non-Distinct Part)	92	0.731376	3,043	2,226	39
40	Other Outpatient Service (specify)	93				40
40.01	EYE EAR INFIRMARY	93.01	0.513472	1,932	992	40.01
40.02	OCC PSYCH	93.02	1.001581			40.02
40.03	OCC ADOLESCENTS	93.03	0.675342			40.03
40.04	LION'S EYE INST.	93.04	0.365671	621	227	40.04
41	TOTAL (sum of lines 8-40)			13,908,160	3,147,997	41

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

OPO CCN:

**WORKSHEET D-4
PART II**

Check
Applicable
Box:

[] HEART
[XX] 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		128		42
43	Intensive Care Unit	3		9		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		3		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)			140		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	586,716	23			51
52	Emergency	2,853	24			52
53	Observation Beds (Non-Distinct Part)	3,043	25			53
54	Other Outpatient Service (specify)		26			54
54.01	EYE EAR INFIRMARY	1,932	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.	621	26.04			54.04
55	TOTAL (sum of lines 49-54)	595,165				55

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

OPO CCN:

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

Check [] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [XX] 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	3,494,005		14,263,317	
57	Interns and Residents (inpatient)				
58	Interns and Residents (outpatient)				
59	Direct Organ Acquisition (see instructions)	16,698,332		16,698,332	
60	Cost of physicians' services in a teaching hospital (see instructions)				
61	Total (sum of lines 56 thru 60)	20,192,337		30,961,649	
62	Total Usable Organs (see instructions)		246		
63	Medicare Usable Organs (see instructions)		145		
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.589431		
65	Medicare Cost/Charges (see instructions)	11,901,989		18,249,756	
66	Revenue for Organs Sold	32,450		263,899	
67	Subtotal (line 65 minus line 66)	11,869,539		17,985,857	
68	Organs Furnished Part B				
69	Net Organ Acquisition Cost and Charges (see instructions)	11,869,539		17,985,857	

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	72	14		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		162		73
74	Total (sum of lines 70 thru 73)	72	176		74
75	Organs Transplanted	72	162	23,579,250	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		12	262,183	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		2		83
84	Total (sum of lines 75 through 83 should equal line 74)	72	176		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.

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4 PART I

Check
Applicable
Box:

[] HEART
[] KIDNEY

[XX] LIVER
[] LUNG

[] PANCREAS
[] INTESTINE

[] ISLET

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)	
			D	2			
		1			3	4	
1	Adults & Pediatrics		38	2,359.71			1
2	Intensive Care Unit	107,481	43	3,504.46	24	84,107	2
2.01	PEDS ICU		43.01	6,215.40			2.01
2.02	NEONATAL ICU		43.02	2,933.74			2.02
3	Coronary Care Unit	3,576	44	4,141.72	1	4,142	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)	111,057			25	88,249	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	0.318508	178,008	56,697	8
9	Recovery Room	51	0.812581	13,664	11,103	9
10	Delivery Room & Labor Room	52	0.614727			10
11	Anesthesiology	53	0.062201	44,712	2,781	11
12	Radiology-Diagnostic	54	0.458153	13,154	6,027	12
12.01	RADIO ULTRASOUND	54.01	0.221980	39,022	8,662	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.106667	90,082	9,609	12.02
12.03	RADIO WEST HARRISON	54.03	0.195678	9,996	1,956	12.03
12.04	RADIO MILE SQUARE	54.04	0.283008			12.04
13	Radiology-Therapeutic	55	0.388263			13
14	Radioisotope	56	0.313401	8,079	2,532	14
15	CT Scan	57	0.058923	130,142	7,668	15
16	MRI	58	0.085809	94,342	8,095	16
17	Cardiac Catheterization	59	0.131974	3,543	468	17
18	Laboratory	60	0.129697	361,215	46,849	18
18.01	LAB TISSUE TYPING	60.01	0.312918			18.01
18.02	LAB OUTREACH	60.02	0.082091			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	0.211722	19,894	4,212	21
22	Intravenous Therapy	64	0.248663	1,828	455	22
23	Respiratory Therapy	65	0.194040	17,711	3,437	23
24	Physical Therapy	66	0.690588	1,016	702	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.734588			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.777858			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	0.780364			24.03
25	Occupational Therapy	67	0.735619			25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.643637			25.01
26	Speech Pathology	68	0.489195			26
27	Electrocardiology	69	0.125576	653	82	27
28	Electroencephalography	70	0.370774	4,059	1,505	28
29	Medical Supplies Charged to Patients	71	0.520760	365	190	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.290304	176,068	51,113	31
32	Renal Dialysis	74	0.338009			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTEROLOGY	76.01	0.258878			34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.752043			34.02
34.03	CARDIAC SERVICES	76.03	0.238541	31,414	7,494	34.03
34.04	TELEMEDICINE PROGRAM	76.04	2.522952			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.396590			34.05
34.06	SICKLE CELL	76.06	0.451403			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.406300	480	195	34.07
34.08	UIH UROLOGY CLINIC	76.08	3.256480			34.08
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.072977			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	0.908218	33,513	30,437	37
38	Emergency	91	0.286504			38

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

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	
39	Observation Beds (Non-Distinct Part)	92	0.731376			39
40	Other Outpatient Service (specify)	93				40
40.01	EYE EAR INFIRMARY	93.01	0.513472			40.01
40.02	OCC PSYCH	93.02	1.001581			40.02
40.03	OCC ADOLESCENTS	93.03	0.675342			40.03
40.04	LION'S EYE INST.	93.04	0.365671			40.04
41	TOTAL (sum of lines 8-40)			1,272,960	262,269	41

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

OPO CCN:

**WORKSHEET D-4
PART II**

Check
Applicable
Box:

[] HEART
[] KIDNEY

[XX] 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		24		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)			25		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	33,513	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)	33,513				55

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4
PARTS III & IV

Check
Applicable
Box:

[] HEART
[] KIDNEY

[XX] LIVER
[] LUNG

[] PANCREAS
[] INTESTINE

[] ISLET

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	350,518		1,384,017		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	4,340,688		4,340,688		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	4,691,206		5,724,705		61
62	Total Usable Organs (see instructions)		67			62
63	Medicare Usable Organs (see instructions)		13			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.194030			64
65	Medicare Cost/Charges (see instructions)	910,235		1,110,765		65
66	Revenue for Organs Sold	16,225		153,899		66
67	Subtotal (line 65 minus line 66)	894,010		956,866		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	894,010		956,866		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	4	7		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		57		73
74	Total (sum of lines 70 thru 73)	4	64		74
75	Organs Transplanted	4	57	8,485,726	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		6	153,041	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs		1		83
84	Total (sum of lines 75 through 83 should equal line 74)	4	64		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.

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4 PART I

Check
Applicable
Box:

[] HEART
[] KIDNEY

[] LIVER
[] LUNG

[XX] PANCREAS
[] INTESTINE

[] ISLET

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)	
			D	2			
1	Adults & Pediatrics	1	38	2,359.71	3	4	1
2	Intensive Care Unit	615	43	3,504.46	1	3,504	2
2.01	PEDS ICU		43.01	6,215.40			2.01
2.02	NEONATAL ICU		43.02	2,933.74			2.02
3	Coronary Care Unit		44	4,141.72			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)	615			1	3,504	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.318508	4,983	1,587	8
9	Recovery Room	51	0.812581			9
10	Delivery Room & Labor Room	52	0.614727			10
11	Anesthesiology	53	0.062201	2,124	132	11
12	Radiology-Diagnostic	54	0.458153	849	389	12
12.01	RADIO ULTRASOUND	54.01	0.221980			12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.106667			12.02
12.03	RADIO WEST HARRISON	54.03	0.195678			12.03
12.04	RADIO MILE SQUARE	54.04	0.283008			12.04
13	Radiology-Therapeutic	55	0.388263			13
14	Radioisotope	56	0.313401			14
15	CT Scan	57	0.058923	1,035	61	15
16	MRI	58	0.085809			16
17	Cardiac Catheterization	59	0.131974	3,543	468	17
18	Laboratory	60	0.129697	22,909	2,971	18
18.01	LAB TISSUE TYPING	60.01	0.312918	5,124	1,603	18.01
18.02	LAB OUTREACH	60.02	0.082091			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	0.211722	1,038	220	21
22	Intravenous Therapy	64	0.248663			22
23	Respiratory Therapy	65	0.194040	4,081	792	23
24	Physical Therapy	66	0.690588			24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.734588			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.777858			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	0.780364			24.03
25	Occupational Therapy	67	0.735619			25
25.01	OCCUPATIONAL THERAPY-OCC	67.01	0.643637			25.01
26	Speech Pathology	68	0.489195			26
27	Electrocardiology	69	0.125576	99	12	27
28	Electroencephalography	70	0.370774			28
29	Medical Supplies Charged to Patients	71	0.520760	73	38	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.290304	2,872	834	31
32	Renal Dialysis	74	0.338009			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.258878			34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.752043			34.02
34.03	CARDIAC SERVICES	76.03	0.238541	923	220	34.03
34.04	TELEMEDICINE PROGRAM	76.04	2.522952			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.396590			34.05
34.06	SICKLE CELL	76.06	0.451403			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.406300			34.07
34.08	UIH UROLOGY CLINIC	76.08	3.256480			34.08
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.072977			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	0.908218	849	771	37
38	Emergency	91	0.286504			38

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

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	
39	Observation Beds (Non-Distinct Part)	92	0.731376			39
40	Other Outpatient Service (specify)	93				40
40.01	EYE EAR INFIRMARY	93.01	0.513472			40.01
40.02	OCC PSYCH	93.02	1.001581			40.02
40.03	OCC ADOLESCENTS	93.03	0.675342			40.03
40.04	LION'S EYE INST.	93.04	0.365671			40.04
41	TOTAL (sum of lines 8-40)			50,502	10,098	41

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4 PART II

Check
Applicable
Box:

[] HEART [] LIVER [XX] PANCREAS [] ISLET
[] KIDNEY [] LUNG [] INTESTINE

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		1		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)			1		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	849	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)	849				55

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4
PARTS III & IV

Check
Applicable
Box:

[] HEART
[] KIDNEY

[] LIVER
[] LUNG

[XX] PANCREAS
[] INTESTINE

[] ISLET

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	13,602		51,117	
57	Interns and Residents (inpatient)				
58	Interns and Residents (outpatient)				
59	Direct Organ Acquisition (see instructions)	1,525,922		1,525,922	
60	Cost of physicians' services in a teaching hospital (see instructions)				
61	Total (sum of lines 56 thru 60)	1,539,524		1,577,039	
62	Total Usable Organs (see instructions)		30		
63	Medicare Usable Organs (see instructions)		13		
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.433333		
65	Medicare Cost/Charges (see instructions)	667,127		683,383	
66	Revenue for Organs Sold	5,825		34,544	
67	Subtotal (line 65 minus line 66)	661,302		648,839	
68	Organs Furnished Part B				
69	Net Organ Acquisition Cost and Charges (see instructions)	661,302		648,839	

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		3		70
71	Organs Purchased from Other Trnsplant Hospitals (2)		28		71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs				73
74	Total (sum of lines 70 thru 73)		31		74
75	Organs Transplanted		28	3,907,288	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		2	33,686	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs		1		83
84	Total (sum of lines 75 through 83 should equal line 74)		31		84

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

Check
applicable box: [XX] Hospital
[] PARHM Hospital

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)	9,422,630			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,135,374			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)				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)	3,008,130			2.03
2.04	Outlier payment for discharges occurring on or after October 1 (see instructions)	7,902,526			2.04
3	Managed care simulated payments	22,005,946			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	405.71			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)	460.08			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				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)	546.14			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	452.31			10
11	FTE count for residents in dental and podiatric programs	34.26			11
12	Current year allowable FTE (see instructions)	486.57			12
13	Total allowable FTE count for the prior year	472.84			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	475.91			14
15	Sum of lines 12 through 14 divided by 3	478.44			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	478.44			18
19	Current year resident to bed ratio (line 18 divided by line 4)	1.179266			19
20	Prior year resident to bed ratio (see instructions)	1.121849			20
21	Enter the lesser of lines 19 or 20 (see instructions)	1.121849			21
22	IME payment adjustment (see instructions)	18,059,804			22
22.01	IME payment adjustment - Managed Care (see instructions)	10,581,581			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)	-93.83			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)	18,059,804			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	10,581,581			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)	0.4237			31
32	Sum of lines 30 and 31	0.5715			32
33	Allowable disproportionate share percentage (see instructions)	0.3636			33
34	Disproportionate share adjustment (see instructions)	3,414,023			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)	8,272,872,447		8,350,599,096	35
35.01	Factor 3 (see instructions)	0.000937890		0.000877313	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,759,048		7,326,087	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,955,707		5,484,558	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,440,265			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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

Check
applicable box: ☒ Hospital
☐ PARHM Hospital

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	77,382,752			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)	87,964,333			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,598,720			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)	9,077,556			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)	13,424,851			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).	551,275			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	810			58
59	Total (sum of amounts on lines 49 through 58)	115,617,545			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	115,617,545			61
62	Deductibles billed to program beneficiaries	2,467,930			62
63	Coinsurance billed to program beneficiaries	356,361			63
64	Allowable bad debts (see instructions)	1,005,118			64
65	Adjusted reimbursable bad debts (see instructions)	653,327			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	997,926			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	113,446,581			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)	925,631			70.99
71	Amount due provider (see instructions)	112,520,950			71
71.01	Sequestration adjustment (see instructions)	1,879,100			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
71.03	Sequestration adjustment - PARHM pass-throughs				71.03
72	Interim payments	112,848,340			72
72.01	Interim payments - PARHM				72.01
73	Tentative settlement (for contractor use only)				73
73.01	Tentative settlement - PARHM (for contractor use only)				73.01
74	Balance due provider/program (line 71 minus lines 71.01, 72 and 73)	-2,206,490			74
74.01	Balance due provider/program - PARHM (see instructions)				74.01
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	632,872			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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	9,422,630	9,422,630				9,422,630	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	28,135,374			28,135,374		28,135,374	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							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)	3,008,130	3,008,130				3,008,130	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	7,902,526			7,902,526		7,902,526	2.03
3	Operating outlier reconciliation							3
4	Managed Care Simulated Payments	22,005,946	5,402,728		16,603,218		22,005,946	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	18,059,804	4,530,881		13,528,923		18,059,804	6
6.01	IME payment adjustment for managed care	10,581,581	2,597,907		7,983,674		10,581,581	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)	18,059,804	4,530,881		13,528,923		18,059,804	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	10,581,581	2,597,907		7,983,674		10,581,581	9.01
	Disproportionate Share Adjustment							
10	Allowable disproportionate share percentage	0.3636	0.3636	0.3636	0.3636	0.3636		10
11	Disproportionate share adjustment	3,414,023	856,517		2,557,506		3,414,023	11
11.01	Uncompensated care payments	7,440,265	1,955,707		5,484,558		7,440,265	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12	Total ESRD additional payment							12
13	Subtotal	77,382,752	19,773,865		57,608,887		77,382,752	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	87,964,333	22,371,772		65,592,561		87,964,333	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,598,720	1,181,284		3,417,436		4,598,720	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		23,553,056		69,009,997		92,563,053	19
20	Capital DRG other than outlier	2,984,588	766,573		2,218,015		2,984,588	20
20.01	Model 4 BPCI Capital DRG other than outlier							20.01
21	Capital DRG outlier payments	41,254	10,727		30,527		41,254	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	1,572,878	403,984		1,168,894		1,572,878	23
24	Allowable disproportionate share percentage							24
25	Disproportionate share adjustment							25
26	Total prospective capital payments	4,598,720	1,181,284		3,417,436		4,598,720	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		235,531		690,100		925,631	32

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 ☐ PARHM Demonstration

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)	56,179,081			2
3	OPPS payments	32,733,865			3
4	Outlier payment (see instructions)	695,478			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	23,337			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)	33,452,680			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	6,063,803			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	27,388,877			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	4,150,444			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	31,539,321			30
31	Primary payer payments	6,281			31
32	Subtotal (line 30 minus line 31)	31,533,040			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)	960,680			34
35	Adjusted reimbursable bad debts (see instructions)	624,442			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	692,892			36
37	Subtotal (see instructions)	32,157,482			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)	32,157,482			40
40.01	Sequestration adjustment (see instructions)	537,030			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments	32,598,331			41
41.01	Interim payments - PARHM				41.01
42	Tentative settlement (for contractors use only)				42
42.01	Tentative settlement - PARHM (for contractor use only)				42.01
43	Balance due provider/program (see instructions)	-977,879			43
43.01	Balance due provider/program - PARHM (see instructions)				43.01
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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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 ☐ PARHM Demonstration

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)	1,246			2
3	OPPS payments	774			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)	774			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	155			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)	619			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)	619			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	619			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)	619			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)	619			40
40.01	Sequestration adjustment (see instructions)	10			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments	609			41
41.01	Interim payments - PARHM				41.01
42	Tentative settlement (for contractors use only)				42
42.01	Tentative settlement - PARHM (for contractor use only)				42.01
43	Balance due provider/program (see instructions)				43
43.01	Balance due provider/program - PARHM (see instructions)				43.01
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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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WORKSHEET E-1
PART I

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[ ] PARHM Demonstration
[ ] PARHM CAH Swing Bed-SNF
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				INPATIENT PART A		PART B		
DESCRIPTION				mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider				108,890,515		32,476,608	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero							2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)		.01	02/17/2020	3,957,825	02/17/2020	121,723	3.01
			.02					3.02
		Program	.03					3.03
		to	.04					3.04
		Provider	.05					3.05
			.06					3.06
			.07					3.07
			.08					3.08
			.09					3.09
			.10					3.10
			.50					3.50
			.51					3.51
		Provider	.52					3.52
		to	.53					3.53
		Program	.54					3.54
			.55					3.55
			.56					3.56
			.57					3.57
			.58					3.58
			.59					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		.99		3,957,825		121,723	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)				112,848,340		32,598,331	4
TO BE COMPLETED BY CONTRACTOR								
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)		.01					5.01
			.02					5.02
		Program	.03					5.03
		to	.04					5.04
		Provider	.05					5.05
			.06					5.06
			.07					5.07
			.08					5.08
			.09					5.09
			.10					5.10
			.50					5.50
			.51					5.51
		Provider	.52					5.52
		to	.53					5.53
		Program	.54					5.54
			.55					5.55
			.56					5.56
			.57					5.57
			.58					5.58
			.59					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		.99					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		.01					6.01
			.02		-2,206,490		-977,879	6.02
7	Total Medicare program liability (see instructions)				110,641,850		31,620,452	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)		8

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

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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) ☐ PARHM Demonstration
Applicable ☒ IPF ☐ SNF ☐ PARHM CAH Swing Bed-SNF
Boxes: ☐ IRF ☐ Swing Bed SNF

			INPATIENT PART A		PART B	
DESCRIPTION			mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider			1,075,851		609
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)			1,075,851		609
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	19,136		6.01
	based on the cost report (1)		.02			6.02
7	Total Medicare program liability (see instructions)			1,094,987		609
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.

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-S150****WORKSHEET E-3
PART II**

Check
Applicable
Box:

[] Hospital
[XX] Subprovider IPF

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	873,530	1
2	Net IPF PPS Outlier payment	209,800	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)	5.21	6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)	5.21	8
9	Average daily census (see instructions)	33.920765	9
10	Teaching adjustment factor {((1 + (line 8/line 9)) raised to the power of .5150 -1)}	0.076359	10
11	Teaching adjustment (line 1 multiplied by line 10)	66,702	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,150,032	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)	1,150,032	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,150,032	18
19	Deductibles	49,872	19
20	Subtotal (line 18 minus line 19)	1,100,160	20
21	Coinsurance	14,532	21
22	Subtotal (line 20 minus line 21)	1,085,628	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)	1,085,628	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)	27,956	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)	1,113,584	31
31.01	Sequestration adjustment (see instructions)	18,597	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	1,075,851	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)	19,136	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

Health Financial Systems Compu-Max 2552-10

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

WORKSHEET E-4

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

☒ Hospital
☐ PARHM Demonstration
☐ CAH-based IPF
☐ CAH-based IRF

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))					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)				450.42	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				475.60	6
7	Enter the lesser of line 5 or line 6				450.42	7
		Primary Care 1	Other 2	Total 3		
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	164.66	264.72	429.38		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	155.94	250.70	406.64		9
10	Weighted dental and podiatric resident FTE count for the current year		32.26			10
10.01	Unweighted dental and podiatric resident FTE count for the current year		34.26			10.01
11	Total weighted FTE count	155.94	282.96			11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	160.91	273.61			12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	160.94	276.78			13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	159.26	277.78			14
15	Adjustment for residents in initial years of new programs	0.00	0.00			15
15.01	Unweighted adjustment for residents in initial years of new programs					15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16
16.01	Unweighted adjustment for residents displaced by program or hospital closure					16.01
17	Adjusted rolling average FTE count	159.26	277.78			17
18	Per resident amount	109,389.44	103,582.17			18
19	Approved amount for resident costs	17,421,362	28,773,055	46,194,417		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)			25.18		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)			46,194,417		25
		Inpatient Part A 1	Managed Care Prior to 1/1 2	Managed Care On or After 1/1 2.01	3	
COMPUTATION OF PROGRAM PATIENT LOAD						
26	Inpatient days (see instructions)	21,042	13,348			26
27	Total inpatient days (see instructions)	113,509	113,509			27
28	Ratio of inpatient days to total inpatient days	0.185377	0.117594	0.000000		28
29	Program direct GME amount	8,563,382	5,432,186		13,995,568	29
29.01	Percent reduction for MA DGME					29.01
30	Reduction for direct GME payments for Medicare Advantage		767,568		767,568	30
31	Net Program direct GME amount				13,228,000	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)				38,588,509	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)				109,485,800	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				13,424,851	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)				122,910,651	41
Part B Reasonable Cost						
42	Reasonable cost (see instructions)				56,203,664	42
43	Primary payer payments (see instructions)				6,281	43
44	Total Part B reasonable cost (line 42 minus line 43)				56,197,383	44
45	Total reasonable cost (sum of lines 41 and 44)				179,108,034	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.686238	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.313762	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B						
48	Total program GME payment (line 31)				13,228,000	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				9,077,556	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				4,150,444	50

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	386,781,506				1
2	Temporary investments	835,633				2
3	Notes receivable					3
4	Accounts receivable	94,230,682				4
5	Other receivables	9,658,946				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	8,243,621				7
8	Prepaid expenses	4,367,469				8
9	Other current assets	26,835,862				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	530,953,719				11
	FIXED ASSETS					
12	Land	770,918				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	365,244,815				15
16	Accumulated depreciation	-146,639,562				16
17	Leasehold improvements	2,320,151				17
18	Accumulated depreciation	-2,305,857				18
19	Fixed equipment	49,416,018				19
20	Accumulated depreciation	-42,587,752				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	167,288,213				23
24	Accumulated depreciation	-127,027,190				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)	266,479,754				30
	OTHER ASSETS					
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	3,548,807				34
35	Total other assets (sum of lines 31-34)	3,548,807				35
36	Total assets (sum of lines 11, 30 and 35)	800,982,280				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	63,063,612				37
38	Salaries, wages and fees payable	19,598,711				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	75,354,124				40
41	Deferred income	5,568,431				41
42	Accelerated payments	73,859,353				42
43	Due to other funds					43
44	Other current liabilities	2,254,712				44
45	Total current liabilities (sum of lines 37 thru 44)	239,698,943				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	131,561,578				49
50	Total long term liabilities (sum of lines 46 thru 49)	131,561,578				50
51	Total liabilities (sum of lines 45 and 50)	371,260,521				51
	CAPITAL ACCOUNTS					
52	General fund balance	429,721,759				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)	429,721,759				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	800,982,280				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		422,695,571		1
2	Net income (loss) (from Worksheet G-3, line 29)		7,026,188		2
3	Total (sum of line 1 and line 2)		429,721,759		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)		429,721,759		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)		429,721,759		19

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	199,099,199		199,099,199	1
2	Subprovider IPF	30,814,971		30,814,971	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)	229,914,170		229,914,170	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	67,428,573		67,428,573	11
11.01	PEDS ICU	7,580,623		7,580,623	11.01
11.02	NEONATAL ICU	48,322,345		48,322,345	11.02
12	Coronary Care Unit	32,631,002		32,631,002	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)	155,962,543		155,962,543	16
17	Total inpatient routine care services (sum of lines 10 and 16)	385,876,713		385,876,713	17
18	Ancillary services	943,942,802		943,942,802	18
19	Outpatient services		1,316,468,012	1,316,468,012	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)	1,329,819,515	1,316,468,012	2,646,287,527	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,123,713,149	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)		1,123,713,149	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)	2,646,287,527	1
2	Less contractual allowances and discounts on patients' accounts	1,866,272,869	2
3	Net patient revenues (line 1 minus line 2)	780,014,658	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,123,713,149	4
5	Net income from service to patients (line 3 minus line 4)	-343,698,491	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		11
12	Parking lot receipts	233,961	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,632,011	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	27,357	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	40,397	19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space	580,280	22
23	Governmental appropriations	18,711,249	23
24	Other (OTHER OPERATING)	7,956,307	24
24.01	Other (EHR INCENTIVE PAYMENTS STATE & FED)	325,283	24.01
24.02	Other (PAYMENT ON BEHALF OF)	28,451,064	24.02
24.03	Other (CAPITATION REVENUE)	3,779,062	24.03
24.04	Other (BERWYN, PILSEN & OUTREACH)	8,466,115	24.04
24.05	Other (HOSPITAL/MEDICAL SERVICES & TELEMED)	12,327,872	24.05
24.06	Other (NON-OPER ON BEHALF OF PYMTS)	229,209,266	24.06
24.07	Other (NON-OPER NET REVENUE)	144,932	24.07
24.08	Other (INVESTMENT INCOME)	11,287,163	24.08
24.09	Other (CHANGE IN FMV OF INVESTMENTS)	-419,420	24.09
24.10	Other (CARES ACT RELIEF FEDERAL GRANT)	27,971,780	24.10
24.50	COVID-19 PHE FUNDING		24.50
25	Total other income (sum of lines 6-24)	350,724,679	25
26	Total (line 5 plus line 25)	7,026,188	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)	7,026,188	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	1,314,461	Hours of Service	39,880.00	19.17	1
2	Licensed Practical Nurses	83,874	Hours of Service	2,606.00	1.25	2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,471,357	Hours of Service	93,392.00	44.90	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	1,085,132	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	3,954,824				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	335,597	Percentage of Time			13
14	Supplies	1,267,675	Requisitions			14
15	Drugs	86,722	Requisitions			15
16	Other	234,429	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	5,879,247				17
18	Capital Related Costs-Bldgs. & Fixtures	168,526	Square Feet			18
19	Capital Related Costs-Mov. Equip.	101,538	Percentage of Time			19
20	Employee Benefits Department	3,631,474	Salary			20
21	Administrative and General	2,159,329	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	751,730	Square Feet			22
23	Medical Education Program Costs					23
24	Central Services & Supplies	26,465	Requisitions			24
25	Pharmacy	12,502	Requisitions			25
26	Other Allocated Costs	399,180	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	13,129,991				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
30.08	UIH UROLOGY CLINIC		Charges			30.08
30.09	CARDIAC REHABILITATION		Charges			30.09
30.10	HYPERBARIC OXYGEN THERAPY		Charges			30.10
30.11	LITHOTRIPSY		Charges			30.11
31	Total costs (sum of lines 27-30)	13,129,991				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	920,256	437,135	1,314,461	1,555,231	3,631,474	12,502	1
	MAINTENANCE							
2	Hemodialysis	732,204	347,808	805,486	953,002	2,225,282	7,660	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	1,498	712	1,648	1,965	4,591	16	6
7	CCPD	2,323	1,103	2,604	3,064	7,157	25	7
	HOME							
8	Hemodialysis			22,578	26,644	62,249	215	8
9	Intermittent Peritoneal							9
10	CAPD			54,121	64,013	149,477	515	10
11	CCPD			225,449	266,760	622,889	2,144	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	184,231	87,512	202,575	239,783	559,829	1,927	12
13	Method II Home Patient							13
14	All ESAs (incl. in renal department)						86,722	14
15	N/A for FYB on/after 10/1/2015							15
16	Other							16
17	Total (sum of lines 2 through 16)	920,256	437,135	1,314,461	1,555,231	3,631,474	12,502	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

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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	1,294,140		9,165,199	3,878,070	13,043,269	1
	MAINTENANCE						
2	Hemodialysis	793,019		5,864,461	2,481,429	8,345,890	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	1,636		12,066	5,105	17,171	6
7	CCPD	2,550		18,826	7,966	26,792	7
	HOME						
8	Hemodialysis	22,183		133,869	56,644	190,513	8
9	Intermittent Peritoneal						9
10	CAPD	53,269		321,395	135,992	457,387	10
11	CCPD	221,977		1,339,219	566,664	1,905,883	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	199,506		1,475,363	624,270	2,099,633	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)	1,294,140		9,165,199	3,878,070	13,043,269	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					13,043,269	19

Health Financial Systems Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY			
	COMPOSITE PAYMENT SERVICES	BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)	EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		1	2	3	4	5	
1	Total Renal Department Costs	920,256	437,135	1,314,461	1,555,231	3,631,474	1
	MAINTENANCE						
2	Hemodialysis	9,773	9,773.00	24,438.00	57,228.00	2,423,422	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	20	20.00	50.00	118.00	5,000	6
7	CCPD	31	31.00	79.00	184.00	7,794	7
	HOME						
8	Hemodialysis			685.00	1,600.00	67,792	8
9	Intermittent Peritoneal						9
10	CAPD			1,642.00	3,844.00	162,787	10
11	CCPD			6,840.00	16,019.00	678,352	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 4,146	2,459	2,459.00	6,146.00	14,399.00	609,677	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	12,283	12,283.00	39,880.00	93,392.00	3,954,824	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	74.921110	35.588618	32.960406	16.652722	0.918239	18

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2019 To: 06/30/2020	Run Date: 11/30/2020 Run Time: 07:28 Version: 2020.06 (11/06/2020)
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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	12,502	1,294,140				1
	MAINTENANCE						
2	Hemodialysis	53,141	776,801				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	110	1,603				6
7	CCPD	171	2,498				7
	HOME						
8	Hemodialysis	1,488	21,729				8
9	Intermittent Peritoneal						9
10	CAPD	3,570	52,180				10
11	CCPD	14,875	217,438				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 4,146	13,367	195,426				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	86,722	1,267,675			9,165,199	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.144162	1.020877			0.423130	18

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

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

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	16,480	8,345,890	506.43	9,872			4,999,477	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	34	17,171	505.03					5
6	Training - Continuous Cycling Peritoneal Dialysis	53	26,792	505.51					6
7	Home Program - Hemodialysis	461	190,513	413.26					7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	158	457,387	2,894.85	43			124,479	9
10	Home Program - Continuous Cycling Peritoneal Dialysis	659	1,905,883	2,892.08	499			1,443,148	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	17,028	10,943,636		9,872			6,567,104	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	19,479							12

Health Financial Systems Compu-Max 2552-10

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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	3,030,818			307.01			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							7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	42,437			986.91			9
10	Home Program - Continuous Cycling Peritoneal Dialysis	427,147			856.01			10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	3,500,402						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)		6,567,104	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	3,500,402	3,472,882	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)	3,500,402	3,472,882	2.03
2.04	Outlier payments			2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	893	886	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)	893	886	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	699,782	694,280	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)	699,782	694,280	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)		695,166	8
9	Program payment (see instructions)		2,777,597	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)		11,030,358	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		10,943,636	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		0.992138	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 ☐ PARHM Demonstration ☐ Cost Method
 Boxes: ☐ Title XIX ☐ SUB (Other)

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	2,984,588	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	41,254	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)	276.21	3
4	Number of interns & residents (see instructions)	478.44	4
5	Indirect medical education percentage (see instructions)	52.70	5
6	Indirect medical education adjustment (see instructions)	1,572,878	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)		7
8	Percentage of Medicaid patient days to total days (see instructions)		8
9	Sum of lines 7 and 8		9
10	Allowable disproportionate share percentage (see instructions)		10
11	Disproportionate share adjustment (see instructions)		11
12	Total prospective capital payments (see instructions)	4,598,720	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLIATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
40	Subprovider - IPF							40
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy							67
67.01	OCCUPATIONAL THERAPY-OCC							67.01
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07

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

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
76.08	UIH UROLOGY CLINIC							76.08
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
192.02	MULTI-SPECIALTY AMB CLINIC							192.02
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202