

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 11/29/2017 Time: 14:37		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2016 and ending 06/30/2017, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		2,368,607	-297,691	37,977		1
2	SUBPROVIDER - IPF		26,315	-9			2
3	SUBPROVIDER - IRF		-83,872				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		2,311,050	-297,700	37,977		200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

0	Component	1	Component Name	2	CCN Number	3	CBSA Number	4	Provider Type	5	Date Certified	Payment System (P, T, O, or N)			8
												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		BOT FOR THE UOFI - REHAB		14-T150		16974		5		07 / 01 / 1988	N	P	O	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 / 2016	To: 06 / 30 / 2017													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

		1	2	3	4	5	6	
		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	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,197	1,580	146		32,786	301	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	379	42			179		25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	4.01	272.42	0.014506	64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65	FAMILY PRACTICE	1350	0.08	15.66	0.005083

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.62	328.15	0.001886	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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.	Y			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N			76

Long Term Care Hospital PPS

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

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N			85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? 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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	9,356,310		9,356,310	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 or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

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

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**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name:	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			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.25				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2016	12 / 26 / 2016			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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	12/15/2016	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				
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			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2017	Y	11/01/2017
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	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: CYNTHIA	Last name: SCHMIEGELT	Title: ASSOC DIRECTOR OF HOSPITAL
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**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		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	312	113,880			14,233	5,093	64,893	1
2	HMO and other (see instructions)						6,658	34,813		2
3	HMO IPF Subprovider							3,135		3
4	HMO IRF Subprovider							221		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)		312	113,880			14,233	5,093	64,893	7
8	Intensive Care Unit	31	45	16,425			4,636	908	13,328	8
8.01	PEDS ICU	31.01	18	6,570			12	519	1,711	8.01
8.02	NEONATAL ICU	31.02	52	18,980				1,044	10,363	8.02
9	Coronary Care Unit	32	19	6,935			1,793	344	5,694	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						289	3,810	13
14	Total (see instructions)		446	162,790			20,674	8,197	99,799	14
15	CAH Visits									15
16	Subprovider - IPF	40	53	19,345			1,553	4,011	12,060	16
17	Subprovider - IRF	41	18	6,570			651	379	3,431	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)		517							27
28	Observation Bed Days							520	7,655	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		8	2,920				144	1,622	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,321	1,414	19,224	1
2	HMO and other (see instructions)						8,005		2
3	HMO IPF Subprovider						307		3
4	HMO IRF Subprovider						92		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	PEDES 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)	479.55	4,074.78			3,321	1,414	19,224	14
15	CAH Visits								15
16	Subprovider - IPF	6.73	83.97			138	164	919	16
17	Subprovider - IRF		23.18			61	39	361	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)	486.28	4,181.93						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassification 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	301,232,295	9,402,893	310,635,188	8,044,429.40	38.61	1
2							2
3			776,868	776,868	10,987.00	70.71	3
4			1,451,187	1,451,187	10,730.00	135.25	4
4.01							4.01
5			5,304,102	5,304,102	85,437.00	62.08	5
6							6
7	21	21,113,023	9,402,893	30,515,916	1,094,605.00	27.88	7
7.01			298,285	298,285	8,320.00	35.85	7.01
8							8
9	44						9
10		15,450,300	-326,237	15,124,063	396,770.00	38.12	10
OTHER WAGES & RELATED COSTS							
11		10,366,768		10,366,768	181,295.00	57.18	11
12		38,782		38,782	527.00	73.59	12
13							13
14							14
14.01							14.01
14.02							14.02
15			3,572,744	3,572,744	13,764.00	259.57	15
16			26,751,066	26,751,066	124,234.00	215.33	16
WAGE-RELATED COSTS							
17		194,112,783		194,112,783			17
18							18
19		11,336,156		11,336,156			19
20							20
21		488,060		488,060			21
22		814,929		814,929			22
22.01							22.01
23		3,435,239		3,435,239			23
24							24
25		25,722,438		25,722,438			25
25.50							25.50
25.51							25.51
25.52							25.52
25.53							25.53
OVERHEAD COSTS - DIRECT SALARIES							
26		1,688,305	64,012	1,752,317	41,297.00	42.43	26
27		49,763,398	-492,022	49,271,376	1,110,773.23	44.36	27
28		637,350		637,350	5,404.00	117.94	28
29		968,222		968,222	21,911.89	44.19	29
30							30
31							31
32		25,844		25,844	627.28	41.20	32
33		8,711,948		8,711,948	356,832.00	24.41	33
34		3,398,849	-108,962	3,289,887	170,122.48	19.34	34
35							35
36		611		611	8.00	76.38	36
37							37
38		6,340,174	-377,274	5,962,900	142,605.04	41.81	38
39		3,015,085		3,015,085	117,872.21	25.58	39
40		3,177,051	-582,908	2,594,143	101,590.35	25.54	40
41		3,102,865		3,102,865	109,395.98	28.36	41
42		5,247,334	23,410	5,270,744	185,989.74	28.34	42
43		2,892,603	13,075	2,905,678	55,467.53	52.39	43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	289,468,570	-6,379,255	283,089,315	7,207,316.40	39.28	1
2	Excluded area salaries (see instructions)	15,450,300	-326,237	15,124,063	396,770.00	38.12	2
3	Subtotal salaries (line 1 minus line 2)	274,018,270	-6,053,018	267,965,252	6,810,546.40	39.35	3
4	Subtotal other wages & related costs (see instructions)	10,405,550	3,572,744	13,978,294	195,586.00	71.47	4
5	Subtotal wage-related costs (see instructions)	194,927,712		194,927,712		72.74%	5
6	Total (sum of lines 3 through 5)	479,351,532	-2,480,274	476,871,258	7,006,132.40	68.06	6
7	Total overhead cost (see instructions)	88,969,639	-1,460,669	87,508,970	2,419,896.73	36.16	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	147,319,794	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)	74,903,190	8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	566,910	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	825,388	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	568,451	17
18	Medicare Taxes - Employers Portion Only	8,537,902	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	3,187,970	23
24	Total Wage Related cost (Sum of lines 1-23)	235,909,605	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	10,366,768		1
2	Hospital	10,366,768		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	133				4	22	1
2	Number of times per week patient receives dialysis	3.00						2
3	Average patient dialysis time including setup	4.50						3
4	CAPD exchanges per day						4	4
5	Number of days in year dialysis furnished	312						5
6	Number of stations	24			4			6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	0.91						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		61	11
12	Number of patients transplanted during the cost reporting period		14	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))

		INITIAL METHOD	
21	MCP X		

	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.	
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	288,815		164,218		22
22.01		EPOGEN	43,866		885		22.01

	LOW VOLUME	CCN	Treatments			
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)		0.324472	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		259,664,764	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		37,999,588	5
6	Medicaid charges		895,454,954	6
7	Medicaid cost (line 1 times line 6)		290,550,060	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.			8

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

9	Net revenue from stand-alone SCHIP		1,471,986	9
10	Stand-alone SCHIP charges		9,498,333	10
11	Stand-alone SCHIP cost (line 1 times line 10)		3,081,943	11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.		1,609,957	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)		787,067	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		25,474,492	14
15	State or local indigent care program cost (line 1 times line 14)		8,265,759	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.		7,478,692	16

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

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,088,649	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)	35,258,182	3,760,935	39,019,117	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,440,293	3,760,935	15,201,228	21
22	Payments received from patients for amounts previously written off as charity care	42,316	303	42,619	22
23	Cost of charity care (line 21 minus line 22)	11,397,977	3,760,632	15,158,609	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)			40,593,580	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,012,443	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,557,605	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)			39,035,975	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			13,211,243	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			28,369,852	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			37,458,501	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	
76.03	03140	CARDIAC SERVICES	1,872,774	2,717,460	4,590,234	-2,745,234	1,845,000	-1,740	1,843,260	76.03
76.04	03952	TELEMEDICINE PROGRAM				865,095	865,095	147,283	1,012,378	76.04
76.05	03953	SLEEP LAB WEST HARRISON	286,719	951,208	1,237,927	-142	1,237,785	-9,333	1,228,452	76.05
76.06	03954	SICKLE CELL	948,661	46,774	995,435	-17,087	978,348	-110,575	867,773	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	10,422	10,871	21,293	-2,473	18,820		18,820	76.07
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	104,776	711	105,487	-32,121	73,366		73,366	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	19,681,870	24,309,880	43,991,750	-20,709,736	23,282,014	-981,594	22,300,420	90
91	09100	Emergency	7,454,632	1,932,153	9,386,785	-907,778	8,479,007		8,479,007	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	OCC EEI	2,476,884	3,422,000	5,898,884	-2,868,970	3,029,914	-2,218	3,027,696	93.01
93.02	04952	OCC PSYCH	1,059,085	62,695	1,121,780	-6,942	1,114,838	-123,685	991,153	93.02
93.03	04951	OCC ADOLESCENTS	2,331,663	958,119	3,289,782	-705,469	2,584,313	-43,432	2,540,881	93.03
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	3,299,888	3,787,523	7,087,411	-582,309	6,505,102	-241,093	6,264,009	105
107	10700	Liver Acquisition	540,319	814,910	1,355,229	-278,841	1,076,388	-1,001	1,075,387	107
109	10900	Pancreas Acquisition	16,922	361,116	378,038	32,150	410,188		410,188	109
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)		241,295	241,295	-188,822	52,473		52,473	112
118		SUBTOTALS (sum of lines 1-117)	298,846,097	409,939,530	708,785,627	364,464	709,150,091	199,596,670	908,746,761	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		60	60		60	-60		190
191	19100	Research	454,247	90,145	544,392	-8,644	535,748	-25,410	510,338	191
192	19200	Physicians' Private Offices	1,718,549	2,392,282	4,110,831		4,110,831	-61,175	4,049,656	192
192.01	19201	PILSEN-OFFSITE CLINIC	213,402	1,016,071	1,229,473	-355,820	873,653	-128	873,525	192.01
194	07950	OUTPATIENT PHARMACY		27,165,501	27,165,501		27,165,501	-4,408,798	22,756,703	194
200		TOTAL (sum of lines 118-199)	301,232,295	440,603,589	741,835,884		741,835,884	195,101,099	936,936,983	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	3,513,750	232,486	1
2	WOMENS HEALTH	A	Nursery	43	978,820	64,763	2
500	Total reclassifications				4,492,570	297,249	500
	Code Letter - A						
1	CHARGEABLE MED SPLS	B	Medical Supplies Charged to P	71		59,123,016	1
2	CHARGEABLE MED SPLS	B					2
3	CHARGEABLE MED SPLS	B					3
4	CHARGEABLE MED SPLS	B					4
5	CHARGEABLE MED SPLS	B					5
6	CHARGEABLE MED SPLS	B					6
7	CHARGEABLE MED SPLS	B					7
8	CHARGEABLE MED SPLS	B					8
9	CHARGEABLE MED SPLS	B					9
10	CHARGEABLE MED SPLS	B					10
11	CHARGEABLE MED SPLS	B					11
12	CHARGEABLE MED SPLS	B					12
13	CHARGEABLE MED SPLS	B					13
14	CHARGEABLE MED SPLS	B					14
15	CHARGEABLE MED SPLS	B					15
16	CHARGEABLE MED SPLS	B					16
17	CHARGEABLE MED SPLS	B					17
18	CHARGEABLE MED SPLS	B					18
19	CHARGEABLE MED SPLS	B					19
20	CHARGEABLE MED SPLS	B					20
21	CHARGEABLE MED SPLS	B					21
22	CHARGEABLE MED SPLS	B					22
23	CHARGEABLE MED SPLS	B					23
24	CHARGEABLE MED SPLS	B					24
25	CHARGEABLE MED SPLS	B					25
26	CHARGEABLE MED SPLS	B					26
27	CHARGEABLE MED SPLS	B					27
28	CHARGEABLE MED SPLS	B					28
29	CHARGEABLE MED SPLS	B					29
30	CHARGEABLE MED SPLS	B					30
31	CHARGEABLE MED SPLS	B					31
32	CHARGEABLE MED SPLS	B					32
33	CHARGEABLE MED SPLS	B					33
34	CHARGEABLE MED SPLS	B					34
35	CHARGEABLE MED SPLS	B					35
36	CHARGEABLE MED SPLS	B					36
37	CHARGEABLE MED SPLS	B					37
38	CHARGEABLE MED SPLS	B					38
39	CHARGEABLE MED SPLS	B					39
40	CHARGEABLE MED SPLS	B					40
41	CHARGEABLE MED SPLS	B					41
42	CHARGEABLE MED SPLS	B					42
43	CHARGEABLE MED SPLS	B					43
44	CHARGEABLE MED SPLS	B					44
45	CHARGEABLE MED SPLS	B					45
46	CHARGEABLE MED SPLS	B					46
47	CHARGEABLE MED SPLS	B					47
48	CHARGEABLE MED SPLS	B					48
49	CHARGEABLE MED SPLS	B					49
50	CHARGEABLE MED SPLS	B					50
51	CHARGEABLE MED SPLS	B					51
52	CHARGEABLE MED SPLS	B					52
53	CHARGEABLE MED SPLS	B					53
54	CHARGEABLE MED SPLS	B					54
55	CHARGEABLE MED SPLS	B					55
56	CHARGEABLE MED SPLS	B					56
57	CHARGEABLE MED SPLS	B					57
58	CHARGEABLE MED SPLS	B					58
500	Total reclassifications					59,123,016	500
	Code Letter - B						
1	CHARGEABLE DRUGS	C	Drugs Charged to Patients	73		67,108,885	1
2	CHARGEABLE DRUGS	C	Renal Dialysis	74		332,680	2
3	CHARGEABLE DRUGS	C					3
4	CHARGEABLE DRUGS	C					4
5	CHARGEABLE DRUGS	C					5
6	CHARGEABLE DRUGS	C					6
7	CHARGEABLE DRUGS	C					7
8	CHARGEABLE DRUGS	C					8
9	CHARGEABLE DRUGS	C					9
10	CHARGEABLE DRUGS	C					10

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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	
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
500	Total reclassifications					67,441,565	500
	Code Letter - C						
1	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	495,000		1
2	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,248,924	2
500	Total reclassifications				495,000	1,248,924	500
	Code Letter - D						
1	RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	166,631	14,159	1
2	RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	740,328	62,907	2
3	RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	179,716	15,271	3
4	RADIOLOGY ADMIN & NURSING	E	RADIO MILE SQUARE	54.04	23,115	1,964	4
5	RADIOLOGY ADMIN & NURSING	E	Radiology-Therapeutic	55	202,426	17,201	5
6	RADIOLOGY ADMIN & NURSING	E	Radioisotope	56	80,025	6,800	6
7	RADIOLOGY ADMIN & NURSING	E	CT Scan	57	1,057,558	89,863	7
8	RADIOLOGY ADMIN & NURSING	E	MRI	58	640,465	54,422	8
500	Total reclassifications				3,090,264	262,587	500
	Code Letter - E						
1	DEPRECIATION-BLDG	F	Cap Rel Costs-Bldg & Fixt	1		7,863,347	1
2	DEPRECIATION-EQUIP	F	Cap Rel Costs-Mvble Equip	2		12,982,468	2
3	AMORTIZATION BOND DSCT	F	Cap Rel Costs-Mvble Equip	2		3,779,799	3
4	INTEREST ON INDEBTEDNESS	F	Cap Rel Costs-Mvble Equip	2		44,085	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		250,733	5
500	Total reclassifications					24,920,432	500
	Code Letter - F						
1	BENEFIT EXPENSE	G	Employee Benefits Department	4		5,939,030	1
500	Total reclassifications					5,939,030	500
	Code Letter - G						
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMIN	5.01	71,759		1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	117,816		2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	1,193,319		3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	612,808		4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	106,161		5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	48,130		6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	6,427		7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					9
500	Total reclassifications				2,156,420		500
	Code Letter - H						

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TELEMEDICINE PERSONNEL	J	TELEMEDICINE PROGRAM	76.04		865,095	1
2	TELEMEDICINE PERSONNEL	J					2
500	Total reclassifications					865,095	500
	Code Letter - J						
1	OUTREACH LAB	K	LAB OUTREACH	60.02	1,170,517	2,299,362	1
2	OUTREACH LAB	K					2
500	Total reclassifications				1,170,517	2,299,362	500
	Code Letter - K						
1	MOU COSTS NOT IN LINE 5.01	L	MEDICAL CENTER ALL OTHER ADMI	5.01		1,118,478	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
500	Total reclassifications					1,118,478	500
	Code Letter - L						
1	EXPENSE CORRECTION	M	Clinic	90		110,068	1
2	EXPENSE CORRECTION	M	UTILMGMT / DSCH PLANNING	18		55,780	2
500	Total reclassifications					165,848	500
	Code Letter - M						
1	RESIDENT BILLING BENEFITS	N	I&R Services-Salary & Fringes	21	9,402,893		1
500	Total reclassifications				9,402,893		500
	Code Letter - N						
1	RAPID RESPONSE TEAM	O	Adults & Pediatrics	30	291,644	34,090	1
2	RAPID RESPONSE TEAM	O	Intensive Care Unit	31	59,899	7,002	2
3	RAPID RESPONSE TEAM	O	Coronary Care Unit	32	25,590	2,991	3
500	Total reclassifications				377,133	44,083	500
	Code Letter - O						
1	PHARMACIST ORGAN ACQ SPLIT PRE. POS	P	Clinic	90	75,798		1
2	PHARMACIST ORGAN ACQ SPLIT PRE. POS	P	Kidney Acquisition	105	12,110		2
500	Total reclassifications				87,908		500
	Code Letter - P						
1	TERM PAY OUT	S	Employee Benefits Department	4	64,012		1
2	TERM PAY OUT	S	HOSPITAL ADMIN & GENERAL	5.02	3,393		2
3	TERM PAY OUT	S	Dietary	10	16,339		3
4	TERM PAY OUT	S	Nursing Administration	13	49,136		4
5	TERM PAY OUT	S	PALLIATIVE CARE	17.01	23,410		5
6	TERM PAY OUT	S	UTILMGMT / DSCH PLANNING	18	13,075		6
7	TERM PAY OUT	S	Adults & Pediatrics	30	69,463		7
8	TERM PAY OUT	S	Intensive Care Unit	31	20,551		8
9	TERM PAY OUT	S	NEONATAL ICU	31.02	8,196		9
10	TERM PAY OUT	S	Operating Room	50	23,007		10
11	TERM PAY OUT	S	Recovery Room	51	531		11
12	TERM PAY OUT	S	Delivery Room & Labor Room	52	5,383		12
13	TERM PAY OUT	S	Anesthesiology	53	408		13
14	TERM PAY OUT	S	Radiology-Diagnostic	54	3,124		14
15	TERM PAY OUT	S	CT Scan	57	97		15
16	TERM PAY OUT	S	Laboratory	60	16,824		16
17	TERM PAY OUT	S	Respiratory Therapy	65	17,472		17
18	TERM PAY OUT	S	Physical Therapy	66	1,712		18
19	TERM PAY OUT	S	Occupational Therapy	67	37,524		19
20	TERM PAY OUT	S	GASTROENTEROLOGY	76.01	4,917		20
21	TERM PAY OUT	S	Clinic	90	8,297		21
22	TERM PAY OUT	S	Emergency	91	32,647		22
23	TERM PAY OUT	S	OCC EEI	93.01	24,823		23
24	TERM PAY OUT	S	OCC PSYCH	93.02	3,226		24
25	TERM PAY OUT	S	Kidney Acquisition	105	19,207		25
500	Total reclassifications				466,774		500
	Code Letter - S						
1	RADIATION ONCOLOGY RESIDENTS	T	I&R Services-Salary & Fringes	21		298,285	1
500	Total reclassifications					298,285	500
	Code Letter - T						
1	ORGAN ACQUISITION RENT	U	Clinic	90		1,093	1
2			Liver Acquisition	107		289	2
3			Pancreas Acquisition	109		105	3
4			OTHER ORGAN ACQUISITION (SPEC	112		39	4
500	Total reclassifications					1,526	500

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
Code Letter - U	1					
GRAND TOTAL (Increases)				21,739,479	164,025,480	

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

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	WOMENS HEALTH	A	Delivery Room & Labor Room	52	4,492,570	297,249	1	
2	WOMENS HEALTH	A					2	
500	Total reclassifications				4,492,570	297,249	500	
	Code letter - A							
1	CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		19,874	1	
2	CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		148	2	
3	CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		12,669	3	
4	CHARGEABLE MED SPLS	B	Maintenance & Repairs	6		8,765	4	
5	CHARGEABLE MED SPLS	B	Housekeeping	9		80,689	5	
6	CHARGEABLE MED SPLS	B	Dietary	10		89	6	
7	CHARGEABLE MED SPLS	B	Nursing Administration	13		40,348	7	
8	CHARGEABLE MED SPLS	B	Central Services & Supply	14		162,344	8	
9	CHARGEABLE MED SPLS	B	Pharmacy	15		817,832	9	
10	CHARGEABLE MED SPLS	B	Medical Records & Library	16		16	10	
11	CHARGEABLE MED SPLS	B	Social Service	17		242	11	
12	CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		21,089	12	
13	CHARGEABLE MED SPLS	B	I&R Services-Other Prgm Costs	22		218	13	
14	CHARGEABLE MED SPLS	B	Adults & Pediatrics	30		1,842,869	14	
15	CHARGEABLE MED SPLS	B	Intensive Care Unit	31		1,064,166	15	
16	CHARGEABLE MED SPLS	B	PEDS ICU	31.01		114,904	16	
17	CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		535,139	17	
18	CHARGEABLE MED SPLS	B	Coronary Care Unit	32		672,799	18	
19	CHARGEABLE MED SPLS	B	Subprovider - IPF	40		32,431	19	
20	CHARGEABLE MED SPLS	B	Subprovider - IRF	41		44,371	20	
21	CHARGEABLE MED SPLS	B	Operating Room	50		35,242,044	21	
22	CHARGEABLE MED SPLS	B	Recovery Room	51		158,056	22	
23	CHARGEABLE MED SPLS	B	Delivery Room & Labor Room	52		820,528	23	
24	CHARGEABLE MED SPLS	B	Anesthesiology	53		1,673,562	24	
25	CHARGEABLE MED SPLS	B	Radiology-Diagnostic	54		93,563	25	
26	CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		44,303	26	
27	CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,731,605	27	
28	CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		20,386	28	
29	CHARGEABLE MED SPLS	B	RADIO MILE SQUARE	54.04		906	29	
30	CHARGEABLE MED SPLS	B	Radiology-Therapeutic	55		84,188	30	
31	CHARGEABLE MED SPLS	B	Radioisotope	56		4,887	31	
32	CHARGEABLE MED SPLS	B	CT Scan	57		177,421	32	
33	CHARGEABLE MED SPLS	B	MRI	58		91,254	33	
34	CHARGEABLE MED SPLS	B	Cardiac Catheterization	59		2,452,746	34	
35	CHARGEABLE MED SPLS	B	Laboratory	60		33,310	35	
36	CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		100	36	
37	CHARGEABLE MED SPLS	B	Intravenous Therapy	64		91,827	37	
38	CHARGEABLE MED SPLS	B	Respiratory Therapy	65		401,055	38	
39	CHARGEABLE MED SPLS	B	Physical Therapy	66		29,822	39	
40	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY MAXWELL ST	66.02		1,112	40	
41	CHARGEABLE MED SPLS	B	Occupational Therapy	67		13,238	41	
42	CHARGEABLE MED SPLS	B	Electrocardiology	69		3,073	42	
43	CHARGEABLE MED SPLS	B	Electroencephalography	70		12,388	43	
44	CHARGEABLE MED SPLS	B	Renal Dialysis	74		1,052,727	44	
45	CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		1,117,347	45	
46	CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		2,030	46	
47	CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		2,720,509	47	
48	CHARGEABLE MED SPLS	B	SLEEP LAB WEST HARRISON	76.05		142	48	
49	CHARGEABLE MED SPLS	B	SICKLE CELL	76.06		12,824	49	
50	CHARGEABLE MED SPLS	B	HEART CENTER-ROOSEVELT RD	76.07		2,417	50	
51	CHARGEABLE MED SPLS	B	HYPERBARIC OXYGEN THERAPY	76.98		434	51	
52	CHARGEABLE MED SPLS	B	Clinic	90		1,583,781	52	
53	CHARGEABLE MED SPLS	B	Emergency	91		762,205	53	
54	CHARGEABLE MED SPLS	B	OCC EEI	93.01		108,491	54	
55	CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		2,514	55	
56	CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		90,153	56	
57	CHARGEABLE MED SPLS	B	Research	191		7,260	57	
58	CHARGEABLE MED SPLS	B	PILSEN-OFFSITE CLINIC	192.01		7,806	58	
500	Total reclassifications					59,123,016	500	
	Code letter - B							
1	CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		296,911	1	
2	CHARGEABLE DRUGS	C	Maintenance & Repairs	6		3	2	
3	CHARGEABLE DRUGS	C	Nursing Administration	13		3	3	
4	CHARGEABLE DRUGS	C	Central Services & Supply	14		1,874,047	4	
5	CHARGEABLE DRUGS	C	Pharmacy	15		39,106,004	5	
6	CHARGEABLE DRUGS	C	UTILMGMT / DSCH PLANNING	18		5,722	6	
7	CHARGEABLE DRUGS	C	Adults & Pediatrics	30		513,523	7	
8	CHARGEABLE DRUGS	C	Intensive Care Unit	31		188,433	8	
9	CHARGEABLE DRUGS	C	PEDS ICU	31.01		14,529	9	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
10	CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		21,722	10	
11	CHARGEABLE DRUGS	C	Coronary Care Unit	32		99,217	11	
12	CHARGEABLE DRUGS	C	Subprovider - IPF	40		2,778	12	
13	CHARGEABLE DRUGS	C	Subprovider - IRF	41		3,470	13	
14	CHARGEABLE DRUGS	C	Operating Room	50		114,024	14	
15	CHARGEABLE DRUGS	C	Recovery Room	51		33,099	15	
16	CHARGEABLE DRUGS	C	Delivery Room & Labor Room	52		64,308	16	
17	CHARGEABLE DRUGS	C	Anesthesiology	53		206,302	17	
18	CHARGEABLE DRUGS	C	Radiology-Diagnostic	54		20,466	18	
19	CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		1,777	19	
20	CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		245,773	20	
21	CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		24,722	21	
22	CHARGEABLE DRUGS	C	Radiology-Therapeutic	55		4,524	22	
23	CHARGEABLE DRUGS	C	Radioisotope	56		67,080	23	
24	CHARGEABLE DRUGS	C	CT Scan	57		111,938	24	
25	CHARGEABLE DRUGS	C	MRI	58		148,806	25	
26	CHARGEABLE DRUGS	C	Cardiac Catheterization	59		100,511	26	
27	CHARGEABLE DRUGS	C	Laboratory	60		328	27	
28	CHARGEABLE DRUGS	C	Respiratory Therapy	65		65,150	28	
29	CHARGEABLE DRUGS	C	Physical Therapy	66		134	29	
30	CHARGEABLE DRUGS	C	Renal Dialysis	74		221,304	30	
31	CHARGEABLE DRUGS	C	GASTROENTEROLOGY	76.01		19,113	31	
32	CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		5,109	32	
33	CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		24,725	33	
34	CHARGEABLE DRUGS	C	SICKLE CELL	76.06		4,263	34	
35	CHARGEABLE DRUGS	C	HEART CENTER-ROOSEVELT RD	76.07		56	35	
36	CHARGEABLE DRUGS	C	HYPERBARIC OXYGEN THERAPY	76.98		7	36	
37	CHARGEABLE DRUGS	C	Clinic	90		20,308,480	37	
38	CHARGEABLE DRUGS	C	Emergency	91		158,993	38	
39	CHARGEABLE DRUGS	C	OCC EEI	93.01		2,755,217	39	
40	CHARGEABLE DRUGS	C	OCC PSYCH	93.02		7,654	40	
41	CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		589,532	41	
42	CHARGEABLE DRUGS	C	Kidney Acquisition	105		204	42	
43	CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	112		10,220	43	
44	CHARGEABLE DRUGS	C	Research	191		1,384	44	
500	Total reclassifications					67,441,565	500	
	Code letter - C							
1	PHARMACY ALLIED HEALTH	D	Pharmacy	15	495,000		1	
2	PHARMACY ALLIED HEALTH	D	Pharmacy	15		1,248,924	2	
500	Total reclassifications				495,000	1,248,924	500	
	Code letter - D							
1	RADIOLOGY ADMIN & NURSING	E	Radiology-Diagnostic	54	3,090,264	262,587	1	
2	RADIOLOGY ADMIN & NURSING	E					2	
3	RADIOLOGY ADMIN & NURSING	E					3	
4	RADIOLOGY ADMIN & NURSING	E					4	
5	RADIOLOGY ADMIN & NURSING	E					5	
6	RADIOLOGY ADMIN & NURSING	E					6	
7	RADIOLOGY ADMIN & NURSING	E					7	
8	RADIOLOGY ADMIN & NURSING	E					8	
500	Total reclassifications				3,090,264	262,587	500	
	Code letter - E							
1	DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADM	5.01		24,900,098	9	
2	DEPRECIATION-EQUIP	F					9	
3	AMORTIZATION BOND DSCT	F					11	
4	INTEREST ON INDEBTEDNESS	F					11	
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		20,334	14	
500	Total reclassifications					24,920,432	500	
	Code letter - F							
1	BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADM	5.01		5,939,030	1	
500	Total reclassifications					5,939,030	500	
	Code letter - G							
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADM	5.01	100,400		1	
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Dietary	10	125,301		2	
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Nursing Administration	13	49,277		3	
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	206,050		4	
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Emergency	91	19,227		5	
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OCC EEI	93.01	30,085		6	
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	1,224,704		7	
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	385,291		8	
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	16,085		9	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
500	Total reclassifications				2,156,420		500	
	Code letter - H							
1	TELEMEDICINE PERSONNEL	J	Pharmacy	15		773,795	1	
2	TELEMEDICINE PERSONNEL	J	MEDICAL CENTER ALL OTHER ADMI	5.01		91,300	2	
500	Total reclassifications					865,095	500	
	Code letter - J							
1	OUTREACH LAB	K	Laboratory	60	1,166,243	2,294,054	1	
2	OUTREACH LAB	K	LAB TISSUE TYPING	60.01	4,274	5,308	2	
500	Total reclassifications				1,170,517	2,299,362	500	
	Code letter - K							
1	MOU COSTS NOT IN LINE 5.01	L	PHYSICAL THERAPY-ROOSEVELT RD	66.01		638,000	1	
2	MOU COSTS NOT IN LINE 5.01	L	HYPERBARIC OXYGEN THERAPY	76.98		31,680	2	
3	MOU COSTS NOT IN LINE 5.01	L	OCC ADOLESCENTS	93.03		25,784	3	
4	MOU COSTS NOT IN LINE 5.01	L	OTHER ORGAN ACQUISITION (SPEC	112		75,000	4	
5	MOU COSTS NOT IN LINE 5.01	L	PILSEN-OFFSITE CLINIC	192.01		348,014	5	
500	Total reclassifications					1,118,478	500	
	Code letter - L							
1	EXPENSE CORRECTION	M	OTHER ORGAN ACQUISITION (SPEC	112		110,068	1	
2	EXPENSE CORRECTION	M	Operating Room	50		55,780	2	
500	Total reclassifications					165,848	500	
	Code letter - M							
1	RESIDENT BILLING BENEFITS	N	Employee Benefits Department	4		9,402,893	1	
500	Total reclassifications					9,402,893	500	
	Code letter - N							
1	RAPID RESPONSE TEAM	O	Nursing Administration	13	377,133	44,083	1	
2	RAPID RESPONSE TEAM	O					2	
3	RAPID RESPONSE TEAM	O					3	
500	Total reclassifications				377,133	44,083	500	
	Code letter - O							
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Pharmacy	15	87,908		1	
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P					2	
500	Total reclassifications				87,908		500	
	Code letter - P							
1	TERM PAY OUT	S					1	
2	TERM PAY OUT	S	MEDICAL CENTER ALL OTHER ADMI	5.01	466,774		2	
3	TERM PAY OUT	S					3	
4	TERM PAY OUT	S					4	
5	TERM PAY OUT	S					5	
6	TERM PAY OUT	S					6	
7	TERM PAY OUT	S					7	
8	TERM PAY OUT	S					8	
9	TERM PAY OUT	S					9	
10	TERM PAY OUT	S					10	
11	TERM PAY OUT	S					11	
12	TERM PAY OUT	S					12	
13	TERM PAY OUT	S					13	
14	TERM PAY OUT	S					14	
15	TERM PAY OUT	S					15	
16	TERM PAY OUT	S					16	
17	TERM PAY OUT	S					17	
18	TERM PAY OUT	S					18	
19	TERM PAY OUT	S					19	
20	TERM PAY OUT	S					20	
21	TERM PAY OUT	S					21	
22	TERM PAY OUT	S					22	
23	TERM PAY OUT	S					23	
24	TERM PAY OUT	S					24	
25	TERM PAY OUT	S					25	
500	Total reclassifications				466,774		500	
	Code letter - S							
1	RADIATION ONCOLOGY RESIDENTS	T	Radiology-Therapeutic	55		298,285	1	
500	Total reclassifications					298,285	500	
	Code letter - T							
1	ORGAN ACQUISITION RENT	U	Kidney Acquisition	105		1,526	1	
2							2	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
3								3
4								4
500	Total reclassifications					1,526		500
	Code letter - U							
	GRAND TOTAL (Decreases)				12,336,586	173,428,373		

(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	241,654,330	19,366,052		19,366,052		261,020,382		3
4	Building Improvements	19,224,312	3,228,407		3,228,407		22,452,719		4
5	Fixed Equipment								5
6	Movable Equipment	194,250,050	14,993,557		14,993,557	6,064,651	203,178,956		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	455,899,609	37,588,016		37,588,016	6,064,651	487,422,974		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	455,899,609	37,588,016		37,588,016	6,064,651	487,422,974		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		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 line 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				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	7,863,347						7,863,347	1	
2	Cap Rel Costs-Mvble Equip	12,982,468		885,143			230,399	14,098,010	2	
3	Total (sum of lines 1-2)	20,845,815		885,143			230,399	21,961,357	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	
2	Investment income-movable equipment (chapter 2)	B	-2,766,745	Cap Rel Costs-Mvble Equip	2	11
3	Investment income-other (chapter 2)					
4	Trade, quantity, and time discounts (chapter 8)					
5	Refunds and rebates of expenses (chapter 8)					
6	Rental of provider space by suppliers (chapter 8)					
7	Telephone services (pay stations excl) (chapter 21)					
8	Television and radio service (chapter 21)					
9	Parking lot (chapter 21)					
10	Provider-based physician adjustment	Wkst A-8-2	-4,661,625			
11	Sale of scrap, waste, etc. (chapter 23)					
12	Related organization transactions (chapter 10)	Wkst A-8-1	255,587,907			
13	Laundry and linen service					
14	Cafeteria - employees and guests					
15	Rental of quarters to employees & others					
16	Sale of medical and surgical supplies to other than patients					
17	Sale of drugs to other than patients					
18	Sale of medical records and abstracts					
19	Nursing school (tuition,fees,books,etc.)					
20	Vending machines					
21	Income from imposition of interest, finance or penalty charges (chapter 21)					
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	
28	Non-physician anesthetist			Nonphysician Anesthetists	19	
29	Physicians' assistant					
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	
32	CAH HIT Adj for Depreciation					
33	BAD DEBT - INPATIENT	A	-19,090,115	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
33.01	BAD DEBT - OUTPATIENT	A	-21,503,465	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
34	ORGAN ACQ NON ALLOW	A	-248	Dietary	10	
34.01	ORGAN ACQ NON ALLOW	A	-101	Renal Dialysis	74	
34.02	ORGAN ACQ NON ALLOW	A	-4,881	Clinic	90	
34.03	ORGAN ACQ NONALLOW	A	-40,115	OCC ADOLESCENTS	93.03	
34.04	ORGAN ACQ NONALLOW	A	-49,187	Kidney Acquisition	105	
34.10	TRANSPLANT PHARMACIST	A	-6,279	Pharmacy	15	
35	MOONLIGHTING PHYSICIANS	A	-114,240	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
36						
37	NON PHYSICIAN ANESTHETIST	A	-101,145	Operating Room	50	
37.01	NON PHYSICIAN ANESTHETIST	A	-675,723	Anesthesiology	53	
38	NURSE PRACTIONER	A	-429,162	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
38.01	NURSE PRACTIONER	A	-546	Nursing Administration	13	
38.02	NURSE PRACTIONER	A	-107,636	Social Service	17	
38.03	NURSE PRACTIONER	A	-179,078	PALLATIVE CARE	17.01	
38.04	NURSE PRACTIONER	A	-1,370,356	Adults & Pediatrics	30	
38.05	NURSE PRACTIONER	A	-21,425	Coronary Care Unit	32	
38.06	NURSE PRACTIONER	A	-132,633	Operating Room	50	
38.07	NURSE PRACTIONER	A	-1,021,498	Delivery Room & Labor Room	52	
38.08	NURSE PRACTIONER	A	-163,329	RADIO ANGIOGRAPHY	54.02	
38.09	NURSE PRACTIONER	A	-10,187	Intravenous Therapy	64	
38.10	NURSE PRACTIONER	A	-110,575	SICKLE CELL	76.06	
38.11	NURSE PRACTIONER	A	-630,833	Clinic	90	
38.12	NURSE PRACTIONER	A	-121,693	OCC PSYCH	93.02	
38.13	NURSE PRACTIONER	A	-12,370	Kidney Acquisition	105	
39	PHYSICIAN-PART B & NON-ALLOW	A	-992,781	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
40	COM - MD SALARIES ADMIN	A	1,904,291	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
40.01	COM - MD SALARIES TEACHING	A	14,258,459	I&R Services-Other Prgm Costs Apprvd	22	
41	EMPLOYEE HEATHL SVCS	A	-844,084	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
42	MISC INCOME	B	-2,794,402	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
42.01	MISC INCOME	B	-47,950	Maintenance & Repairs	6	
42.02	MISC INOCME	B	-1,925,019	Dietary	10	

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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
42.03	MISC INCOME	B	-67,500	Dietary	10	42.03
42.04	MISC INCOME	B	-26,483	Nursing Administration	13	42.04
42.05	MISC INCOME	B	-29,847	Medical Records & Library	16	42.05
42.06	MISC INCOME	B	-58,216	PALLATIVE CARE	17.01	42.06
42.07	MISC INCOME	B	-145,917	I&R Services-Salary & Fringes Apprvd	21	42.07
42.08	MISC INCOME	B	-500	Adults & Pediatrics	30	42.08
42.09	MISC INCOME	B	-1,380	Intensive Care Unit	31	42.09
42.10	MISC INCOME	B	-94,375	Subprovider - IRF	41	42.10
42.11	MISC INCOME	B	-166,487	Operating Room	50	42.11
42.12	MISC INCOME	B	-4,885	Delivery Room & Labor Room	52	42.12
42.13	MISC INCOME	B	-968,091	Radiology-Therapeutic	55	42.13
42.14	MISC INCOME	B	-210	Laboratory	60	42.14
42.15	MISC INCOME	B	-158,331	Blood Storing, Processing & Trans.	63	42.15
42.16	MISC INCOME	B	-6,869	Physical Therapy	66	42.16
42.17	MISC INCOME	B	-10,500	Occupational Therapy	67	42.17
42.18	MISC INCOME	B	-1,482,065	Medical Supplies Charged to Patients	71	42.18
42.19	MISC INCOME	B	-9,333	SLEEP LAB WEST HARRISON	76.05	42.19
42.20	MISC INCOME	B	-28,220	Clinic	90	42.20
42.21	MISC INCOME	B	-468	OCC EEI	93.01	42.21
42.22	MISC INCOME	B	-21,446	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	42.22
42.23	MISC INCOME	A	-60	Gift, Flower, Coffee Shop & Canteen	190	42.23
42.24	OTHER MISC INCOME	A	-1,304,863	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	42.24
42.25	OTHER MISC INCOME	A	-27,963	PALLATIVE CARE	17.01	42.25
42.26	OTHER MISC INCOME	A	-60,815	Clinic	90	42.26
42.27	OTHER MISC INCOME	A	-89,186	Kidney Acquisition	105	42.27
42.28	OTHER MISC INCOME	A	-104	Liver Acquisition	107	42.28
42.29	OTHER MISC INCOME	A	-24,541	Research	191	42.29
43	NON-ALLOWABLE COST	A	-65,983	Employee Benefits Department	4	43
43.01	NON-ALLOWABLE COST	A	-2,499,831	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	43.01
43.02	NON-ALLOWABLE COST	A	-163,692	HOSPITAL ADMIN & GENERAL	5.02	43.02
43.03	NON-ALLOWABLE COST	A	-9,002	AMBULATORY ADMIN & GENERAL	5.03	43.03
43.04	NON-ALLOWABLE COST	A	-15,679	Nursing Administration	13	43.04
43.05	NON-ALLOWABLE COST	A	-85	Central Services & Supply	14	43.05
43.06	NON-ALLOWABLE COST	A	-2,698	Pharmacy	15	43.06
43.07	NON-ALLOWABLE COST	A	-116,447	Medical Records & Library	16	43.07
43.08	NON-ALLOWABLE COST	A	-1,643	PALLATIVE CARE	17.01	43.08
43.09	NON-ALLOWABLE COST	A	-4,374	I&R Services-Other Prgm Costs Apprvd	22	43.09
43.10	NON-ALLOWABLE COST	A	-4,353	Adults & Pediatrics	30	43.10
43.11	NON-ALLOWABLE COST	A	-462	Intensive Care Unit	31	43.11
43.12	NON-ALLOWABLE COST	A	-20,512	Delivery Room & Labor Room	52	43.12
43.13	NON-ALLOWABLE COST	A	-3,598	Radiology-Diagnostic	54	43.13
43.14	NON-ALLOWABLE COST	A	-2,238	RADIO WEST HARRISON	54.03	43.14
43.15	NON-ALLOWABLE COST	A	-2,987	Radiology-Therapeutic	55	43.15
43.16	NON-ALLOWABLE COST	A	-800	MRI	58	43.16
43.17	NON-ALLOWABLE COST	A	-1,506	Cardiac Catheterization	59	43.17
43.18	NON-ALLOWABLE COST	A	-3,526	Laboratory	60	43.18
43.19	NON-ALLOWABLE COST	A	-122	LAB OUTREACH	60.02	43.19
43.20	NON-ALLOWABLE COST	A	-711	Intravenous Therapy	64	43.20
43.21	NON-ALLOWABLE COST	A	-1,386	GASTROENTEROLOGY	76.01	43.21
43.22	NON-ALLOWABLE COST	A	-3,350	BONE MARROW TRANSPLANT	76.02	43.22
43.23	NON-ALLOWABLE COST	A	-1,740	CARDIAC SERVICES	76.03	43.23
43.24	NON-ALLOWABLE COST	A	-256,845	Clinic	90	43.24
43.25	NON-ALLOWABLE COST	A	-1,750	OCC EEI	93.01	43.25
43.26	NON-ALLOWABLE COST	A	-1,992	OCC PSYCH	93.02	43.26
43.27	NON-ALLOWABLE COST	A	-3,317	OCC ADOLESCENTS	93.03	43.27
43.28	NON-ALLOWABLE COST	A	-55,032	Kidney Acquisition	105	43.28
43.30	NON-ALLOWABLE COST	A	-897	Liver Acquisition	107	43.30
43.31	NON-ALLOWABLE COST	A	-869	Research	191	43.31
43.32	NON-ALLOWABLE COST	A	-128	PILSEN-OFFSITE CLINIC	192.01	43.32
44						44
44.01	BERWYN INFUSION	A	-2,490	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	44.01
44.02	BERWYN INFUSION	A	-61,175	Physicians' Private Offices	192	44.02
45	GAIN/LOSS ON DISPOSAL	A	-127,993	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	45
46						46
46.01	HEALTH SCIENCES MANAGED CARE	A	-257,484	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.01
46.02	ROCKFORD WCHC	A	-171,996	Cap Rel Costs-Mvble Equip	2	11 46.02
46.03	VALET PARKING	A	-555,217	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.03
46.05	NON-HOSPITAL MC PRGM	A	-2,396,136	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.05
46.07	SANCTIONED EMPLOYEES	A	-53,179	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.07
46.08	SANCTIONED EMPLOYEES	A	-97,569	Adults & Pediatrics	30	46.08
46.09	SANCTIONED EMPLOYEES	A	-58,430	Employee Benefits Department	4	46.09
46.10	CONTRACT PHARMACY-COP	A	-4,408,798	OUTPATIENT PHARMACY	194	46.10

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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
47	IP PHARMACY CONTRACT LABOR	A	-493,455	Pharmacy	15	
48						
49						
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		195,101,099			

- (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	298,202,936	5,939,030	292,263,906	1
2	6	Maintenance & Repairs	OTBO - UTILITIES	6,094,807	784,328	5,310,479	2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	MALPRACTICE EXPENSE	9,356,310	9,356,310		3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	ADMINISTRATIVE ALLOWANCE	10,859,481	10,859,481		3.01
3.02	2	Cap Rel Costs-Mvble Equip	EQUIPMENT DEPRECIATION	10,034,600	10,034,600		9 3.02
3.03	1	Cap Rel Costs-Bldg & Fixt	BUILDING DEPRECIATION	7,863,347	7,863,347		9 3.03
3.04	2	Cap Rel Costs-Mvble Equip	SOFTWARE DEPRECIATION	2,919,280	2,919,280		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	3,823,885	3,823,885		11 3.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	1,544,552	1,248,924	295,628	3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT	389,323		389,323	3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	531,755	773,795	-242,040	3.10
3.11	73	Drugs Charged to Patients	TELEMEDICINE COP DRUGCOST	10,357,371	10,357,371		3.11
3.12	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	COM SUPPORT	5,212,797	43,281,035	-38,068,238	3.12
3.13	4	Employee Benefits Department	TUITION WAVIER FROM UOFI	2,009,323	2,009,323		3.13
3.14	9	Housekeeping	HOUSEKEEPING BENEFITS	2,381,570	2,381,570		3.14
3.15	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	UIH SPACE ON UIC CAMPUS	636,710	4,962,543	-4,325,833	3.15
3.16	105	Kidney Acquisition	ORGAN ACQUISITION RENT	12,342	47,660	-35,318	3.16
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			372,489,375	116,901,468	255,587,907	5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	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	3,091,086		3,091,086	200,300	17,272	1,663,260	83,163	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	416,945		416,945	177,200	3,764	320,664	16,033	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	241,579		241,579	177,200	2,828	240,924	12,046	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	900,119		900,119	177,200	6,815	580,586	29,029	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY	76,764		76,764	177,200	965	82,211	4,111	5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	879,517		879,517	138,700	8,302	553,600	27,680	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG	86,187		86,187	177,200	893	76,077	3,804	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	940,833		940,833	208,000	7,504	750,400	37,520	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	7,338		7,338	177,200	70	5,963	298	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	747,651		747,651	177,200	7,489	638,005	31,900	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY				177,200				11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	143,011		143,011	177,200	1,952	166,295	8,315	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	510,824		510,824	165,000	7,398	586,861	29,343	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY	101,647		101,647	196,400	1,161	109,625	5,481	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	215,701		215,701	177,200	1,799	153,261	7,663	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	344,244		344,244	177,200	3,316	282,498	14,125	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	329,847		329,847	208,000	2,749	274,900	13,745	17
18	5.01	MEDICAL CENTER ALL O OB/GYN	2,295,941		2,295,941	196,400	20,327	1,919,338	95,967	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	36,746		36,746	177,200	415	35,355	1,768	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	38,865		38,865	140,600	158	10,680	534	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	650,463		650,463	208,000	7,246	724,600	36,230	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	1,051,489		1,051,489	177,200	7,063	601,713	30,086	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	687,309		687,309	215,700	8,080	837,911	41,896	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	162,516		162,516	140,600	2,292	154,930	7,747	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	687,774		687,774	140,600	6,492	438,834	21,942	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	181,264		181,264	154,100	2,562	189,810	9,491	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,581,415		1,581,415	225,300	9,969	1,079,815	53,991	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	232,631		232,631	177,200	2,128	181,289	9,064	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY	117,389		117,389	177,200	1,597	136,052	6,803	29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO				20,800				30
31	5.01	MEDICAL CENTER ALL O UROLOGY	856,840		856,840	177,200	6,122	521,547	26,077	31
32	5.01	MEDICAL CENTER ALL O ALLERGY				177,200				32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME				140,600				33
200		TOTAL	17,613,935		17,613,935		148,728	13,317,004	665,852	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					1,663,260	1,427,826	1,427,826	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY					320,664	96,281	96,281	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY					240,924	655	655	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC					580,586	319,533	319,533	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY					82,211			5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE					553,600	325,917	325,917	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG					76,077	10,110	10,110	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY					750,400	190,433	190,433	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC					5,963	1,375	1,375	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO					638,005	109,646	109,646	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY								11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE					166,295			12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI					586,861			13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY					109,625			14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY					153,261	62,440	62,440	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY					282,498	61,746	61,746	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY					274,900	54,947	54,947	17
18	5.01	MEDICAL CENTER ALL O OB/GYN					1,919,338	376,603	376,603	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY					35,355	1,391	1,391	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL					10,680	28,185	28,185	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS					724,600			21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY					601,713	449,776	449,776	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY					837,911			23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI					154,930	7,586	7,586	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS					438,834	248,940	248,940	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY					189,810			26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY					1,079,815	501,600	501,600	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C					181,289	51,342	51,342	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY					136,052			29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO								30
31	5.01	MEDICAL CENTER ALL O UROLOGY					521,547	335,293	335,293	31
32	5.01	MEDICAL CENTER ALL O ALLERGY								32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME								33
200		TOTAL					13,317,004	4,661,625	4,661,625	200

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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	7,863,347	7,863,347					1
2	Cap Rel Costs-Mvble Equip	14,098,010		14,098,010				2
4	Employee Benefits Department	290,784,122	48,002		290,832,124			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	75,857,576	660,323	2,439,569	34,157,802	113,115,270	113,115,270	5.01
5.02	HOSPITAL ADMIN & GENERAL	10,356,786	98,599	46,677	7,378,932	17,880,994	2,455,168	5.02
5.03	AMBULATORY ADMIN & GENERAL	19,129,550	46,023	73,940	4,855,272	24,104,785	3,309,732	5.03
6	Maintenance & Repairs	23,191,696	143,342	474,822	911,640	24,721,500	3,394,410	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	5,975,815	103,174	11,707	24,334	6,115,030	839,630	9
10	Dietary	4,517,720	234,267	17,735	3,097,629	7,867,351	1,080,234	10
11	Cafeteria	883			575	1,458	200	11
12	Maintenance of Personnel							12
13	Nursing Administration	6,251,416	44,788	12,706	5,614,434	11,923,344	1,637,147	13
14	Central Services & Supply	6,815,951	193,448	193,964	2,838,886	10,042,249	1,378,861	14
15	Pharmacy	8,457,083	107,612	48,119	2,442,544	11,055,358	1,517,967	15
16	Medical Records & Library	4,120,761	112,015	20,585	2,921,537	7,174,898	985,157	16
17	Social Service	5,135,918	38,314	2,366	4,451,298	9,627,896	1,321,968	17
17.01	PALLIATIVE CARE	323,920			511,429	835,349	114,698	17.01
18	UTILMGMT / DSCH PLANNING	3,021,202			2,735,873	5,757,075	790,481	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	30,564,405			28,732,596	59,297,001	8,141,834	21
22	I&R Services-Other Prgm Costs Apprvd	16,707,738	32,870		852,275	17,592,883	2,415,608	22
23	PARAMED ED PRGM-(SPECIFY)	2,039,552			466,073	2,505,625	344,037	23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	47,777,269	923,068	230,019	43,115,413	92,045,769	12,638,044	30
31	Intensive Care Unit	14,528,048	146,098	277,996	12,512,269	27,464,411	3,771,028	31
31.01	PEDS ICU	3,268,089	51,273	9,658	2,987,298	6,316,318	867,268	31.01
31.02	NEONATAL ICU	9,413,213	95,306	71,379	8,641,567	18,221,465	2,501,916	31.02
32	Coronary Care Unit	7,178,177	89,072	102,647	6,442,814	13,812,710	1,896,568	32
40	Subprovider - IPF	7,489,493	198,331	11,238	6,680,796	14,379,858	1,974,441	40
41	Subprovider - IRF	2,135,686	76,869	2,437	1,988,131	4,203,123	577,114	41
43	Nursery	1,043,583	24,281		921,619	1,989,483	273,168	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	16,431,628	328,932	3,227,793	12,471,738	32,460,091	4,456,965	50
51	Recovery Room	3,787,693		205,040	3,389,855	7,382,588	1,013,674	51
52	Delivery Room & Labor Room	6,327,781	171,477	280,305	6,513,107	13,292,670	1,825,163	52
53	Anesthesiology	997,746	50,289	391,506	1,345,285	2,784,826	382,373	53
54	Radiology-Diagnostic	3,087,880	53,457	549,378	2,835,211	6,525,926	896,049	54
54.01	RADIO ULTRASOUND	978,651	23,904	222,300	880,470	2,105,325	289,074	54.01
54.02	RADIO ANGIOGRAPHY	2,730,846	106,194	44,134	2,177,449	5,058,623	694,579	54.02
54.03	RADIO WEST HARRISON	958,753	58,627	523,778	547,438	2,088,596	286,777	54.03
54.04	RADIO MILE SQUARE	260,970	16,664	42,068	191,647	511,349	70,211	54.04
55	Radiology-Therapeutic	4,450,160	167,954	431,424	1,655,915	6,705,453	920,699	55
56	Radioisotope	1,157,598	11,483	100,476	331,608	1,601,165	219,850	56
57	CT Scan	2,251,831	151,702	5,373	1,972,087	4,380,993	601,537	57
58	MRI	2,108,523	91,874	527,726	1,861,903	4,590,026	630,238	58
59	Cardiac Catheterization	917,164	25,997	6,628	763,645	1,713,434	235,265	59
60	Laboratory	23,898,661	540,267	886,895	9,415,270	34,741,093	4,770,161	60
60.01	LAB TISSUE TYPING	1,114,426	11,597	60,207	281,822	1,468,052	201,572	60.01
60.02	LAB OUTREACH	7,670,286	59,279		2,773,700	10,503,265	1,442,161	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,146,146	17,087	3,543	7,494	7,174,270	985,070	63
64	Intravenous Therapy	247,397		4,617	241,339	493,353	67,740	64
65	Respiratory Therapy	3,156,182	22,851	175,923	2,864,619	6,219,575	853,985	65
66	Physical Therapy	4,345,010	150,982	30,501	3,964,865	8,491,358	1,165,914	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	109,323	45,886		91,720	246,929	33,905	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	468,956		6,124	348,505	823,585	113,083	66.02
66.03	PHYSICAL THERAPY-OCC	726				726	100	66.03
67	Occupational Therapy	1,732,384	60,937	9,325	1,607,585	3,410,231	468,245	67
68	Speech Pathology	449,463	7,194		419,983	876,640	120,368	68
69	Electrocardiology	213,059	7,137		191,642	411,838	56,548	69
70	Electroencephalography	282,884	8,361	122,947	261,469	675,661	92,772	70
71	Medical Supplies Charged to Patients	57,640,951				57,640,951	7,914,448	71
73	Drugs Charged to Patients	67,108,885				67,108,885	9,214,453	73
74	Renal Dialysis	4,648,315	140,139	95,475	3,325,904	8,209,833	1,127,259	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,359,474	69,721	353,971	1,936,484	4,719,650	648,036	76.01
76.02	BONE MARROW TRANSPLANT	1,474,737		102,948	644,240	2,221,925	305,084	76.02
76.03	CARDIAC SERVICES	1,843,260	48,162	575,004	1,763,331	4,229,757	580,771	76.03
76.04	TELEMEDICINE PROGRAM	1,012,378	12,867			1,025,245	140,772	76.04

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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	
76.05	SLEEP LAB WEST HARRISON	1,228,452		2,893	269,963	1,501,308	206,139	76.05
76.06	SICKLE CELL	867,773			893,222	1,760,995	241,795	76.06
76.07	HEART CENTER-ROOSEVELT RD	18,820	12,913	1,006	9,813	42,552	5,843	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	73,366			98,653	172,019	23,619	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	22,300,420	1,026,022	771,300	19,540,436	43,638,178	5,991,784	90
91	Emergency	8,479,007	160,715	215,731	7,031,627	15,887,080	2,181,391	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	3,027,696	172,289	40,565	2,327,183	5,567,733	764,483	93.01
93.02	OCC PSYCH	991,153	354,517	4,404	1,000,231	2,350,305	322,711	93.02
93.03	OCC ADOLESCENTS	2,540,881	109,430	14,893	2,195,403	4,860,607	667,391	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	6,264,009	21,868	1,061	2,560,395	8,847,333	1,214,792	105
107	Liver Acquisition	1,075,387	2,265		245,925	1,323,577	181,735	107
109	Pancreas Acquisition	410,188	274		46,105	456,567	62,689	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	52,473	26,225	2,297	6,051	87,046	11,952	112
118	SUBTOTALS (sum of lines 1-117)	908,746,761	7,814,614	14,087,123	288,585,373	906,440,390	108,927,904	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		9,561			9,561	1,313	190
191	Research	510,338	36,427		427,701	974,466	133,800	191
192	Physicians' Private Offices	4,049,656	2,745	5,561	1,618,119	5,676,081	779,360	192
192.01	PILSEN-OFFSITE CLINIC	873,525		5,326	200,931	1,079,782	148,261	192.01
194	OUTPATIENT PHARMACY	22,756,703				22,756,703	3,124,632	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	936,936,983	7,863,347	14,098,010	290,832,124	936,936,983	113,115,270	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	20,336,162	20,336,162					5.02
5.03	AMBULATORY ADMIN & GENERAL	27,414,517		27,414,517	27,414,517			5.03
6	Maintenance & Repairs	28,115,910	699,552	28,815,462		28,815,462		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,954,660	173,039	7,127,699		432,939	7,560,638	9
10	Dietary	8,947,585	222,625	9,170,210		983,027	261,862	10
11	Cafeteria	1,658	41	1,699				11
12	Maintenance of Personnel							12
13	Nursing Administration	13,560,491	337,399	13,897,890		187,938	50,064	13
14	Central Services & Supply	11,421,110	284,169	11,705,279		811,742	216,235	14
15	Pharmacy	12,573,325	312,837	12,886,162		451,560	120,288	15
16	Medical Records & Library	8,160,055	203,030	8,363,085		470,037	125,210	16
17	Social Service	10,949,864	272,444	11,222,308		160,774	42,828	17
17.01	PALLIATIVE CARE	950,047	23,638	973,685				17.01
18	UTILMGMT / DSCH PLANNING	6,547,556	162,910	6,710,466				18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	67,438,835	1,677,946	69,116,781				21
22	I&R Services-Other Prgm Costs Apprvd	20,008,491	497,831	20,506,322		137,930	36,742	22
23	PARAMED ED PRGM-(SPECIFY)	2,849,662	70,902	2,920,564				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	104,683,813	2,604,570	107,288,383		3,873,365	1,031,801	30
31	Intensive Care Unit	31,235,439	777,169	32,012,608		613,054	163,308	31
31.01	PEDS ICU	7,183,586	178,735	7,362,321		215,150	57,312	31.01
31.02	NEONATAL ICU	20,723,381	515,618	21,238,999		399,920	106,532	31.02
32	Coronary Care Unit	15,709,278	390,863	16,100,141		373,764	99,565	32
40	Subprovider - IPF	16,354,299	406,911	16,761,210		832,235	221,694	40
41	Subprovider - IRF	4,780,237	118,937	4,899,174		322,556	85,924	41
43	Nursery	2,262,651	56,297	2,318,948		101,888	27,141	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	36,917,056	918,533	37,835,589		1,380,260	367,678	50
51	Recovery Room	8,396,262	208,907	8,605,169				51
52	Delivery Room & Labor Room	15,117,833	376,147	15,493,980		719,549	191,676	52
53	Anesthesiology	3,167,199	78,803	3,246,002		211,022	56,213	53
54	Radiology-Diagnostic	7,421,975	184,666	7,606,641		224,316	59,754	54
54.01	RADIO ULTRASOUND	2,394,399	59,575	2,453,974		100,304	26,719	54.01
54.02	RADIO ANGIOGRAPHY	5,753,202	143,145	5,896,347		445,609	118,703	54.02
54.03	RADIO WEST HARRISON	2,375,373	59,102	2,434,475		246,009	65,533	54.03
54.04	RADIO MILE SQUARE	581,560	14,470	596,030		69,925	18,627	54.04
55	Radiology-Therapeutic	7,626,152	189,746	7,815,898		704,767	187,738	55
56	Radioisotope	1,821,015	45,309	1,866,324		48,184	12,836	56
57	CT Scan	4,982,530	123,970	5,106,500		636,570	169,572	57
58	MRI	5,220,264	129,885	5,350,149		385,522	102,697	58
59	Cardiac Catheterization	1,948,699	48,486	1,997,185		109,087	29,059	59
60	Laboratory	39,511,254	983,080	40,494,334		2,267,062	603,908	60
60.01	LAB TISSUE TYPING	1,669,624	41,542	1,711,166		48,664	12,963	60.01
60.02	LAB OUTREACH	11,945,426	297,214	12,242,640		248,744	66,261	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,159,340	203,013	8,362,353		71,701	19,100	63
64	Intravenous Therapy	561,093	13,961	575,054				64
65	Respiratory Therapy	7,073,560	175,997	7,249,557		95,889	25,543	65
66	Physical Therapy	9,657,272	240,283	9,897,555		633,547	168,766	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	280,834	6,987	287,821		192,545	51,291	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	936,668	23,305	959,973				66.02
66.03	PHYSICAL THERAPY-OCC	826	21	847				66.03
67	Occupational Therapy	3,878,476	96,500	3,974,976		255,703	68,115	67
68	Speech Pathology	997,008	24,807	1,021,815		30,187	8,041	68
69	Electrocardiology	468,386	11,654	480,040		29,947	7,977	69
70	Electroencephalography	768,433	19,119	787,552		35,082	9,345	70
71	Medical Supplies Charged to Patients	65,555,399	1,631,084	67,186,483				71
73	Drugs Charged to Patients	76,323,338	1,899,001	78,222,339				73
74	Renal Dialysis	9,337,092	232,316	9,569,408		588,050	156,647	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	5,367,686	133,553	5,501,239		292,561	77,934	76.01
76.02	BONE MARROW TRANSPLANT	2,527,009	62,875	2,589,884				76.02
76.03	CARDIAC SERVICES	4,810,528	119,691	4,930,219		202,096	53,835	76.03
76.04	TELEMEDICINE PROGRAM	1,166,017	29,012	1,195,029		53,991	14,382	76.04
76.05	SLEEP LAB WEST HARRISON	1,707,447	42,483	1,749,930				76.05
76.06	SICKLE CELL	2,002,790	49,831	2,052,621				76.06

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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	
76.07	HEART CENTER-ROOSEVELT RD	48,395	1,204	49,599	18,909	54,183	14,434	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	195,638	4,868	200,506				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	49,629,962		49,629,962	18,921,303	4,305,396	1,146,886	90
91	Emergency	18,068,471	449,562	18,518,033		674,388	179,646	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	6,332,216		6,332,216	2,414,138	722,957	192,584	93.01
93.02	OCC PSYCH	2,673,016		2,673,016	1,019,079	1,487,618	396,277	93.02
93.03	OCC ADOLESCENTS	5,527,998		5,527,998	2,107,533	459,191	122,321	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	10,062,125	250,356	10,312,481		91,761	24,444	105
107	Liver Acquisition	1,505,312	37,454	1,542,766		9,502	2,531	107
109	Pancreas Acquisition	519,256	12,920	532,176		1,152	307	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	98,998	2,463	101,461		110,046	29,315	112
118	SUBTOTALS (sum of lines 1-117)	902,253,024	19,664,363	901,581,225	24,480,962	28,610,966	7,506,164	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	10,874	271	11,145	4,249	40,122	10,688	190
191	Research	1,108,266	27,575	1,135,841		152,856	40,718	191
192	Physicians' Private Offices	6,455,441		6,455,441	2,461,118	11,518	3,068	192
192.01	PILSEN-OFFSITE CLINIC	1,228,043		1,228,043	468,188			192.01
194	OUTPATIENT PHARMACY	25,881,335	643,953	26,525,288				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	936,936,983	20,336,162	936,936,983	27,414,517	28,815,462	7,560,638	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	10,415,099						10
11	Cafeteria		1,699					11
12	Maintenance of Personnel							12
13	Nursing Administration		42	14,135,934				13
14	Central Services & Supply		21		12,733,277			14
15	Pharmacy		18		111,970	13,569,998		15
16	Medical Records & Library		22				8,958,354	16
17	Social Service		33			743		17
17.01	PALLATIVE CARE		4					17.01
18	UTILMGMT / DSCH PLANNING		20					18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		214					21
22	I&R Services-Other Prgm Costs Apprvd		6					22
23	PARAMED ED PRGM-(SPECIFY)		3					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	6,742,912	235	4,384,036	417,771	66,696	650,551	30
31	Intensive Care Unit	1,351,113	93	1,372,648	222,770	24,474	204,063	31
31.01	PEDS ICU	173,456	22	314,360	22,559	1,887	24,363	31.01
31.02	NEONATAL ICU		64	1,001,981	90,130	2,821	158,828	31.02
32	Coronary Care Unit	577,232	48	716,294	138,111	12,886	97,042	32
40	Subprovider - IPF	1,222,580	50	551,524	7,323	361	92,127	40
41	Subprovider - IRF	347,806	15	171,127	10,334	451	27,214	41
43	Nursery		7	103,013			16,862	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		93	1,098,248	3,819,579	14,809	582,841	50
51	Recovery Room		25	389,220	32,945	4,299	49,490	51
52	Delivery Room & Labor Room		48	727,322	154,400	8,352	119,675	52
53	Anesthesiology		10	55,529	274,888	26,795	264,794	53
54	Radiology-Diagnostic		21	16,736	12,053	2,658	119,478	54
54.01	RADIO ULTRASOUND		7	7,525	8,449	231	53,428	54.01
54.02	RADIO ANGIOGRAPHY		16	53,712	506,422	31,921	237,374	54.02
54.03	RADIO WEST HARRISON		4		3,151	3,211	57,623	54.03
54.04	RADIO MILE SQUARE		1		113		7,412	54.04
55	Radiology-Therapeutic		12	38,014	9,002	588	64,905	55
56	Radioisotope		2	3,633	1,119	8,712	25,659	56
57	CT Scan		15	47,615	29,455	14,539	339,089	57
58	MRI		14	29,451	12,998	19,327	205,355	58
59	Cardiac Catheterization		6	46,836	256,541	13,054	65,836	59
60	Laboratory		70	20,499	11,046	43	1,216,720	60
60.01	LAB TISSUE TYPING		2		33		18,583	60.01
60.02	LAB OUTREACH		21		1		576,676	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.						139,445	63
64	Intravenous Therapy		2	32,046	10,430		12,682	64
65	Respiratory Therapy		21		54,610	8,462	155,354	65
66	Physical Therapy		29		3,703	17	71,583	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		1				7,891	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		3		146		10,912	66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy		12		1,255		28,892	67
68	Speech Pathology		3				7,576	68
69	Electrocardiology		1		463		18,067	69
70	Electroencephalography		2		1,243		29,994	70
71	Medical Supplies Charged to Patients				5,604,166		720,500	71
73	Drugs Charged to Patients					8,716,128	1,131,846	73
74	Renal Dialysis		25	183,452	116,721	43,208	130,019	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		14	169,570	130,107	2,482	100,925	76.01
76.02	BONE MARROW TRANSPLANT		5	35,030	327	664	11,187	76.02
76.03	CARDIAC SERVICES		13	78,622	259,152	3,211	121,976	76.03
76.04	TELEMEDICINE PROGRAM					1,345,215	5,143	76.04
76.05	SLEEP LAB WEST HARRISON		2	10,768	26		19,077	76.05
76.06	SICKLE CELL		7	99,121	3,729	554	16,491	76.06

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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	
76.07	HEART CENTER-ROOSEVELT RD			2,076	488	7	2,220	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		1	12,974	80	1	772	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		145	1,147,808	204,544	2,733,598	416,759	90
91	Emergency		52	738,220	160,559	20,650	298,123	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		17	13,233	12,240	357,848	86,595	93.01
93.02	OCC PSYCH		7	38,922	445	994	27,353	93.02
93.03	OCC ADOLESCENTS		16	154,261	14,174	76,568	55,902	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		19	182,284		26	40,003	105
107	Liver Acquisition		2	16,996			11,289	107
109	Pancreas Acquisition			1,687			3,474	109
112	OTHER ORGAN ACQUISITION (SPECIFY)				91	1,327	316	112
118	SUBTOTALS (sum of lines 1-117)	10,415,099	1,683	14,066,393	12,731,862	13,569,818	8,958,354	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research		3	1,168	889	180		191
192	Physicians' Private Offices		12	58,902	358			192
192.01	PILSEN-OFFSITE CLINIC		1	9,471	168			192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	10,415,099	1,699	14,135,934	12,733,277	13,569,998	8,958,354	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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	11,426,686						17
17.01	PALLATIVE CARE		973,689					17.01
18	UTILMGMT / DSCH PLANNING			6,710,486				18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				69,116,995			21
22	I&R Services-Other Prgm Costs Apprvd					20,681,000		22
23	PARAMED ED PRGM-(SPECIFY)						2,920,567	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,750,271	548,059	3,777,115	6,645,196	1,506,453	1,643,893	30
31	Intensive Care Unit	130,784	112,562	775,760	1,057,665	472,540	337,630	31
31.01	PEDS ICU	255,427	14,450	99,589	598,416	56,417	43,344	31.01
31.02	NEONATAL ICU	274,462	87,521	603,181	1,983,121	367,790	262,519	31.02
32	Coronary Care Unit	122,495	48,089	331,421	939,373	224,715	144,242	32
40	Subprovider - IPF	574,711	101,853	701,956	911,540	213,334	305,508	40
41	Subprovider - IRF		28,977	199,702			86,915	41
43	Nursery		32,178	221,762	153,083	39,046	96,516	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	63,857			9,011,025	1,349,660		50
51	Recovery Room	73,681				114,603		51
52	Delivery Room & Labor Room	191,570			1,238,581	277,126		52
53	Anesthesiology				1,990,080	613,171		53
54	Radiology-Diagnostic					276,671		54
54.01	RADIO ULTRASOUND				257,458	123,720		54.01
54.02	RADIO ANGIOGRAPHY				2,066,621	549,678		54.02
54.03	RADIO WEST HARRISON					133,435		54.03
54.04	RADIO MILE SQUARE					17,163		54.04
55	Radiology-Therapeutic	102,232			2,546,745	150,297		55
56	Radioisotope				278,333	59,417		56
57	CT Scan				1,203,789	785,215		57
58	MRI				1,175,956	475,532		58
59	Cardiac Catheterization				2,532,829	152,454		59
60	Laboratory				8,343,026	2,817,046		60
60.01	LAB TISSUE TYPING					43,031		60.01
60.02	LAB OUTREACH					1,335,385		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				1,683,913	322,908		63
64	Intravenous Therapy					29,366		64
65	Respiratory Therapy				1,823,080	359,747		65
66	Physical Therapy				382,708	165,762		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					18,273		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					25,268		66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy				201,791	66,904		67
68	Speech Pathology				194,833	17,543		68
69	Electrocardiology				570,582	41,837		69
70	Electroencephalography					69,457		70
71	Medical Supplies Charged to Patients				2,414,537	1,668,432		71
73	Drugs Charged to Patients				11,028,938	2,620,968		73
74	Renal Dialysis				1,175,956	301,080		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					233,707		76.01
76.02	BONE MARROW TRANSPLANT	35,305				25,904		76.02
76.03	CARDIAC SERVICES					282,455		76.03
76.04	TELEMEDICINE PROGRAM					11,910		76.04
76.05	SLEEP LAB WEST HARRISON					44,176		76.05
76.06	SICKLE CELL					38,188		76.06

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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	
76.07	HEART CENTER-ROOSEVELT RD					5,142		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					1,787		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,464,934			1,941,371	965,072		90
91	Emergency	200,474			2,024,871	690,350		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	478,926			403,583	200,525		93.01
93.02	OCC PSYCH				521,874	63,340		93.02
93.03	OCC ADOLESCENTS				716,707	129,451		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	353,055			333,999	92,632		105
107	Liver Acquisition	58,945			306,166	26,142		107
109	Pancreas Acquisition	50,042				8,044		109
112	OTHER ORGAN ACQUISITION (SPECIFY)				69,583	731		112
118	SUBTOTALS (sum of lines 1-117)	10,181,171	973,689	6,710,486	68,727,329	20,681,000	2,920,567	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	1,245,515			389,666			192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	11,426,686	973,689	6,710,486	69,116,995	20,681,000	2,920,567	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLIATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	143,326,737	-8,151,649	135,175,088			30
31	Intensive Care Unit	38,851,072	-1,530,205	37,320,867			31
31.01	PEDS ICU	9,239,073	-654,833	8,584,240			31.01
31.02	NEONATAL ICU	26,577,869	-2,350,911	24,226,958			31.02
32	Coronary Care Unit	19,925,418	-1,164,088	18,761,330			32
40	Subprovider - IPF	22,498,006	-1,124,874	21,373,132			40
41	Subprovider - IRF	6,180,195		6,180,195			41
43	Nursery	3,110,444	-192,129	2,918,315			43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	55,523,639	-10,360,685	45,162,954			50
51	Recovery Room	9,269,432	-114,603	9,154,829			51
52	Delivery Room & Labor Room	19,122,279	-1,515,707	17,606,572			52
53	Anesthesiology	6,738,504	-2,603,251	4,135,253			53
54	Radiology-Diagnostic	8,318,328	-276,671	8,041,657			54
54.01	RADIO ULTRASOUND	3,031,815	-381,178	2,650,637			54.01
54.02	RADIO ANGIOGRAPHY	9,906,403	-2,616,299	7,290,104			54.02
54.03	RADIO WEST HARRISON	2,943,441	-133,435	2,810,006			54.03
54.04	RADIO MILE SQUARE	709,271	-17,163	692,108			54.04
55	Radiology-Therapeutic	11,620,198	-2,697,042	8,923,156			55
56	Radioisotope	2,304,219	-337,750	1,966,469			56
57	CT Scan	8,332,359	-1,989,004	6,343,355			57
58	MRI	7,757,001	-1,651,488	6,105,513			58
59	Cardiac Catheterization	5,202,887	-2,685,283	2,517,604			59
60	Laboratory	55,773,754	-11,160,072	44,613,682			60
60.01	LAB TISSUE TYPING	1,834,442	-43,031	1,791,411			60.01
60.02	LAB OUTREACH	14,469,728	-1,335,385	13,134,343			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	10,599,420	-2,006,821	8,592,599			63
64	Intravenous Therapy	659,580	-29,366	630,214			64
65	Respiratory Therapy	9,772,263	-2,182,827	7,589,436			65
66	Physical Therapy	11,323,670	-548,470	10,775,200			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	557,822	-18,273	539,549			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	996,302	-25,268	971,034			66.02
66.03	PHYSICAL THERAPY-OCC	847		847			66.03
67	Occupational Therapy	4,597,648	-268,695	4,328,953			67
68	Speech Pathology	1,279,998	-212,376	1,067,622			68
69	Electrocardiology	1,148,914	-612,419	536,495			69
70	Electroencephalography	932,675	-69,457	863,218			70
71	Medical Supplies Charged to Patients	77,594,118	-4,082,969	73,511,149			71
73	Drugs Charged to Patients	101,720,219	-13,649,906	88,070,313			73
74	Renal Dialysis	12,264,566	-1,809,717	10,454,849			74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	6,508,539	-233,707	6,274,832			76.01
76.02	BONE MARROW TRANSPLANT	2,698,306	-25,904	2,672,402			76.02
76.03	CARDIAC SERVICES	5,931,579	-282,455	5,649,124			76.03
76.04	TELEMEDICINE PROGRAM	2,625,670	-11,910	2,613,760			76.04
76.05	SLEEP LAB WEST HARRISON	1,823,979	-44,176	1,779,803			76.05
76.06	SICKLE CELL	2,210,711	-38,188	2,172,523			76.06

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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		
76.07	HEART CENTER-ROOSEVELT RD	147,058	-5,142	141,916		76.07
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY	216,121	-1,787	214,334		76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	83,877,778	-2,906,443	80,971,335		90
91	Emergency	23,505,366	-2,715,221	20,790,145		91
92	Observation Beds (Non-Distinct Part)					92
93.01	OCC EEI	11,214,862	-604,108	10,610,754		93.01
93.02	OCC PSYCH	6,228,925	-585,214	5,643,711		93.02
93.03	OCC ADOLESCENTS	9,364,122	-846,158	8,517,964		93.03
	OTHER REIMBURSABLE COST CENTERS					
	SPECIAL PURPOSE COST CENTERS					
105	Kidney Acquisition	11,430,704	-426,631	11,004,073		105
107	Liver Acquisition	1,974,339	-332,308	1,642,031		107
109	Pancreas Acquisition	596,882	-8,044	588,838		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	312,870	-70,314	242,556		112
118	SUBTOTALS (sum of lines 1-117)	896,682,367	-89,741,010	806,941,357		118
	NONREIMBURSABLE COST CENTERS					
190	Gift, Flower, Coffee Shop & Canteen	66,204		66,204		190
191	Research	1,331,655		1,331,655		191
192	Physicians' Private Offices	10,625,598	-389,666	10,235,932		192
192.01	PILSEN-OFFSITE CLINIC	1,705,871		1,705,871		192.01
194	OUTPATIENT PHARMACY	26,525,288		26,525,288		194
200	Cross Foot Adjustments					200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	936,936,983	-90,130,676	846,806,307		202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		48,002		48,002	48,002		4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN		660,323	2,439,569	3,099,892	5,623	3,105,515	5.01
5.02	HOSPITAL ADMIN & GENERAL		98,599	46,677	145,276	1,215	67,411	5.02
5.03	AMBULATORY ADMIN & GENERAL		46,023	73,940	119,963	799	90,875	5.03
6	Maintenance & Repairs		143,342	474,822	618,164	150	93,200	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping		103,174	11,707	114,881	4	23,054	9
10	Dietary		234,267	17,735	252,002	510	29,660	10
11	Cafeteria						5	11
12	Maintenance of Personnel							12
13	Nursing Administration		44,788	12,706	57,494	924	44,951	13
14	Central Services & Supply		193,448	193,964	387,412	467	37,859	14
15	Pharmacy		107,612	48,119	155,731	402	41,679	15
16	Medical Records & Library		112,015	20,585	132,600	481	27,049	16
17	Social Service		38,314	2,366	40,680	733	36,297	17
17.01	PALLATIVE CARE					84	3,149	17.01
18	UTILMGMT / DSCH PLANNING					450	21,704	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					4,730	223,550	21
22	I&R Services-Other Prgm Costs Apprvd		32,870		32,870	140	66,325	22
23	PARAMED ED PRGM-(SPECIFY)					77	9,446	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		923,068	230,019	1,153,087	7,221	346,721	30
31	Intensive Care Unit		146,098	277,996	424,094	2,060	103,541	31
31.01	PEDS ICU		51,273	9,658	60,931	492	23,813	31.01
31.02	NEONATAL ICU		95,306	71,379	166,685	1,423	68,695	31.02
32	Coronary Care Unit		89,072	102,647	191,719	1,061	52,074	32
40	Subprovider - IPF		198,331	11,238	209,569	1,100	54,212	40
41	Subprovider - IRF		76,869	2,437	79,306	327	15,846	41
43	Nursery		24,281		24,281	152	7,500	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		328,932	3,227,793	3,556,725	2,053	122,375	50
51	Recovery Room			205,040	205,040	558	27,832	51
52	Delivery Room & Labor Room		171,477	280,305	451,782	1,072	50,113	52
53	Anesthesiology		50,289	391,506	441,795	221	10,499	53
54	Radiology-Diagnostic		53,457	549,378	602,835	467	24,603	54
54.01	RADIO ULTRASOUND		23,904	222,300	246,204	145	7,937	54.01
54.02	RADIO ANGIOGRAPHY		106,194	44,134	150,328	358	19,071	54.02
54.03	RADIO WEST HARRISON		58,627	523,778	582,405	90	7,874	54.03
54.04	RADIO MILE SQUARE		16,664	42,068	58,732	32	1,928	54.04
55	Radiology-Therapeutic		167,954	431,424	599,378	273	25,280	55
56	Radioisotope		11,483	100,476	111,959	55	6,036	56
57	CT Scan		151,702	5,373	157,075	325	16,516	57
58	MRI		91,874	527,726	619,600	307	17,304	58
59	Cardiac Catheterization		25,997	6,628	32,625	126	6,460	59
60	Laboratory		540,267	886,895	1,427,162	1,550	130,974	60
60.01	LAB TISSUE TYPING		11,597	60,207	71,804	46	5,535	60.01
60.02	LAB OUTREACH		59,279		59,279	457	39,597	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		17,087	3,543	20,630	1	27,047	63
64	Intravenous Therapy			4,617	4,617	40	1,860	64
65	Respiratory Therapy		22,851	175,923	198,774	472	23,448	65
66	Physical Therapy		150,982	30,501	181,483	653	32,012	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		45,886		45,886	15	931	66.01
66.02	PHYSICAL THERAPY MAXWELL ST			6,124	6,124	57	3,105	66.02
66.03	PHYSICAL THERAPY-OCC						3	66.03
67	Occupational Therapy		60,937	9,325	70,262	265	12,857	67
68	Speech Pathology		7,194		7,194	69	3,305	68
69	Electrocardiology		7,137		7,137	32	1,553	69
70	Electroencephalography		8,361	122,947	131,308	43	2,547	70
71	Medical Supplies Charged to Patients						217,306	71
73	Drugs Charged to Patients						253,000	73
74	Renal Dialysis		140,139	95,475	235,614	548	30,951	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		69,721	353,971	423,692	319	17,793	76.01
76.02	BONE MARROW TRANSPLANT			102,948	102,948	106	8,377	76.02
76.03	CARDIAC SERVICES		48,162	575,004	623,166	290	15,946	76.03
76.04	TELEMEDICINE PROGRAM		12,867		12,867		3,865	76.04
76.05	SLEEP LAB WEST HARRISON			2,893	2,893	44	5,660	76.05
76.06	SICKLE CELL					147	6,639	76.06

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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	
76.07	HEART CENTER-ROOSEVELT RD		12,913	1,006	13,919	2	160	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					16	649	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,026,022	771,300	1,797,322	3,217	164,516	90
91	Emergency		160,715	215,731	376,446	1,158	59,894	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		172,289	40,565	212,854	383	20,990	93.01
93.02	OCC PSYCH		354,517	4,404	358,921	165	8,861	93.02
93.03	OCC ADOLESCENTS		109,430	14,893	124,323	361	18,324	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		21,868	1,061	22,929	421	33,354	105
107	Liver Acquisition		2,265		2,265	40	4,990	107
109	Pancreas Acquisition		274		274	8	1,721	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		26,225	2,297	28,522	1	328	112
118	SUBTOTALS (sum of lines 1-117)		7,814,614	14,087,123	21,901,737	47,633	2,990,542	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		9,561		9,561		36	190
191	Research		36,427		36,427	70	3,674	191
192	Physicians' Private Offices		2,745	5,561	8,306	266	21,399	192
192.01	PILSEN-OFFSITE CLINIC			5,326	5,326	33	4,071	192.01
194	OUTPATIENT PHARMACY						85,793	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		7,863,347	14,098,010	21,961,357	48,002	3,105,515	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN-TENANCE & REPAIRS	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	213,902						5.02
5.03	AMBULATORY ADMIN & GENERAL		211,637					5.03
6	Maintenance & Repairs	7,366		718,880				6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	1,822		10,801	150,562			9
10	Dietary	2,344		24,524	5,215	314,255		10
11	Cafeteria							5 11
12	Maintenance of Personnel							12
13	Nursing Administration	3,553		4,689	997			13
14	Central Services & Supply	2,992		20,251	4,306			14
15	Pharmacy	3,294		11,265	2,395			15
16	Medical Records & Library	2,138		11,726	2,493			16
17	Social Service	2,869		4,011	853			17
17.01	PALLATIVE CARE	249						17.01
18	UTILMGMT / DSCH PLANNING	1,715						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	17,669						21
22	I&R Services-Other Prgm Costs Apprvd	5,242		3,441	732			22
23	PARAMED ED PRGM-(SPECIFY)	747						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	27,190		96,632	20,547	203,454	5	30
31	Intensive Care Unit	8,184		15,294	3,252	40,767		31
31.01	PEDS ICU	1,882		5,367	1,141	5,234		31.01
31.02	NEONATAL ICU	5,430		9,977	2,121			31.02
32	Coronary Care Unit	4,116		9,325	1,983	17,417		32
40	Subprovider - IPF	4,285		20,762	4,415	36,889		40
41	Subprovider - IRF	1,252		8,047	1,711	10,494		41
43	Nursery	593		2,542	540			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,672		34,434	7,322			50
51	Recovery Room	2,200						51
52	Delivery Room & Labor Room	3,961		17,951	3,817			52
53	Anesthesiology	830		5,265	1,119			53
54	Radiology-Diagnostic	1,945		5,596	1,190			54
54.01	RADIO ULTRASOUND	627		2,502	532			54.01
54.02	RADIO ANGIOGRAPHY	1,507		11,117	2,364			54.02
54.03	RADIO WEST HARRISON	622		6,137	1,305			54.03
54.04	RADIO MILE SQUARE	152		1,744	371			54.04
55	Radiology-Therapeutic	1,998		17,582	3,739			55
56	Radioisotope	477		1,202	256			56
57	CT Scan	1,305		15,881	3,377			57
58	MRI	1,368		9,618	2,045			58
59	Cardiac Catheterization	511		2,721	579			59
60	Laboratory	10,352		56,558	12,026			60
60.01	LAB TISSUE TYPING	437		1,214	258			60.01
60.02	LAB OUTREACH	3,130		6,206	1,320			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,138		1,789	380			63
64	Intravenous Therapy	147						64
65	Respiratory Therapy	1,853		2,392	509			65
66	Physical Therapy	2,530		15,806	3,361			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	74		4,804	1,021			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	245						66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy	1,016		6,379	1,356			67
68	Speech Pathology	261		753	160			68
69	Electrocardiology	123		747	159			69
70	Electroencephalography	201		875	186			70
71	Medical Supplies Charged to Patients	17,176						71
73	Drugs Charged to Patients	19,997						73
74	Renal Dialysis	2,446		14,671	3,119			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	1,406		7,299	1,552			76.01
76.02	BONE MARROW TRANSPLANT	662						76.02
76.03	CARDIAC SERVICES	1,260		5,042	1,072			76.03
76.04	TELEMEDICINE PROGRAM	305		1,347	286			76.04
76.05	SLEEP LAB WEST HARRISON	447						76.05
76.06	SICKLE CELL	525						76.06

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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	
76.07	HEART CENTER-ROOSEVELT RD	13	146	1,352	287			76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	51						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		146,074	107,412	22,842			90
91	Emergency	4,734		16,824	3,577			91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		18,636	18,036	3,835			93.01
93.02	OCC PSYCH		7,867	37,113	7,891			93.02
93.03	OCC ADOLESCENTS		16,269	11,456	2,436			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,636		2,289	487			105
107	Liver Acquisition	394		237	50			107
109	Pancreas Acquisition	136		29	6			109
112	OTHER ORGAN ACQUISITION (SPECIFY)	26		2,745	584			112
118	SUBTOTALS (sum of lines 1-117)	206,828	188,992	713,779	149,477	314,255	5	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3	33	1,001	213			190
191	Research	290		3,813	811			191
192	Physicians' Private Offices		18,998	287	61			192
192.01	PILSEN-OFFSITE CLINIC		3,614					192.01
194	OUTPATIENT PHARMACY	6,781						194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	213,902	211,637	718,880	150,562	314,255	5	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	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	112,608						13
14	Central Services & Supply		453,287					14
15	Pharmacy		3,986	218,752				15
16	Medical Records & Library				176,487			16
17	Social Service			12		85,455		17
17.01	PALLATIVE CARE						3,482	17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	34,925	14,873	1,075	12,823	35,524	1,959	30
31	Intensive Care Unit	10,935	7,931	395	4,022	978	403	31
31.01	PEDS ICU	2,504	803	30	480	1,910	52	31.01
31.02	NEONATAL ICU	7,982	3,209	45	3,131	2,053	313	31.02
32	Coronary Care Unit	5,706	4,917	208	1,913	916	172	32
40	Subprovider - IPF	4,393	261	6	1,816	4,298	364	40
41	Subprovider - IRF	1,363	368	7	536		104	41
43	Nursery	821			332		115	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	8,749	135,980	239	11,489	478		50
51	Recovery Room	3,101	1,173	69	976	551		51
52	Delivery Room & Labor Room	5,794	5,497	135	2,359	1,433		52
53	Anesthesiology	442	9,786	432	5,219			53
54	Radiology-Diagnostic	133	429	43	2,355			54
54.01	RADIO ULTRASOUND	60	301	4	1,053			54.01
54.02	RADIO ANGIOGRAPHY	428	18,029	515	4,679			54.02
54.03	RADIO WEST HARRISON		112	52	1,136			54.03
54.04	RADIO MILE SQUARE		4		146			54.04
55	Radiology-Therapeutic	303	320	9	1,279	765		55
56	Radioisotope	29	40	140	506			56
57	CT Scan	379	1,049	234	6,684			57
58	MRI	235	463	312	4,048			58
59	Cardiac Catheterization	373	9,133	210	1,298			59
60	Laboratory	163	393	1	23,890			60
60.01	LAB TISSUE TYPING		1		366			60.01
60.02	LAB OUTREACH				11,367			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				2,749			63
64	Intravenous Therapy	255	371		250			64
65	Respiratory Therapy		1,944	136	3,062			65
66	Physical Therapy		132		1,411			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				156			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		5		215			66.02
66.03	PHYSICAL THERAPY-OCC							66.03
67	Occupational Therapy		45		570			67
68	Speech Pathology				149			68
69	Electrocardiology		17		356			69
70	Electroencephalography		44		591			70
71	Medical Supplies Charged to Patients		199,483		14,202			71
73	Drugs Charged to Patients			140,497	22,310			73
74	Renal Dialysis	1,461	4,155	697	2,563			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	1,351	4,632	40	1,989			76.01
76.02	BONE MARROW TRANSPLANT	279	12	11	221	264		76.02
76.03	CARDIAC SERVICES	626	9,226	52	2,404			76.03
76.04	TELEMEDICINE PROGRAM			21,688	101			76.04
76.05	SLEEP LAB WEST HARRISON	86	1		376			76.05
76.06	SICKLE CELL	790	133	9	325			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: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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	
76.07	HEART CENTER-ROOSEVELT RD	17	17		44			76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	103	3		15			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	9,144	7,282	44,073	8,215	18,434		90
91	Emergency	5,881	5,716	333	5,876	1,499		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	105	436	5,769	1,707	3,582		93.01
93.02	OCC PSYCH	310	16	16	539			93.02
93.03	OCC ADOLESCENTS	1,229	505	1,234	1,102			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,452			789	2,640		105
107	Liver Acquisition	135			223	441		107
109	Pancreas Acquisition	13			68	374		109
112	OTHER ORGAN ACQUISITION (SPECIFY)		3	21	6			112
118	SUBTOTALS (sum of lines 1-117)	112,055	453,236	218,749	176,487	76,140	3,482	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	9	32	3				191
192	Physicians' Private Offices	469	13			9,315		192
192.01	PILSEN-OFFSITE CLINIC	75	6					192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	112,608	453,287	218,752	176,487	85,455	3,482	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLIATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING	23,869						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		245,949					21
22	I&R Services-Other Prgm Costs Apprvd			108,750				22
23	PARAMED ED PRGM-(SPECIFY)				10,270			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	13,436				1,969,472		30
31	Intensive Care Unit	2,759				624,615		31
31.01	PEDS ICU	354				104,993		31.01
31.02	NEONATAL ICU	2,145				273,209		31.02
32	Coronary Care Unit	1,179				292,706		32
40	Subprovider - IPF	2,497				344,867		40
41	Subprovider - IRF	710				120,071		41
43	Nursery	789				37,665		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					3,889,516		50
51	Recovery Room					241,500		51
52	Delivery Room & Labor Room					543,914		52
53	Anesthesiology					475,608		53
54	Radiology-Diagnostic					639,596		54
54.01	RADIO ULTRASOUND					259,365		54.01
54.02	RADIO ANGIOGRAPHY					208,396		54.02
54.03	RADIO WEST HARRISON					599,733		54.03
54.04	RADIO MILE SQUARE					63,109		54.04
55	Radiology-Therapeutic					650,926		55
56	Radioisotope					120,700		56
57	CT Scan					202,825		57
58	MRI					655,300		58
59	Cardiac Catheterization					54,036		59
60	Laboratory					1,663,069		60
60.01	LAB TISSUE TYPING					79,661		60.01
60.02	LAB OUTREACH					121,356		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					54,734		63
64	Intravenous Therapy					7,540		64
65	Respiratory Therapy					232,590		65
66	Physical Therapy					237,388		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					52,887		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					9,751		66.02
66.03	PHYSICAL THERAPY-OCC					3		66.03
67	Occupational Therapy					92,750		67
68	Speech Pathology					11,891		68
69	Electrocardiology					10,124		69
70	Electroencephalography					135,795		70
71	Medical Supplies Charged to Patients					448,167		71
73	Drugs Charged to Patients					435,804		73
74	Renal Dialysis					296,225		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					460,073		76.01
76.02	BONE MARROW TRANSPLANT					112,880		76.02
76.03	CARDIAC SERVICES					659,084		76.03
76.04	TELEMEDICINE PROGRAM					40,459		76.04
76.05	SLEEP LAB WEST HARRISON					9,507		76.05
76.06	SICKLE CELL					8,568		76.06

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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	
76.07	HEART CENTER-ROOSEVELT RD					15,957		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					837		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					2,328,531		90
91	Emergency					481,938		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI					286,333		93.01
93.02	OCC PSYCH					421,699		93.02
93.03	OCC ADOLESCENTS					177,239		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					66,997		105
107	Liver Acquisition					8,775		107
109	Pancreas Acquisition					2,629		109
112	OTHER ORGAN ACQUISITION (SPECIFY)					32,236		112
118	SUBTOTALS (sum of lines 1-117)	23,869				21,375,599		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					10,847		190
191	Research					45,129		191
192	Physicians' Private Offices					59,114		192
192.01	PILSEN-OFFSITE CLINIC					13,125		192.01
194	OUTPATIENT PHARMACY					92,574		194
200	Cross Foot Adjustments		245,949	108,750	10,270	364,969		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	23,869	245,949	108,750	10,270	21,961,357		202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	1,969,472					30
31	Intensive Care Unit	624,615					31
31.01	PEDS ICU	104,993					31.01
31.02	NEONATAL ICU	273,209					31.02
32	Coronary Care Unit	292,706					32
40	Subprovider - IPF	344,867					40
41	Subprovider - IRF	120,071					41
43	Nursery	37,665					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,889,516					50
51	Recovery Room	241,500					51
52	Delivery Room & Labor Room	543,914					52
53	Anesthesiology	475,608					53
54	Radiology-Diagnostic	639,596					54
54.01	RADIO ULTRASOUND	259,365					54.01
54.02	RADIO ANGIOGRAPHY	208,396					54.02
54.03	RADIO WEST HARRISON	599,733					54.03
54.04	RADIO MILE SQUARE	63,109					54.04
55	Radiology-Therapeutic	650,926					55
56	Radioisotope	120,700					56
57	CT Scan	202,825					57
58	MRI	655,300					58
59	Cardiac Catheterization	54,036					59
60	Laboratory	1,663,069					60
60.01	LAB TISSUE TYPING	79,661					60.01
60.02	LAB OUTREACH	121,356					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	54,734					63
64	Intravenous Therapy	7,540					64
65	Respiratory Therapy	232,590					65
66	Physical Therapy	237,388					66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	52,887					66.01
66.02	PHYSICAL THERAPY MAXWELL ST	9,751					66.02
66.03	PHYSICAL THERAPY-OCC	3					66.03
67	Occupational Therapy	92,750					67
68	Speech Pathology	11,891					68
69	Electrocardiology	10,124					69
70	Electroencephalography	135,795					70
71	Medical Supplies Charged to Patients	448,167					71
73	Drugs Charged to Patients	435,804					73
74	Renal Dialysis	296,225					74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	460,073					76.01
76.02	BONE MARROW TRANSPLANT	112,880					76.02
76.03	CARDIAC SERVICES	659,084					76.03
76.04	TELEMEDICINE PROGRAM	40,459					76.04
76.05	SLEEP LAB WEST HARRISON	9,507					76.05
76.06	SICKLE CELL	8,568					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: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
76.07	HEART CENTER-ROOSEVELT RD	15,957				76.07
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY	837				76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	2,328,531				90
91	Emergency	481,938				91
92	Observation Beds (Non-Distinct Part)					92
93.01	OCC EEI	286,333				93.01
93.02	OCC PSYCH	421,699				93.02
93.03	OCC ADOLESCENTS	177,239				93.03
	OTHER REIMBURSABLE COST CENTERS					
	SPECIAL PURPOSE COST CENTERS					
105	Kidney Acquisition	66,997				105
107	Liver Acquisition	8,775				107
109	Pancreas Acquisition	2,629				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	32,236				112
118	SUBTOTALS (sum of lines 1-117)	21,375,599				118
	NONREIMBURSABLE COST CENTERS					
190	Gift, Flower, Coffee Shop & Canteen	10,847				190
191	Research	45,129				191
192	Physicians' Private Offices	59,114				192
192.01	PILSEN-OFFSITE CLINIC	13,125				192.01
194	OUTPATIENT PHARMACY	92,574				194
200	Cross Foot Adjustments	364,969				200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	21,961,357				202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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	687,528						1
2	Cap Rel Costs-Mvble Equip		10,020,770					2
4	Employee Benefits Department	4,197		308,882,871				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	57,735	1,734,029	36,277,843	-113,115,270	823,821,713		5.01
5.02	HOSPITAL ADMIN & GENERAL	8,621	33,178	7,836,913		17,880,994	-20,336,162	5.02
5.03	AMBULATORY ADMIN & GENERAL	4,024	52,556	5,156,620		24,104,785	-27,414,517	5.03
6	Maintenance & Repairs	12,533	337,500	968,222		24,721,500		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	9,021	8,321	25,844		6,115,030		9
10	Dietary	20,483	12,606	3,289,887		7,867,351		10
11	Cafeteria			611		1,458		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,916	9,031	5,962,900		11,923,344		13
14	Central Services & Supply	16,914	137,868	3,015,085		10,042,249		14
15	Pharmacy	9,409	34,203	2,594,143		11,055,358		15
16	Medical Records & Library	9,794	14,632	3,102,865		7,174,898		16
17	Social Service	3,350	1,682	4,727,573		9,627,896		17
17.01	PALLIATIVE CARE			543,171		835,349		17.01
18	UTILMGMT / DSCH PLANNING			2,905,678		5,757,075		18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			30,515,916		59,297,001		21
22	I&R Services-Other Prgm Costs Apprvd	2,874		905,172		17,592,883		22
23	PARAMED ED PRGM-(SPECIFY)			495,000		2,505,625		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	80,708	163,496	45,791,354		92,045,769		30
31	Intensive Care Unit	12,774	197,598	13,288,857		27,464,411		31
31.01	PEDS ICU	4,483	6,865	3,172,708		6,316,318		31.01
31.02	NEONATAL ICU	8,333	50,736	9,177,915		18,221,465		31.02
32	Coronary Care Unit	7,788	72,961	6,842,694		13,812,710		32
40	Subprovider - IPF	17,341	7,988	7,095,447		14,379,858		40
41	Subprovider - IRF	6,721	1,732	2,111,526		4,203,123		41
43	Nursery	2,123		978,820		1,989,483		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,760	2,294,292	13,245,810		32,460,091		50
51	Recovery Room		145,741	3,600,250		7,382,588		51
52	Delivery Room & Labor Room	14,993	199,239	6,917,350		13,292,670		52
53	Anesthesiology	4,397	278,280	1,428,782		2,784,826		53
54	Radiology-Diagnostic	4,674	390,494	3,011,181		6,525,926		54
54.01	RADIO ULTRASOUND	2,090	158,009	935,117		2,105,325		54.01
54.02	RADIO ANGIOGRAPHY	9,285	31,370	2,312,595		5,058,623		54.02
54.03	RADIO WEST HARRISON	5,126	372,298	581,415		2,088,596		54.03
54.04	RADIO MILE SQUARE	1,457	29,902	203,542		511,349		54.04
55	Radiology-Therapeutic	14,685	306,653	1,758,691		6,705,453		55
56	Radioisotope	1,004	71,418	352,190		1,601,165		56
57	CT Scan	13,264	3,819	2,094,487		4,380,993		57
58	MRI	8,033	375,104	1,977,464		4,590,026		58
59	Cardiac Catheterization	2,273	4,711	811,041		1,713,434		59
60	Laboratory	47,238	630,399	9,999,639		34,741,093		60
60.01	LAB TISSUE TYPING	1,014	42,795	299,314		1,468,052		60.01
60.02	LAB OUTREACH	5,183		2,945,853		10,503,265		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,494	2,518	7,959		7,174,270		63
64	Intravenous Therapy		3,282	256,318		493,353		64
65	Respiratory Therapy	1,998	125,045	3,042,415		6,219,575		65
66	Physical Therapy	13,201	21,680	4,210,949		8,491,358		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	4,012		97,413		246,929		66.01
66.02	PHYSICAL THERAPY MAXWELL ST		4,353	370,135		823,585		66.02
66.03	PHYSICAL THERAPY-OCC					726		66.03
67	Occupational Therapy	5,328	6,628	1,707,361		3,410,231		67
68	Speech Pathology	629		446,050		876,640		68
69	Electrocardiology	624		203,536		411,838		69
70	Electroencephalography	731	87,390	277,697		675,661		70
71	Medical Supplies Charged to Patients					57,640,951		71
73	Drugs Charged to Patients					67,108,885		73
74	Renal Dialysis	12,253	67,863	3,532,330		8,209,833		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,096	251,600	2,056,674		4,719,650		76.01
76.02	BONE MARROW TRANSPLANT		73,175	684,225		2,221,925		76.02
76.03	CARDIAC SERVICES	4,211	408,709	1,872,774		4,229,757		76.03
76.04	TELEMEDICINE PROGRAM	1,125				1,025,245		76.04
76.05	SLEEP LAB WEST HARRISON		2,056	286,719		1,501,308		76.05

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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		
76.06	SICKLE CELL			948,661		1,760,995		76.06
76.07	HEART CENTER-ROOSEVELT RD	1,129	715	10,422		42,552		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY			104,776		172,019		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	89,710	548,235	20,753,234		43,638,178	-49,629,962	90
91	Emergency	14,052	153,340	7,468,052		15,887,080		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	15,064	28,833	2,471,622		5,567,733	-6,332,216	93.01
93.02	OCC PSYCH	30,997	3,130	1,062,311		2,350,305	-2,673,016	93.02
93.03	OCC ADOLESCENTS	9,568	10,586	2,331,663		4,860,607	-5,527,998	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,912	754	2,719,309		8,847,333		105
107	Liver Acquisition	198		261,189		1,323,577		107
109	Pancreas Acquisition	24		48,967		456,567		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,293	1,633	6,427		87,046		112
118	SUBTOTALS (sum of lines 1-117)	683,267	10,013,031	306,496,673	-113,115,270	793,325,120	-111,913,871	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	836				9,561		190
191	Research	3,185		454,247		974,466		191
192	Physicians' Private Offices	240	3,953	1,718,549		5,676,081	-6,455,441	192
192.01	PILSEN-OFFSITE CLINIC		3,786	213,402		1,079,782	-1,228,043	192.01
194	OUTPATIENT PHARMACY					22,756,703		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,863,347	14,098,010	290,832,124		113,115,270		202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.437130	1.406879	0.941561		0.137306		203
204	Cost to be allocated (Per Wkst. B, Part II)			48,002		3,105,515		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000155		0.003770		205

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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	817,339,628						5.02
5.03	AMBULATORY ADMIN & GENERAL		-27,414,517	71,907,420				5.03
6	Maintenance & Repairs	28,115,910	-28,815,462		600,418			6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,954,660	-7,127,699		9,021	591,397		9
10	Dietary	8,947,585	-9,170,210		20,483	20,483	512,841	10
11	Cafeteria	1,658	-1,699					11
12	Maintenance of Personnel							12
13	Nursing Administration	13,560,491	-13,897,890		3,916	3,916		13
14	Central Services & Supply	11,421,110	-11,705,279		16,914	16,914		14
15	Pharmacy	12,573,325	-12,886,162		9,409	9,409		15
16	Medical Records & Library	8,160,055	-8,363,085		9,794	9,794		16
17	Social Service	10,949,864	-11,222,308		3,350	3,350		17
17.01	PALLATIVE CARE	950,047	-973,685					17.01
18	UTILMGMT / DSCH PLANNING	6,547,556	-6,710,466					18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	67,438,835	-69,116,781					21
22	I&R Services-Other Prgm Costs Apprvd	20,008,491	-20,506,322		2,874	2,874		22
23	PARAMED ED PRGM-(SPECIFY)	2,849,662	-2,920,564					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	104,683,813	-107,288,383		80,708	80,708	332,022	30
31	Intensive Care Unit	31,235,439	-32,012,608		12,774	12,774	66,529	31
31.01	PEDS ICU	7,183,586	-7,362,321		4,483	4,483	8,541	31.01
31.02	NEONATAL ICU	20,723,381	-21,238,999		8,333	8,333		31.02
32	Coronary Care Unit	15,709,278	-16,100,141		7,788	7,788	28,423	32
40	Subprovider - IPF	16,354,299	-16,761,210		17,341	17,341	60,200	40
41	Subprovider - IRF	4,780,237	-4,899,174		6,721	6,721	17,126	41
43	Nursery	2,262,651	-2,318,948		2,123	2,123		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	36,917,056	-37,835,589		28,760	28,760		50
51	Recovery Room	8,396,262	-8,605,169					51
52	Delivery Room & Labor Room	15,117,833	-15,493,980		14,993	14,993		52
53	Anesthesiology	3,167,199	-3,246,002		4,397	4,397		53
54	Radiology-Diagnostic	7,421,975	-7,606,641		4,674	4,674		54
54.01	RADIO ULTRASOUND	2,394,399	-2,453,974		2,090	2,090		54.01
54.02	RADIO ANGIOGRAPHY	5,753,202	-5,896,347		9,285	9,285		54.02
54.03	RADIO WEST HARRISON	2,375,373	-2,434,475		5,126	5,126		54.03
54.04	RADIO MILE SQUARE	581,560	-596,030		1,457	1,457		54.04
55	Radiology-Therapeutic	7,626,152	-7,815,898		14,685	14,685		55
56	Radioisotope	1,821,015	-1,866,324		1,004	1,004		56
57	CT Scan	4,982,530	-5,106,500		13,264	13,264		57
58	MRI	5,220,264	-5,350,149		8,033	8,033		58
59	Cardiac Catheterization	1,948,699	-1,997,185		2,273	2,273		59
60	Laboratory	39,511,254	-40,494,334		47,238	47,238		60
60.01	LAB TISSUE TYPING	1,669,624	-1,711,166		1,014	1,014		60.01
60.02	LAB OUTREACH	11,945,426	-12,242,640		5,183	5,183		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,159,340	-8,362,353		1,494	1,494		63
64	Intravenous Therapy	561,093	-575,054					64
65	Respiratory Therapy	7,073,560	-7,249,557		1,998	1,998		65
66	Physical Therapy	9,657,272	-9,897,555		13,201	13,201		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	280,834	-287,821		4,012	4,012		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	936,668	-959,973					66.02
66.03	PHYSICAL THERAPY-OCC	826	-847					66.03
67	Occupational Therapy	3,878,476	-3,974,976		5,328	5,328		67
68	Speech Pathology	997,008	-1,021,815		629	629		68
69	Electrocardiology	468,386	-480,040		624	624		69
70	Electroencephalography	768,433	-787,552		731	731		70
71	Medical Supplies Charged to Patients	65,555,399	-67,186,483					71
73	Drugs Charged to Patients	76,323,338	-78,222,339					73
74	Renal Dialysis	9,337,092	-9,569,408		12,253	12,253		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	5,367,686	-5,501,239		6,096	6,096		76.01
76.02	BONE MARROW TRANSPLANT	2,527,009	-2,589,884					76.02
76.03	CARDIAC SERVICES	4,810,528	-4,930,219		4,211	4,211		76.03
76.04	TELEMEDICINE PROGRAM	1,166,017	-1,195,029		1,125	1,125		76.04
76.05	SLEEP LAB WEST HARRISON	1,707,447	-1,749,930					76.05

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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	
76.06	SICKLE CELL	2,002,790	-2,052,621					76.06
76.07	HEART CENTER-ROOSEVELT RD	48,395		49,599	1,129	1,129		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	195,638	-200,506					76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			49,629,962	89,710	89,710		90
91	Emergency	18,068,471	-18,518,033		14,052	14,052		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			6,332,216	15,064	15,064		93.01
93.02	OCC PSYCH			2,673,016	30,997	30,997		93.02
93.03	OCC ADOLESCENTS			5,527,998	9,568	9,568		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	10,062,125	-10,312,481		1,912	1,912		105
107	Liver Acquisition	1,505,312	-1,542,766		198	198		107
109	Pancreas Acquisition	519,256	-532,176		24	24		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	98,998	-101,461		2,293	2,293		112
118	SUBTOTALS (sum of lines 1-117)	790,339,153	-837,368,434	64,212,791	596,157	587,136	512,841	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	10,874		11,145	836	836		190
191	Research	1,108,266	-1,135,841		3,185	3,185		191
192	Physicians' Private Offices			6,455,441	240	240		192
192.01	PILSEN-OFFSITE CLINIC			1,228,043				192.01
194	OUTPATIENT PHARMACY	25,881,335	-26,525,288					194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	20,336,162		27,414,517	28,815,462	7,560,638	10,415,099	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.024881		0.381247	47.992335	12.784370	20.308632	203
204	Cost to be allocated (Per Wkst. B, Part II)	213,902		211,637	718,880	150,562	314,255	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000262		0.002943	1.197299	0.254587	0.612773	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED	PHARMACY COSTED	MEDICAL RECORDS & LIBRARY GROSS	SOCIAL SERVICE TIME	
		GROSS SALARIES	NRSING HRS	REQUIS.	REQUIS.	REVENUE	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	255,326,931						11
12	Maintenance of Personnel							12
13	Nursing Administration	5,962,900	108,956					13
14	Central Services & Supply	3,015,085		134,315,999				14
15	Pharmacy	2,594,143		1,181,110	104,480,852			15
16	Medical Records & Library	3,102,865				2,486,940,584		16
17	Social Service	4,727,573			5,722		37,220	17
17.01	PALLATIVE CARE	543,171						17.01
18	UTILMGMT / DSCH PLANNING	2,905,678						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	30,515,916						21
22	I&R Services-Other Prgm Costs Apprvd	905,172						22
23	PARAMED ED PRGM-(SPECIFY)	495,000						23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	45,791,354	33,791	4,406,825	513,523	180,608,225	15,473	30
31	Intensive Care Unit	13,288,857	10,580	2,349,865	188,433	56,652,663	426	31
31.01	PEDS ICU	3,172,708	2,423	237,961	14,529	6,763,782	832	31.01
31.02	NEONATAL ICU	9,177,915	7,723	950,732	21,722	44,094,261	894	31.02
32	Coronary Care Unit	6,842,694	5,521	1,456,851	99,217	26,941,028	399	32
40	Subprovider - IPF	7,095,447	4,251	77,247	2,778	25,576,508	1,872	40
41	Subprovider - IRF	2,111,526	1,319	109,011	3,470	7,555,378		41
43	Nursery	978,820	794			4,681,208		43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	13,245,810	8,465	40,290,497	114,024	161,810,361	208	50
51	Recovery Room	3,600,250	3,000	347,516	33,099	13,739,724	240	51
52	Delivery Room & Labor Room	6,917,350	5,606	1,628,679	64,308	33,224,607	624	52
53	Anesthesiology	1,428,782	428	2,899,630	206,302	73,512,931		53
54	Radiology-Diagnostic	3,011,181	129	127,137	20,466	33,170,031		54
54.01	RADIO ULTRASOUND	935,117	58	89,119	1,777	14,832,773		54.01
54.02	RADIO ANGIOGRAPHY	2,312,595	414	5,341,951	245,773	65,900,729		54.02
54.03	RADIO WEST HARRISON	581,415		33,233	24,722	15,997,524		54.03
54.04	RADIO MILE SQUARE	203,542		1,192		2,057,608		54.04
55	Radiology-Therapeutic	1,758,691	293	94,952	4,524	18,019,094	333	55
56	Radioisotope	352,190	28	11,804	67,080	7,123,494		56
57	CT Scan	2,094,487	367	310,699	111,938	94,139,156		57
58	MRI	1,977,464	227	137,104	148,806	57,011,358		58
59	Cardiac Catheterization	811,041	361	2,706,097	100,511	18,277,664		59
60	Laboratory	9,999,639	158	116,514	328	337,680,863		60
60.01	LAB TISSUE TYPING	299,314		350		5,158,958		60.01
60.02	LAB OUTREACH	2,945,853		9		160,098,876		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,959				38,713,298		63
64	Intravenous Therapy	256,318	247	110,015		3,520,721		64
65	Respiratory Therapy	3,042,415		576,044	65,150	43,129,953		65
66	Physical Therapy	4,210,949		39,060	134	19,873,189		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	97,413				2,190,768		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	370,135		1,542		3,029,344		66.02
66.03	PHYSICAL THERAPY-OCC					1		66.03
67	Occupational Therapy	1,707,361		13,240		8,021,159		67
68	Speech Pathology	446,050				2,103,237		68
69	Electrocardiology	203,536		4,889		5,015,833		69
70	Electroencephalography	277,697		13,109		8,327,159		70
71	Medical Supplies Charged to Patients			59,115,210		200,027,869		71
73	Drugs Charged to Patients				67,108,885	314,227,014		73
74	Renal Dialysis	3,532,330	1,414	1,231,225	332,680	36,096,391		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,056,674	1,307	1,372,417	19,113	28,019,090		76.01
76.02	BONE MARROW TRANSPLANT	684,225	270	3,448	5,109	3,105,667	115	76.02
76.03	CARDIAC SERVICES	1,872,774	606	2,733,646	24,725	33,863,478		76.03
76.04	TELEMEDICINE PROGRAM				10,357,370	1,427,878		76.04
76.05	SLEEP LAB WEST HARRISON	286,719	83	279		5,296,239		76.05

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION 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	
76.06	SICKLE CELL	948,661	764	39,340	4,263	4,578,391		76.06
76.07	HEART CENTER-ROOSEVELT RD	10,422	16	5,151	56	616,448		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	104,776	100	844	7	214,208		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,753,234	8,847	2,157,614	21,047,104	115,702,196	8,029	90
91	Emergency	7,468,052	5,690	1,693,640	158,993	82,765,913	653	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	2,471,622	102	129,113	2,755,217	24,040,860	1,560	93.01
93.02	OCC PSYCH	1,062,311	300	4,698	7,654	7,593,805		93.02
93.03	OCC ADOLESCENTS	2,331,663	1,189	149,517	589,532	15,519,782		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,719,309	1,405		204	11,105,664	1,150	105
107	Liver Acquisition	261,189	131			3,134,170	192	107
109	Pancreas Acquisition	48,967	13			964,360	163	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	6,427		955	10,220	87,695		112
118	SUBTOTALS (sum of lines 1-117)	252,940,733	108,420	134,301,081	104,479,468	2,486,940,584	33,163	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	454,247	9	9,375	1,384			191
192	Physicians' Private Offices	1,718,549	454	3,772			4,057	192
192.01	PILSEN-OFFSITE CLINIC	213,402	73	1,771				192.01
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,699	14,135,934	12,733,277	13,569,998	8,958,354	11,426,686	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.000007	129.739840	0.094801	0.129880	0.003602	307.003923	203
204	Cost to be allocated (Per Wkst. B, Part II)	5	112,608	453,287	218,752	176,487	85,455	204
205	Unit Cost Multiplier (Wkst. B, Part II)		1.033518	0.003375	0.002094	0.000071	2.295943	205

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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	115,290					17.01
18	UTILMGMT / DSCH PLANNING		115,290				18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			9,933			21
22	I&R Services-Other Prgm Costs Apprvd				2,479,385,205		22
23	PARAMED ED PRGM-(SPECIFY)					115,290	23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	64,893	64,893	955	180,608,225	64,893	30
31	Intensive Care Unit	13,328	13,328	152	56,652,663	13,328	31
31.01	PEDS ICU	1,711	1,711	86	6,763,782	1,711	31.01
31.02	NEONATAL ICU	10,363	10,363	285	44,094,261	10,363	31.02
32	Coronary Care Unit	5,694	5,694	135	26,941,028	5,694	32
40	Subprovider - IPF	12,060	12,060	131	25,576,508	12,060	40
41	Subprovider - IRF	3,431	3,431			3,431	41
43	Nursery	3,810	3,810	22	4,681,208	3,810	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,295	161,810,361		50
51	Recovery Room				13,739,724		51
52	Delivery Room & Labor Room			178	33,224,607		52
53	Anesthesiology			286	73,512,931		53
54	Radiology-Diagnostic				33,170,031		54
54.01	RADIO ULTRASOUND			37	14,832,773		54.01
54.02	RADIO ANGIOGRAPHY			297	65,900,729		54.02
54.03	RADIO WEST HARRISON				15,997,524		54.03
54.04	RADIO MILE SQUARE				2,057,608		54.04
55	Radiology-Therapeutic			366	18,019,094		55
56	Radioisotope			40	7,123,494		56
57	CT Scan			173	94,139,156		57
58	MRI			169	57,011,358		58
59	Cardiac Catheterization			364	18,277,664		59
60	Laboratory			1,199	337,680,863		60
60.01	LAB TISSUE TYPING				5,158,958		60.01
60.02	LAB OUTREACH				160,098,876		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			242	38,713,298		63
64	Intravenous Therapy				3,520,721		64
65	Respiratory Therapy			262	43,129,953		65
66	Physical Therapy			55	19,873,189		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				2,190,768		66.01
66.02	PHYSICAL THERAPY MAXWELL ST				3,029,344		66.02
66.03	PHYSICAL THERAPY-OCC						66.03
67	Occupational Therapy			29	8,021,159		67
68	Speech Pathology			28	2,103,237		68
69	Electrocardiology			82	5,015,833		69
70	Electroencephalography				8,327,159		70
71	Medical Supplies Charged to Patients			347	200,027,869		71
73	Drugs Charged to Patients			1,585	314,227,014		73
74	Renal Dialysis			169	36,096,391		74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY				28,019,090		76.01
76.02	BONE MARROW TRANSPLANT				3,105,667		76.02
76.03	CARDIAC SERVICES				33,863,478		76.03

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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		
76.04	TELEMEDICINE PROGRAM				1,427,878			76.04
76.05	SLEEP LAB WEST HARRISON				5,296,239			76.05
76.06	SICKLE CELL				4,578,391			76.06
76.07	HEART CENTER-ROOSEVELT RD				616,448			76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY				214,208			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			279	115,702,196			90
91	Emergency			291	82,765,913			91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			58	24,040,860			93.01
93.02	OCC PSYCH			75	7,593,805			93.02
93.03	OCC ADOLESCENTS			103	15,519,782			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			48	11,105,664			105
107	Liver Acquisition			44	3,134,170			107
109	Pancreas Acquisition				964,360			109
112	OTHER ORGAN ACQUISITION (SPECIFY)			10	87,695			112
118	SUBTOTALS (sum of lines 1-117)	115,290	115,290	9,877	2,479,385,205	115,290		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices			56				192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	973,689	6,710,486	69,116,995	20,681,000	2,920,567		202
203	Unit Cost Multiplier (Wkst. B, Part I)	8.445563	58.205274	6.958.320246	0.008341	25.332353		203
204	Cost to be allocated (Per Wkst. B, Part II)	3,482	23,869	245,949	108,750	10,270		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.030202	0.207034	24.760797	0.000044	0.089080		205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET			
		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-332,681	5

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

COST CENTER DESCRIPTIONS		COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	135,175,088		135,175,088		135,175,088	30
31	Intensive Care Unit	37,320,867		37,320,867		37,320,867	31
31.01	PEDS ICU	8,584,240		8,584,240		8,584,240	31.01
31.02	NEONATAL ICU	24,226,958		24,226,958		24,226,958	31.02
32	Coronary Care Unit	18,761,330		18,761,330		18,761,330	32
40	Subprovider - IPF	21,373,132		21,373,132		21,373,132	40
41	Subprovider - IRF	6,180,195		6,180,195		6,180,195	41
43	Nursery	2,918,315		2,918,315		2,918,315	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	45,162,954		45,162,954		45,162,954	50
51	Recovery Room	9,154,829		9,154,829		9,154,829	51
52	Delivery Room & Labor Room	17,606,572		17,606,572		17,606,572	52
53	Anesthesiology	4,135,253		4,135,253		4,135,253	53
54	Radiology-Diagnostic	8,041,657		8,041,657		8,041,657	54
54.01	RADIO ULTRASOUND	2,650,637		2,650,637		2,650,637	54.01
54.02	RADIO ANGIOGRAPHY	7,290,104		7,290,104		7,290,104	54.02
54.03	RADIO WEST HARRISON	2,810,006		2,810,006		2,810,006	54.03
54.04	RADIO MILE SQUARE	692,108		692,108		692,108	54.04
55	Radiology-Therapeutic	8,923,156		8,923,156		8,923,156	55
56	Radioisotope	1,966,469		1,966,469		1,966,469	56
57	CT Scan	6,343,355		6,343,355		6,343,355	57
58	MRI	6,105,513		6,105,513		6,105,513	58
59	Cardiac Catheterization	2,517,604		2,517,604		2,517,604	59
60	Laboratory	44,613,682		44,613,682		44,613,682	60
60.01	LAB TISSUE TYPING	1,791,411		1,791,411		1,791,411	60.01
60.02	LAB OUTREACH	13,134,343		13,134,343		13,134,343	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	8,592,599		8,592,599		8,592,599	63
64	Intravenous Therapy	630,214		630,214		630,214	64
65	Respiratory Therapy	7,589,436		7,589,436		7,589,436	65
66	Physical Therapy	10,775,200		10,775,200		10,775,200	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	539,549		539,549		539,549	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	971,034		971,034		971,034	66.02
66.03	PHYSICAL THERAPY-OCC	847		847		847	66.03
67	Occupational Therapy	4,328,953		4,328,953		4,328,953	67
68	Speech Pathology	1,067,622		1,067,622		1,067,622	68
69	Electrocardiology	536,495		536,495		536,495	69
70	Electroencephalography	863,218		863,218		863,218	70
71	Medical Supplies Charged to Patients	73,511,149		73,511,149		73,511,149	71
73	Drugs Charged to Patients	88,070,313		88,070,313		88,070,313	73
74	Renal Dialysis	10,454,849		10,454,849		10,454,849	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	6,274,832		6,274,832		6,274,832	76.01
76.02	BONE MARROW TRANSPLANT	2,672,402		2,672,402		2,672,402	76.02
76.03	CARDIAC SERVICES	5,649,124		5,649,124		5,649,124	76.03
76.04	TELEMEDICINE PROGRAM	2,613,760		2,613,760		2,613,760	76.04
76.05	SLEEP LAB WEST HARRISON	1,779,803		1,779,803		1,779,803	76.05
76.06	SICKLE CELL	2,172,523		2,172,523		2,172,523	76.06
76.07	HEART CENTER-ROOSEVELT RD	141,916		141,916		141,916	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	214,334		214,334		214,334	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	80,971,335		80,971,335		80,971,335	90
91	Emergency	20,790,145		20,790,145		20,790,145	91
92	Observation Beds (Non-Distinct Part)	14,263,179		14,263,179		14,263,179	92
93.01	OCC EEI	10,610,754		10,610,754		10,610,754	93.01
93.02	OCC PSYCH	5,643,711		5,643,711		5,643,711	93.02
93.03	OCC ADOLESCENTS	8,517,964		8,517,964		8,517,964	93.03
OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	11,004,073		11,004,073		11,004,073	105
107	Liver Acquisition	1,642,031		1,642,031		1,642,031	107
109	Pancreas Acquisition	588,838		588,838		588,838	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	242,556		242,556		242,556	112
200	Subtotal (sum of lines 30 thru 199)	821,204,536		821,204,536		821,204,536	200
201	Less Observation Beds	14,263,179		14,263,179		14,263,179	201
202	Total (line 200 minus line 201)	806,941,357		806,941,357		806,941,357	202

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	159,967,376		159,967,376				30
31	Intensive Care Unit	56,652,663		56,652,663				31
31.01	PEDS ICU	6,763,782		6,763,782				31.01
31.02	NEONATAL ICU	44,094,261		44,094,261				31.02
32	Coronary Care Unit	26,941,028		26,941,028				32
40	Subprovider - IPF	25,576,508		25,576,508				40
41	Subprovider - IRF	7,555,378		7,555,378				41
43	Nursery	4,681,208		4,681,208				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	79,725,890	82,084,471	161,810,361	0.279110	0.279110	0.279110	50
51	Recovery Room	5,636,790	8,102,934	13,739,724	0.666304	0.666304	0.666304	51
52	Delivery Room & Labor Room	27,132,747	6,091,860	33,224,607	0.529926	0.529926	0.529926	52
53	Anesthesiology	40,598,010	32,914,921	73,512,931	0.056252	0.056252	0.056252	53
54	Radiology-Diagnostic	8,451,260	24,718,771	33,170,031	0.242437	0.242437	0.242437	54
54.01	RADIO ULTRASOUND	5,115,327	9,717,446	14,832,773	0.178701	0.178701	0.178701	54.01
54.02	RADIO ANGIOGRAPHY	36,897,619	29,003,110	65,900,729	0.110623	0.110623	0.110623	54.02
54.03	RADIO WEST HARRISON	62,398	15,935,126	15,997,524	0.175653	0.175653	0.175653	54.03
54.04	RADIO MILE SQUARE	1,536	2,056,072	2,057,608	0.336365	0.336365	0.336365	54.04
55	Radiology-Therapeutic	2,447,208	15,571,886	18,019,094	0.495206	0.495206	0.495206	55
56	Radioisotope	2,104,753	5,018,741	7,123,494	0.276054	0.276054	0.276054	56
57	CT Scan	39,192,776	54,946,380	94,139,156	0.067383	0.067383	0.067383	57
58	MRI	17,873,600	39,137,758	57,011,358	0.107093	0.107093	0.107093	58
59	Cardiac Catheterization	9,539,268	8,738,396	18,277,664	0.137742	0.137742	0.137742	59
60	Laboratory	123,952,023	213,728,840	337,680,863	0.132118	0.132118	0.132118	60
60.01	LAB TISSUE TYPING	896,435	4,262,523	5,158,958	0.347243	0.347243	0.347243	60.01
60.02	LAB OUTREACH		160,098,876	160,098,876	0.082039	0.082039	0.082039	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	28,750,201	9,963,097	38,713,298	0.221955	0.221955	0.221955	63
64	Intravenous Therapy	3,012,311	508,410	3,520,721	0.179001	0.179001	0.179001	64
65	Respiratory Therapy	36,217,755	6,912,198	43,129,953	0.175967	0.175967	0.175967	65
66	Physical Therapy	6,319,262	13,553,927	19,873,189	0.542198	0.542198	0.542198	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,719	2,189,049	2,190,768	0.246283	0.246283	0.246283	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	801	3,028,543	3,029,344	0.320543	0.320543	0.320543	66.02
66.03	PHYSICAL THERAPY-OCC		1	1	847.000000	847.000000	847.000000	66.03
67	Occupational Therapy	5,028,267	2,992,892	8,021,159	0.539692	0.539692	0.539692	67
68	Speech Pathology	1,489,685	613,552	2,103,237	0.507609	0.507609	0.507609	68
69	Electrocardiology	3,256,828	1,759,005	5,015,833	0.106960	0.106960	0.106960	69
70	Electroencephalography	7,147,958	1,179,201	8,327,159	0.103663	0.103663	0.103663	70
71	Medical Supplies Charged to Patients	123,930,351	76,097,518	200,027,869	0.367505	0.367505	0.367505	71
73	Drugs Charged to Patients	148,734,666	165,492,348	314,227,014	0.280276	0.280276	0.280276	73
74	Renal Dialysis	8,894,584	27,201,807	36,096,391	0.289637	0.289637	0.289637	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	5,846,907	22,172,183	28,019,090	0.223948	0.223948	0.223948	76.01
76.02	BONE MARROW TRANSPLANT	2,751,694	353,973	3,105,667	0.860492	0.860492	0.860492	76.02
76.03	CARDIAC SERVICES	16,507,028	17,356,450	33,863,478	0.166821	0.166821	0.166821	76.03
76.04	TELEMEDICINE PROGRAM		1,427,878	1,427,878	1.830521	1.830521	1.830521	76.04
76.05	SLEEP LAB WEST HARRISON	8,240	5,287,999	5,296,239	0.336050	0.336050	0.336050	76.05
76.06	SICKLE CELL	515,328	4,063,063	4,578,391	0.474517	0.474517	0.474517	76.06
76.07	HEART CENTER-ROOSEVELT RD	3,159	613,289	616,448	0.230216	0.230216	0.230216	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		214,208	214,208	1.000588	1.000588	1.000588	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	586,307	115,115,889	115,702,196	0.699825	0.699825	0.699825	90
91	Emergency	24,243,704	58,522,209	82,765,913	0.251192	0.251192	0.251192	91
92	Observation Beds (Non-Distinct Part)	1,219,748	19,421,101	20,640,849	0.691017	0.691017	0.691017	92
93.01	OCC EEI	40,554	24,000,306	24,040,860	0.441363	0.441363	0.441363	93.01
93.02	OCC PSYCH	1,376	7,592,429	7,593,805	0.743199	0.743199	0.743199	93.02
93.03	OCC ADOLESCENTS	21,121	15,498,661	15,519,782	0.548846	0.548846	0.548846	93.03
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	11,105,664		11,105,664				105
107	Liver Acquisition	3,134,170		3,134,170				107
109	Pancreas Acquisition	964,360		964,360				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	87,695		87,695				112
200	Subtotal (sum of lines 30 thru 199)	1,171,681,287	1,315,259,297	2,486,940,584				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,171,681,287	1,315,259,297	2,486,940,584				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,969,472		1,969,472	72,548	27.15	14,233	386,426	30
31	Intensive Care Unit	624,615		624,615	13,328	46.86	4,636	217,243	31
31.01	PEDS ICU	104,993		104,993	1,711	61.36	12	736	31.01
31.02	NEONATAL ICU	273,209		273,209	10,363	26.36			31.02
32	Coronary Care Unit	292,706		292,706	5,694	51.41	1,793	92,178	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	344,867		344,867	12,060	28.60	1,553	44,416	40
41	Subprovider - IRF	120,071		120,071	3,431	35.00	651	22,785	41
42	Subprovider I								42
43	Nursery	37,665		37,665	3,810	9.89			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,767,598		3,767,598	122,945		22,878	763,784	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0150

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,889,516	161,810,361	0.024037	14,121,251	339,433	50
51	Recovery Room	241,500	13,739,724	0.017577	875,314	15,385	51
52	Delivery Room & Labor Room	543,914	33,224,607	0.016371	78,960	1,293	52
53	Anesthesiology	475,608	73,512,931	0.006470	5,575,499	36,073	53
54	Radiology-Diagnostic	639,596	33,170,031	0.019282	2,237,886	43,151	54
54.01	RADIO ULTRASOUND	259,365	14,832,773	0.017486	1,182,907	20,684	54.01
54.02	RADIO ANGIOGRAPHY	208,396	65,900,729	0.003162	9,104,140	28,787	54.02
54.03	RADIO WEST HARRISON	599,733	15,997,524	0.037489	35,746	1,340	54.03
54.04	RADIO MILE SQUARE	63,109	2,057,608	0.030671	702	22	54.04
55	Radiology-Therapeutic	650,926	18,019,094	0.036124	576,494	20,825	55
56	Radioisotope	120,700	7,123,494	0.016944	650,117	11,016	56
57	CT Scan	202,825	94,139,156	0.002155	10,747,923	23,162	57
58	MRI	655,300	57,011,358	0.011494	4,013,404	46,130	58
59	Cardiac Catheterization	54,036	18,277,664	0.002956	3,158,936	9,338	59
60	Laboratory	1,663,069	337,680,863	0.004925	31,137,903	153,354	60
60.01	LAB TISSUE TYPING	79,661	5,158,958	0.015441	552,253	8,527	60.01
60.02	LAB OUTREACH	121,356	160,098,876	0.000758			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	54,734	38,713,298	0.001414	6,883,110	9,733	63
64	Intravenous Therapy	7,540	3,520,721	0.002142	799,249	1,712	64
65	Respiratory Therapy	232,590	43,129,953	0.005393	8,209,270	44,273	65
66	Physical Therapy	237,388	19,873,189	0.011945	1,084,252	12,951	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	52,887	2,190,768	0.024141	178	4	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	9,751	3,029,344	0.003219	89		66.02
66.03	PHYSICAL THERAPY-OCC	3	1	3.000000			66.03
67	Occupational Therapy	92,750	8,021,159	0.011563	517,064	5,979	67
68	Speech Pathology	11,891	2,103,237	0.005654	357,589	2,022	68
69	Electrocardiology	10,124	5,015,833	0.002018	1,010,211	2,039	69
70	Electroencephalography	135,795	8,327,159	0.016307	2,260,535	36,863	70
71	Medical Supplies Charged to Pat	448,167	200,027,869	0.002241	30,174,453	67,621	71
73	Drugs Charged to Patients	435,804	314,227,014	0.001387	32,258,683	44,743	73
74	Renal Dialysis	296,225	36,096,391	0.008206	3,542,635	29,071	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	460,073	28,019,090	0.016420	1,522,077	24,993	76.01
76.02	BONE MARROW TRANSPLANT	112,880	3,105,667	0.036346	313,047	11,378	76.02
76.03	CARDIAC SERVICES	659,084	33,863,478	0.019463	4,886,313	95,102	76.03
76.04	TELEMEDICINE PROGRAM	40,459	1,427,878	0.028335			76.04
76.05	SLEEP LAB WEST HARRISON	9,507	5,296,239	0.001795	4,785	9	76.05
76.06	SICKLE CELL	8,568	4,578,391	0.001871	67,683	127	76.06
76.07	HEART CENTER-ROOSEVELT RD	15,957	616,448	0.025885	2,275	59	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	837	214,208	0.003907			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,328,531	115,702,196	0.020125	240,760	4,845	90
91	Emergency	481,938	82,765,913	0.005823	5,387,190	31,370	91
92	Observation Beds (Non-Distinct	207,815	20,640,849	0.010068	478,309	4,816	92
93.01	OCC EEI	286,333	24,040,860	0.011910	10,000	119	93.01
93.02	OCC PSYCH	421,699	7,593,805	0.055532	412	23	93.02
93.03	OCC ADOLESCENTS	177,239	15,519,782	0.011420			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,705,179	2,139,416,491		184,059,604	1,188,372	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjust- ment Amount (see instruct- ions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		1,643,893			1,643,893	30
31	Intensive Care Unit		337,630			337,630	31
31.01	PEDS ICU		43,344			43,344	31.01
31.02	NEONATAL ICU		262,519			262,519	31.02
32	Coronary Care Unit		144,242			144,242	32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		305,508			305,508	40
41	Subprovider - IRF		86,915			86,915	41
42	Subprovider I						42
43	Nursery		96,516			96,516	43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		2,920,567			2,920,567	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	72,548	22.66	14,233	322,520	30
31	Intensive Care Unit	13,328	25.33	4,636	117,430	31
31.01	PEDS ICU	1,711	25.33	12	304	31.01
31.02	NEONATAL ICU	10,363	25.33			31.02
32	Coronary Care Unit	5,694	25.33	1,793	45,417	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	12,060	25.33	1,553	39,337	40
41	Subprovider - IRF	3,431	25.33	651	16,490	41
42	Subprovider I					42
43	Nursery	3,810	25.33			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	122,945		22,878	541,498	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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

(A)	Cost Center Description	1	2	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
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct			173,455		173,455	173,455	92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			173,455		173,455	173,455	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	161,810,361			14,121,251		14,002,393		50
51	Recovery Room	13,739,724			875,314		1,125,328		51
52	Delivery Room & Labor Room	33,224,607			78,960		78,443		52
53	Anesthesiology	73,512,931			5,575,499		5,373,741		53
54	Radiology-Diagnostic	33,170,031			2,237,886		3,172,345		54
54.01	RADIO ULTRASOUND	14,832,773			1,182,907		1,284,578		54.01
54.02	RADIO ANGIOGRAPHY	65,900,729			9,104,140		7,556,788		54.02
54.03	RADIO WEST HARRISON	15,997,524			35,746		1,935,027		54.03
54.04	RADIO MILE SQUARE	2,057,608			702		100,423		54.04
55	Radiology-Therapeutic	18,019,094			576,494		3,001,057		55
56	Radioisotope	7,123,494			650,117		1,045,186		56
57	CT Scan	94,139,156			10,747,923		11,135,681		57
58	MRI	57,011,358			4,013,404		6,207,762		58
59	Cardiac Catheterization	18,277,664			3,158,936		2,722,251		59
60	Laboratory	337,680,863			31,137,903		20,206,255		60
60.01	LAB TISSUE TYPING	5,158,958			552,253		164,799		60.01
60.02	LAB OUTREACH	160,098,876							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	38,713,298			6,883,110		1,823,378		63
64	Intravenous Therapy	3,520,721			799,249		84,372		64
65	Respiratory Therapy	43,129,953			8,209,270		1,542,790		65
66	Physical Therapy	19,873,189			1,084,252		37,756		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,190,768			178		15,558		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	3,029,344			89		4,245		66.02
66.03	PHYSICAL THERAPY-OCC	1							66.03
67	Occupational Therapy	8,021,159			517,064		14,323		67
68	Speech Pathology	2,103,237			357,589		4,513		68
69	Electrocardiology	5,015,833			1,010,211		520,326		69
70	Electroencephalography	8,327,159			2,260,535		157,528		70
71	Medical Supplies Charged to Pat	200,027,869			30,174,453		15,245,857		71
73	Drugs Charged to Patients	314,227,014			32,258,683		43,053,058		73
74	Renal Dialysis	36,096,391			3,542,635		20,244		74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	28,019,090			1,522,077		3,947,296		76.01
76.02	BONE MARROW TRANSPLANT	3,105,667			313,047		10,353		76.02
76.03	CARDIAC SERVICES	33,863,478			4,886,313		3,469,104		76.03
76.04	TELEMEDICINE PROGRAM	1,427,878							76.04
76.05	SLEEP LAB WEST HARRISON	5,296,239			4,785		729,184		76.05
76.06	SICKLE CELL	4,578,391			67,683		502,161		76.06
76.07	HEART CENTER-ROOSEVELT RD	616,448			2,275		185,518		76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	214,208							76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	115,702,196			240,760		20,124,220		90
91	Emergency	82,765,913			5,387,190		7,732,415		91
92	Observation Beds (Non-Distinct	20,640,849	0.008403	0.008403	478,309	4.019	4,025,628	33,827	92
93.01	OCC EEI	24,040,860			10,000		6,666,936		93.01
93.02	OCC PSYCH	7,593,805			412		750,300		93.02
93.03	OCC ADOLESCENTS	15,519,782					18,449		93.03
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,139,416,491			184,059,604	4.019	189,797,569	33,827	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.279110	14,002.393			3,908.208			50
51	Recovery Room	0.666304	1,125.328			749,811			51
52	Delivery Room & Labor Room	0.529926	78,443			41,569			52
53	Anesthesiology	0.056252	5,373.741			302,284			53
54	Radiology-Diagnostic	0.242437	3,172.345			769,094			54
54.01	RADIO ULTRASOUND	0.178701	1,284.578			229,555			54.01
54.02	RADIO ANGIOGRAPHY	0.110623	7,556.788			835,955			54.02
54.03	RADIO WEST HARRISON	0.175653	1,935.027			339,893			54.03
54.04	RADIO MILE SQUARE	0.336365	100,423			33,779			54.04
55	Radiology-Therapeutic	0.495206	3,001,057			1,486,141			55
56	Radioisotope	0.276054	1,045,186			288,528			56
57	CT Scan	0.067383	11,135.681			750,356			57
58	MRI	0.107093	6,207,762			664,808			58
59	Cardiac Catheterization	0.137742	2,722,251			374,968			59
60	Laboratory	0.132118	20,206,255			2,669,610			60
60.01	LAB TISSUE TYPING	0.347243	164,799			57,225			60.01
60.02	LAB OUTREACH	0.082039							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.221955	1,823,378			404,708			63
64	Intravenous Therapy	0.179001	84,372			15,103			64
65	Respiratory Therapy	0.175967	1,542,790			271,480			65
66	Physical Therapy	0.542198	37,756			20,471			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.246283	15,558			3,832			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.320543	4,245			1,361			66.02
66.03	PHYSICAL THERAPY-OCC	847.000000							66.03
67	Occupational Therapy	0.539692	14,323			7,730			67
68	Speech Pathology	0.507609	4,513			2,291			68
69	Electrocardiology	0.106960	520,326			55,654			69
70	Electroencephalography	0.103663	157,528			16,330			70
71	Medical Supplies Charged to Pat	0.367505	15,245,857			5,602,929			71
73	Drugs Charged to Patients	0.280276	43,053,058			12,066,739			73
74	Renal Dialysis	0.289637	20,244			5,863			74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	0.223948	3,947,296			883,989			76.01
76.02	BONE MARROW TRANSPLANT	0.860492	10,353			8,909			76.02
76.03	CARDIAC SERVICES	0.166821	3,469,104			578,719			76.03
76.04	TELEMEDICINE PROGRAM	1.830521							76.04
76.05	SLEEP LAB WEST HARRISON	0.336050	729,184			245,042			76.05
76.06	SICKLE CELL	0.474517	502,161			238,284			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.230216	185,518			42,709			76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.000588							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.699825	20,124,220			14,083,432			90
91	Emergency	0.251192	7,732,415			1,942,321			91
92	Observation Beds (Non-Distinct)	0.691017	4,025,628			2,781,777			92
93.01	OCC EEI	0.441363	6,666,936			2,942,539			93.01
93.02	OCC PSYCH	0.743199	750,300			557,622			93.02
93.03	OCC ADOLESCENTS	0.548846	18,449			10,126			93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		189,797,569			56,291,744			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		189,797,569			56,291,744			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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 [] TEFRA
 Boxes: [] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,889,516	161,810,361	0.024037	11,134	268	50
51	Recovery Room	241,500	13,739,724	0.017577	38,502	677	51
52	Delivery Room & Labor Room	543,914	33,224,607	0.016371	15,866	260	52
53	Anesthesiology	475,608	73,512,931	0.006470	7,815	51	53
54	Radiology-Diagnostic	639,596	33,170,031	0.019282	14,696	283	54
54.01	RADIO ULTRASOUND	259,365	14,832,773	0.017486	3,761	66	54.01
54.02	RADIO ANGIOGRAPHY	208,396	65,900,729	0.003162	2,930	9	54.02
54.03	RADIO WEST HARRISON	599,733	15,997,524	0.037489			54.03
54.04	RADIO MILE SQUARE	63,109	2,057,608	0.030671			54.04
55	Radiology-Therapeutic	650,926	18,019,094	0.036124			55
56	Radioisotope	120,700	7,123,494	0.016944			56
57	CT Scan	202,825	94,139,156	0.002155	56,859	123	57
58	MRI	655,300	57,011,358	0.011494	27,240	313	58
59	Cardiac Catheterization	54,036	18,277,664	0.002956			59
60	Laboratory	1,663,069	337,680,863	0.004925	369,955	1,822	60
60.01	LAB TISSUE TYPING	79,661	5,158,958	0.015441			60.01
60.02	LAB OUTREACH	121,356	160,098,876	0.000758			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	54,734	38,713,298	0.001414	4,071	6	63
64	Intravenous Therapy	7,540	3,520,721	0.002142	1,460	3	64
65	Respiratory Therapy	232,590	43,129,953	0.005393	21,013	113	65
66	Physical Therapy	237,388	19,873,189	0.011945	4,187	50	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	52,887	2,190,768	0.024141			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	9,751	3,029,344	0.003219			66.02
66.03	PHYSICAL THERAPY-OCC	3	1	3.000000			66.03
67	Occupational Therapy	92,750	8,021,159	0.011563	143,453	1,659	67
68	Speech Pathology	11,891	2,103,237	0.005654	1,842	10	68
69	Electrocardiology	10,124	5,015,833	0.002018	17,440	35	69
70	Electroencephalography	135,795	8,327,159	0.016307	7,039	115	70
71	Medical Supplies Charged to Pat	448,167	200,027,869	0.002241	178,623	400	71
73	Drugs Charged to Patients	435,804	314,227,014	0.001387	445,558	618	73
74	Renal Dialysis	296,225	36,096,391	0.008206	55,161	453	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	460,073	28,019,090	0.016420	3,807	63	76.01
76.02	BONE MARROW TRANSPLANT	112,880	3,105,667	0.036346			76.02
76.03	CARDIAC SERVICES	659,084	33,863,478	0.019463	9,842	192	76.03
76.04	TELEMEDICINE PROGRAM	40,459	1,427,878	0.028335			76.04
76.05	SLEEP LAB WEST HARRISON	9,507	5,296,239	0.001795			76.05
76.06	SICKLE CELL	8,568	4,578,391	0.001871			76.06
76.07	HEART CENTER-ROOSEVELT RD	15,957	616,448	0.025885			76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	837	214,208	0.003907			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,328,531	115,702,196	0.020125	4,510	91	90
91	Emergency	481,938	82,765,913	0.005823	209,482	1,220	91
92	Observation Beds (Non-Distinct		20,640,849				92
93.01	OCC EEI	286,333	24,040,860	0.011910			93.01
93.02	OCC PSYCH	421,699	7,593,805	0.055532	964	54	93.02
93.03	OCC ADOLESCENTS	177,239	15,519,782	0.011420			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,497,364	2,139,416,491		1,657,210	8,954	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	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
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY						76.01
76.02	BONE MARROW TRANSPLANT						76.02
76.03	CARDIAC SERVICES						76.03
76.04	TELEMEDICINE PROGRAM						76.04
76.05	SLEEP LAB WEST HARRISON						76.05
76.06	SICKLE CELL						76.06
76.07	HEART CENTER-ROOSEVELT RD						76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct						92
93.01	OCC EEI						93.01
93.02	OCC PSYCH						93.02
93.03	OCC ADOLESCENTS						93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	161,810,361			11,134				50
51	Recovery Room	13,739,724			38,502				51
52	Delivery Room & Labor Room	33,224,607			15,866				52
53	Anesthesiology	73,512,931			7,815				53
54	Radiology-Diagnostic	33,170,031			14,696		3,278		54
54.01	RADIO ULTRASOUND	14,832,773			3,761				54.01
54.02	RADIO ANGIOGRAPHY	65,900,729			2,930				54.02
54.03	RADIO WEST HARRISON	15,997,524							54.03
54.04	RADIO MILE SQUARE	2,057,608							54.04
55	Radiology-Therapeutic	18,019,094							55
56	Radioisotope	7,123,494							56
57	CT Scan	94,139,156			56,859				57
58	MRI	57,011,358			27,240				58
59	Cardiac Catheterization	18,277,664							59
60	Laboratory	337,680,863			369,955				60
60.01	LAB TISSUE TYPING	5,158,958							60.01
60.02	LAB OUTREACH	160,098,876							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	38,713,298			4,071				63
64	Intravenous Therapy	3,520,721			1,460				64
65	Respiratory Therapy	43,129,953			21,013		301		65
66	Physical Therapy	19,873,189			4,187				66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,190,768							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	3,029,344							66.02
66.03	PHYSICAL THERAPY-OCC	1							66.03
67	Occupational Therapy	8,021,159			143,453				67
68	Speech Pathology	2,103,237			1,842				68
69	Electrocardiology	5,015,833			17,440		1,084		69
70	Electroencephalography	8,327,159			7,039				70
71	Medical Supplies Charged to Pat	200,027,869			178,623				71
73	Drugs Charged to Patients	314,227,014			445,558		8,923		73
74	Renal Dialysis	36,096,391			55,161				74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	28,019,090			3,807				76.01
76.02	BONE MARROW TRANSPLANT	3,105,667							76.02
76.03	CARDIAC SERVICES	33,863,478			9,842				76.03
76.04	TELEMEDICINE PROGRAM	1,427,878							76.04
76.05	SLEEP LAB WEST HARRISON	5,296,239							76.05
76.06	SICKLE CELL	4,578,391							76.06
76.07	HEART CENTER-ROOSEVELT RD	616,448							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	214,208							76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	115,702,196			4,510				90
91	Emergency	82,765,913			209,482				91
92	Observation Beds (Non-Distinct	20,640,849							92
93.01	OCC EEI	24,040,860							93.01
93.02	OCC PSYCH	7,593,805			964				93.02
93.03	OCC ADOLESCENTS	15,519,782							93.03
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,139,416,491			1,657,210		13,586		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.279110							50
51	Recovery Room	0.666304							51
52	Delivery Room & Labor Room	0.529926							52
53	Anesthesiology	0.056252							53
54	Radiology-Diagnostic	0.242437	3,278			795			54
54.01	RADIO ULTRASOUND	0.178701							54.01
54.02	RADIO ANGIOGRAPHY	0.110623							54.02
54.03	RADIO WEST HARRISON	0.175653							54.03
54.04	RADIO MILE SQUARE	0.336365							54.04
55	Radiology-Therapeutic	0.495206							55
56	Radioisotope	0.276054							56
57	CT Scan	0.067383							57
58	MRI	0.107093							58
59	Cardiac Catheterization	0.137742							59
60	Laboratory	0.132118							60
60.01	LAB TISSUE TYPING	0.347243							60.01
60.02	LAB OUTREACH	0.082039							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.221955							63
64	Intravenous Therapy	0.179001							64
65	Respiratory Therapy	0.175967	301			53			65
66	Physical Therapy	0.542198							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.246283							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.320543							66.02
66.03	PHYSICAL THERAPY-OCC	847.000000							66.03
67	Occupational Therapy	0.539692							67
68	Speech Pathology	0.507609							68
69	Electrocardiology	0.106960	1,084			116			69
70	Electroencephalography	0.103663							70
71	Medical Supplies Charged to Pat	0.367505							71
73	Drugs Charged to Patients	0.280276	8,923			2,501			73
74	Renal Dialysis	0.289637							74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	0.223948							76.01
76.02	BONE MARROW TRANSPLANT	0.860492							76.02
76.03	CARDIAC SERVICES	0.166821							76.03
76.04	TELEMEDICINE PROGRAM	1.830521							76.04
76.05	SLEEP LAB WEST HARRISON	0.336050							76.05
76.06	SICKLE CELL	0.474517							76.06
76.07	HEART CENTER-ROOSEVELT RD	0.230216							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.000588							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.699825							90
91	Emergency	0.251192							91
92	Observation Beds (Non-Distinct)	0.691017							92
93.01	OCC EEI	0.441363							93.01
93.02	OCC PSYCH	0.743199							93.02
93.03	OCC ADOLESCENTS	0.548846							93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		13,586			3,465			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		13,586			3,465			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T150

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,889,516	161,810,361	0.024037			50
51	Recovery Room	241,500	13,739,724	0.017577	2,672	47	51
52	Delivery Room & Labor Room	543,914	33,224,607	0.016371			52
53	Anesthesiology	475,608	73,512,931	0.006470	9,219	60	53
54	Radiology-Diagnostic	639,596	33,170,031	0.019282	5,343	103	54
54.01	RADIO ULTRASOUND	259,365	14,832,773	0.017486	1,660	29	54.01
54.02	RADIO ANGIOGRAPHY	208,396	65,900,729	0.003162	1,149	4	54.02
54.03	RADIO WEST HARRISON	599,733	15,997,524	0.037489			54.03
54.04	RADIO MILE SQUARE	63,109	2,057,608	0.030671			54.04
55	Radiology-Therapeutic	650,926	18,019,094	0.036124	35,507	1,283	55
56	Radioisotope	120,700	7,123,494	0.016944			56
57	CT Scan	202,825	94,139,156	0.002155	8,820	19	57
58	MRI	655,300	57,011,358	0.011494	5,251	60	58
59	Cardiac Catheterization	54,036	18,277,664	0.002956	28,197	83	59
60	Laboratory	1,663,069	337,680,863	0.004925	146,832	723	60
60.01	LAB TISSUE TYPING	79,661	5,158,958	0.015441			60.01
60.02	LAB OUTREACH	121,356	160,098,876	0.000758			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	54,734	38,713,298	0.001414	8,927	13	63
64	Intravenous Therapy	7,540	3,520,721	0.002142	2,648	6	64
65	Respiratory Therapy	232,590	43,129,953	0.005393	8,714	47	65
66	Physical Therapy	237,388	19,873,189	0.011945	407,939	4,873	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	52,887	2,190,768	0.024141			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	9,751	3,029,344	0.003219			66.02
66.03	PHYSICAL THERAPY-OCC	3	1	3.000000			66.03
67	Occupational Therapy	92,750	8,021,159	0.011563	312,746	3,616	67
68	Speech Pathology	11,891	2,103,237	0.005654	53,299	301	68
69	Electrocardiology	10,124	5,015,833	0.002018	1,250	3	69
70	Electroencephalography	135,795	8,327,159	0.016307	8,349	136	70
71	Medical Supplies Charged to Pat	448,167	200,027,869	0.002241	102,104	229	71
73	Drugs Charged to Patients	435,804	314,227,014	0.001387	322,883	448	73
74	Renal Dialysis	296,225	36,096,391	0.008206	54,818	450	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	460,073	28,019,090	0.016420	8,050	132	76.01
76.02	BONE MARROW TRANSPLANT	112,880	3,105,667	0.036346			76.02
76.03	CARDIAC SERVICES	659,084	33,863,478	0.019463	9,570	186	76.03
76.04	TELEMEDICINE PROGRAM	40,459	1,427,878	0.028335			76.04
76.05	SLEEP LAB WEST HARRISON	9,507	5,296,239	0.001795	2,428	4	76.05
76.06	SICKLE CELL	8,568	4,578,391	0.001871			76.06
76.07	HEART CENTER-ROOSEVELT RD	15,957	616,448	0.025885			76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	837	214,208	0.003907			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,328,531	115,702,196	0.020125	221	4	90
91	Emergency	481,938	82,765,913	0.005823			91
92	Observation Beds (Non-Distinct		20,640,849				92
93.01	OCC EEI	286,333	24,040,860	0.011910			93.01
93.02	OCC PSYCH	421,699	7,593,805	0.055532			93.02
93.03	OCC ADOLESCENTS	177,239	15,519,782	0.011420			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,497,364	2,139,416,491		1,548,596	12,859	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	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
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	161,810,361						50
51	Recovery Room	13,739,724			2,672			51
52	Delivery Room & Labor Room	33,224,607						52
53	Anesthesiology	73,512,931			9,219			53
54	Radiology-Diagnostic	33,170,031			5,343		2,205	54
54.01	RADIO ULTRASOUND	14,832,773			1,660			54.01
54.02	RADIO ANGIOGRAPHY	65,900,729			1,149			54.02
54.03	RADIO WEST HARRISON	15,997,524						54.03
54.04	RADIO MILE SQUARE	2,057,608						54.04
55	Radiology-Therapeutic	18,019,094			35,507			55
56	Radioisotope	7,123,494						56
57	CT Scan	94,139,156			8,820			57
58	MRI	57,011,358			5,251			58
59	Cardiac Catheterization	18,277,664			28,197			59
60	Laboratory	337,680,863			146,832			60
60.01	LAB TISSUE TYPING	5,158,958						60.01
60.02	LAB OUTREACH	160,098,876						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	38,713,298			8,927			63
64	Intravenous Therapy	3,520,721			2,648			64
65	Respiratory Therapy	43,129,953			8,714		124	65
66	Physical Therapy	19,873,189			407,939			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	2,190,768						66.01
66.02	PHYSICAL THERAPY MAXWELL ST	3,029,344						66.02
66.03	PHYSICAL THERAPY-OCC	1						66.03
67	Occupational Therapy	8,021,159			312,746			67
68	Speech Pathology	2,103,237			53,299			68
69	Electrocardiology	5,015,833			1,250		250	69
70	Electroencephalography	8,327,159			8,349			70
71	Medical Supplies Charged to Pat	200,027,869			102,104			71
73	Drugs Charged to Patients	314,227,014			322,883		1,801	73
74	Renal Dialysis	36,096,391			54,818			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	28,019,090			8,050			76.01
76.02	BONE MARROW TRANSPLANT	3,105,667						76.02
76.03	CARDIAC SERVICES	33,863,478			9,570			76.03
76.04	TELEMEDICINE PROGRAM	1,427,878						76.04
76.05	SLEEP LAB WEST HARRISON	5,296,239			2,428			76.05
76.06	SICKLE CELL	4,578,391						76.06
76.07	HEART CENTER-ROOSEVELT RD	616,448						76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	214,208						76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	115,702,196			221			90
91	Emergency	82,765,913						91
92	Observation Beds (Non-Distinct	20,640,849						92
93.01	OCC EEI	24,040,860						93.01
93.02	OCC PSYCH	7,593,805						93.02
93.03	OCC ADOLESCENTS	15,519,782						93.03
OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,139,416,491			1,548,596		4,380	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.279110						50
51	Recovery Room	0.666304						51
52	Delivery Room & Labor Room	0.529926						52
53	Anesthesiology	0.056252						53
54	Radiology-Diagnostic	0.242437	2,205			535		54
54.01	RADIO ULTRASOUND	0.178701						54.01
54.02	RADIO ANGIOGRAPHY	0.110623						54.02
54.03	RADIO WEST HARRISON	0.175653						54.03
54.04	RADIO MILE SQUARE	0.336365						54.04
55	Radiology-Therapeutic	0.495206						55
56	Radioisotope	0.276054						56
57	CT Scan	0.067383						57
58	MRI	0.107093						58
59	Cardiac Catheterization	0.137742						59
60	Laboratory	0.132118						60
60.01	LAB TISSUE TYPING	0.347243						60.01
60.02	LAB OUTREACH	0.082039						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.221955						63
64	Intravenous Therapy	0.179001						64
65	Respiratory Therapy	0.175967	124			22		65
66	Physical Therapy	0.542198						66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.246283						66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.320543						66.02
66.03	PHYSICAL THERAPY-OCC	847.000000						66.03
67	Occupational Therapy	0.539692						67
68	Speech Pathology	0.507609						68
69	Electrocardiology	0.106960	250			27		69
70	Electroencephalography	0.103663						70
71	Medical Supplies Charged to Pat	0.367505						71
73	Drugs Charged to Patients	0.280276	1,801			505		73
74	Renal Dialysis	0.289637						74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	0.223948						76.01
76.02	BONE MARROW TRANSPLANT	0.860492						76.02
76.03	CARDIAC SERVICES	0.166821						76.03
76.04	TELEMEDICINE PROGRAM	1.830521						76.04
76.05	SLEEP LAB WEST HARRISON	0.336050						76.05
76.06	SICKLE CELL	0.474517						76.06
76.07	HEART CENTER-ROOSEVELT RD	0.230216						76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.000588						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.699825						90
91	Emergency	0.251192						91
92	Observation Beds (Non-Distinct)	0.691017						92
93.01	OCC EEI	0.441363						93.01
93.02	OCC PSYCH	0.743199						93.02
93.03	OCC ADOLESCENTS	0.548846						93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		4,380			1,089		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		4,380			1,089		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	72,548	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	72,548	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)	64,893	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)	14,233	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)	135,175,088	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)	135,175,088	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	135,175,088	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		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		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,863.25	38	
39	Program general inpatient routine service cost (line 9 x line 38)					26,519,637	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					26,519,637	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	37,320,867	13,328	2,800.19	4,636	12,981,681	43	
43.01	PEDS ICU	8,584,240	1,711	5,017.09	12	60,205	43.01	
43.02	NEONATAL ICU	24,226,958	10,363	2,337.83			43.02	
44	Coronary Care Unit	18,761,330	5,694	3,294.93	1,793	5,907,809	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)					41,986,932	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					87,456,264	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,182,254	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,192,391	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,374,645	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					85,081,619	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,655	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,863.25	88
89	Observation bed cost (line 87 x line 88) (see instructions)					14,263,179	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,969,472	135,175,088	0.014570	14,263,179	207,815	90
91	Nursing School						91
92	Allied Health	1,643,893	135,175,088	0.012161	14,263,179	173,455	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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 [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,060	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,060	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)	12,060	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,553	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)	21,373,132	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)	21,373,132	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	21,373,132	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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) [XX] PPS
 Applicable [XX] Title XVIII, Part A [XX] IPF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,772.23	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,752,273	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)	2,752,273	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	451,366	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	3,203,639	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	83,753	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	8,954	51
52	Total Program excludable cost (sum of lines 50 and 51)	92,707	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	3,110,932	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,431	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,431	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)	3,431	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)	651	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)	6,180,195	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)	6,180,195	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,180,195	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,801.28	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,172,633	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,172,633	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	616,320	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,788,953	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	39,275	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	12,859	51
52	Total Program excludable cost (sum of lines 50 and 51)	52,134	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,736,819	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		35,838,639		30
31	Intensive Care Unit		18,578,433		31
31.01	PEDS ICU		42,652		31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit		8,184,062		32
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.279110	14,121,251	3,941,382	50
51	Recovery Room	0.666304	875,314	583,225	51
52	Delivery Room & Labor Room	0.529926	78,960	41,843	52
53	Anesthesiology	0.056252	5,575,499	313,633	53
54	Radiology-Diagnostic	0.242437	2,237,886	542,546	54
54.01	RADIO ULTRASOUND	0.178701	1,182,907	211,387	54.01
54.02	RADIO ANGIOGRAPHY	0.110623	9,104,140	1,007,127	54.02
54.03	RADIO WEST HARRISON	0.175653	35,746	6,279	54.03
54.04	RADIO MILE SQUARE	0.336365	702	236	54.04
55	Radiology-Therapeutic	0.495206	576,494	285,483	55
56	Radioisotope	0.276054	650,117	179,467	56
57	CT Scan	0.067383	10,747,923	724,227	57
58	MRI	0.107093	4,013,404	429,807	58
59	Cardiac Catheterization	0.137742	3,158,936	435,118	59
60	Laboratory	0.132118	31,137,903	4,113,877	60
60.01	LAB TISSUE TYPING	0.347243	552,253	191,766	60.01
60.02	LAB OUTREACH	0.082039			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.221955	6,883,110	1,527,741	63
64	Intravenous Therapy	0.179001	799,249	143,066	64
65	Respiratory Therapy	0.175967	8,209,270	1,444,561	65
66	Physical Therapy	0.542198	1,084,252	587,879	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.246283	178	44	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.320543	89	29	66.02
66.03	PHYSICAL THERAPY-OCC	847.000000			66.03
67	Occupational Therapy	0.539692	517,064	279,055	67
68	Speech Pathology	0.507609	357,589	181,515	68
69	Electrocardiology	0.106960	1,010,211	108,052	69
70	Electroencephalography	0.103663	2,260,535	234,334	70
71	Medical Supplies Charged to Patients	0.367505	30,174,453	11,089,262	71
73	Drugs Charged to Patients	0.280276	32,258,683	9,041,335	73
74	Renal Dialysis	0.289637	3,542,635	1,026,078	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.223948	1,522,077	340,866	76.01
76.02	BONE MARROW TRANSPLANT	0.860492	313,047	269,374	76.02
76.03	CARDIAC SERVICES	0.166821	4,886,313	815,140	76.03
76.04	TELEMEDICINE PROGRAM	1.830521			76.04
76.05	SLEEP LAB WEST HARRISON	0.336050	4,785	1,608	76.05
76.06	SICKLE CELL	0.474517	67,683	32,117	76.06
76.07	HEART CENTER-ROOSEVELT RD	0.230216	2,275	524	76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.000588			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.699825	240,760	168,490	90
91	Emergency	0.251192	5,387,190	1,353,219	91
92	Observation Beds (Non-Distinct Part)	0.691017	478,309	330,520	92
93.01	OCC EEI	0.441363	10,000	4,414	93.01
93.02	OCC PSYCH	0.743199	412	306	93.02
93.03	OCC ADOLESCENTS	0.548846			93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		184,059,604	41,986,932	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		184,059,604		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit				32
40	Subprovider - IPF		3,329,680		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.279110	11,134	3,108	50
51	Recovery Room	0.666304	38,502	25,654	51
52	Delivery Room & Labor Room	0.529926	15,866	8,408	52
53	Anesthesiology	0.056252	7,815	440	53
54	Radiology-Diagnostic	0.242437	14,696	3,563	54
54.01	RADIO ULTRASOUND	0.178701	3,761	672	54.01
54.02	RADIO ANGIOGRAPHY	0.110623	2,930	324	54.02
54.03	RADIO WEST HARRISON	0.175653			54.03
54.04	RADIO MILE SQUARE	0.336365			54.04
55	Radiology-Therapeutic	0.495206			55
56	Radioisotope	0.276054			56
57	CT Scan	0.067383	56,859	3,831	57
58	MRI	0.107093	27,240	2,917	58
59	Cardiac Catheterization	0.137742			59
60	Laboratory	0.132118	369,955	48,878	60
60.01	LAB TISSUE TYPING	0.347243			60.01
60.02	LAB OUTREACH	0.082039			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.221955	4,071	904	63
64	Intravenous Therapy	0.179001	1,460	261	64
65	Respiratory Therapy	0.175967	21,013	3,698	65
66	Physical Therapy	0.542198	4,187	2,270	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.246283			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.320543			66.02
66.03	PHYSICAL THERAPY-OCC	847.000000			66.03
67	Occupational Therapy	0.539692	143,453	77,420	67
68	Speech Pathology	0.507609	1,842	935	68
69	Electrocardiology	0.106960	17,440	1,865	69
70	Electroencephalography	0.103663	7,039	730	70
71	Medical Supplies Charged to Patients	0.367505	178,623	65,645	71
73	Drugs Charged to Patients	0.280276	445,558	124,879	73
74	Renal Dialysis	0.289637	55,161	15,977	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.223948	3,807	853	76.01
76.02	BONE MARROW TRANSPLANT	0.860492			76.02
76.03	CARDIAC SERVICES	0.166821	9,842	1,642	76.03
76.04	TELEMEDICINE PROGRAM	1.830521			76.04
76.05	SLEEP LAB WEST HARRISON	0.336050			76.05
76.06	SICKLE CELL	0.474517			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.230216			76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.000588			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.699825	4,510	3,156	90
91	Emergency	0.251192	209,482	52,620	91
92	Observation Beds (Non-Distinct Part)	0.691017			92
93.01	OCC EEI	0.441363			93.01
93.02	OCC PSYCH	0.743199	964	716	93.02
93.03	OCC ADOLESCENTS	0.548846			93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,657,210	451,366	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,657,210		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T150

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit				32
40	Subprovider - IPF				40
41	Subprovider - IRF		1,439,802		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.279110			50
51	Recovery Room	0.666304	2,672	1,780	51
52	Delivery Room & Labor Room	0.529926			52
53	Anesthesiology	0.056252	9,219	519	53
54	Radiology-Diagnostic	0.242437	5,343	1,295	54
54.01	RADIO ULTRASOUND	0.178701	1,660	297	54.01
54.02	RADIO ANGIOGRAPHY	0.110623	1,149	127	54.02
54.03	RADIO WEST HARRISON	0.175653			54.03
54.04	RADIO MILE SQUARE	0.336365			54.04
55	Radiology-Therapeutic	0.495206	35,507	17,583	55
56	Radioisotope	0.276054			56
57	CT Scan	0.067383	8,820	594	57
58	MRI	0.107093	5,251	562	58
59	Cardiac Catheterization	0.137742	28,197	3,884	59
60	Laboratory	0.132118	146,832	19,399	60
60.01	LAB TISSUE TYPING	0.347243			60.01
60.02	LAB OUTREACH	0.082039			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.221955	8,927	1,981	63
64	Intravenous Therapy	0.179001	2,648	474	64
65	Respiratory Therapy	0.175967	8,714	1,533	65
66	Physical Therapy	0.542198	407,939	221,184	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.246283			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.320543			66.02
66.03	PHYSICAL THERAPY-OCC	847.000000			66.03
67	Occupational Therapy	0.539692	312,746	168,787	67
68	Speech Pathology	0.507609	53,299	27,055	68
69	Electrocardiology	0.106960	1,250	134	69
70	Electroencephalography	0.103663	8,349	865	70
71	Medical Supplies Charged to Patients	0.367505	102,104	37,524	71
73	Drugs Charged to Patients	0.280276	322,883	90,496	73
74	Renal Dialysis	0.289637	54,818	15,877	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.223948	8,050	1,803	76.01
76.02	BONE MARROW TRANSPLANT	0.860492			76.02
76.03	CARDIAC SERVICES	0.166821	9,570	1,596	76.03
76.04	TELEMEDICINE PROGRAM	1.830521			76.04
76.05	SLEEP LAB WEST HARRISON	0.336050	2,428	816	76.05
76.06	SICKLE CELL	0.474517			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.230216			76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	1.000588			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.699825	221	155	90
91	Emergency	0.251192			91
92	Observation Beds (Non-Distinct Part)	0.691017			92
93.01	OCC EEI	0.441363			93.01
93.02	OCC PSYCH	0.743199			93.02
93.03	OCC ADOLESCENTS	0.548846			93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,548,596	616,320	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,548,596		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			1	D			
1	Adults & Pediatrics	182,576	38	1,863.25	99	184,462	1
2	Intensive Care Unit	51,777	43	2,800.19	6	16,801	2
2.01	PEDS ICU		43.01	5,017.09			2.01
2.02	NEONATAL ICU		43.02	2,337.83			2.02
3	Coronary Care Unit	8,736	44	3,294.93	4	13,180	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)	243,089			109	214,443	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	0.279110	1,060,873	296,100	8
9	Recovery Room	51	0.666304	80,296	53,502	9
10	Delivery Room & Labor Room	52	0.529926			10
11	Anesthesiology	53	0.056252	210,748	11,855	11
12	Radiology-Diagnostic	54	0.242437	305,681	74,108	12
12.01	RADIO ULTRASOUND	54.01	0.178701	197,813	35,349	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.110623	151,871	16,800	12.02
12.03	RADIO WEST HARRISON	54.03	0.175653	16,061	2,821	12.03
12.04	RADIO MILE SQUARE	54.04	0.336365			12.04
13	Radiology-Therapeutic	55	0.495206			13
14	Radioisotope	56	0.276054	129,725	35,811	14
15	CT Scan	57	0.067383	2,222,376	149,750	15
16	MRI	58	0.107093	62,579	6,702	16
17	Cardiac Catheterization	59	0.137742	471,841	64,992	17
18	Laboratory	60	0.132118	7,609,076	1,005,296	18
18.01	LAB TISSUE TYPING	60.01	0.347243	2,943,436	1,022,088	18.01
18.02	LAB OUTREACH	60.02	0.082039			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	0.221955	485,660	107,795	21
22	Intravenous Therapy	64	0.179001			22
23	Respiratory Therapy	65	0.175967	166,050	29,219	23
24	Physical Therapy	66	0.542198	17,510	9,494	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.246283			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.320543			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	847.000000			24.03
25	Occupational Therapy	67	0.539692			25
26	Speech Pathology	68	0.507609			26
27	Electrocardiology	69	0.106960	24,044	2,572	27
28	Electroencephalography	70	0.103663			28
29	Medical Supplies Charged to Patients	71	0.367505	261,977	96,278	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.280276	255,195	71,525	31
32	Renal Dialysis	74	0.289637	41,412	11,994	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.223948	203,129	45,490	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.860492	45	39	34.02
34.03	CARDIAC SERVICES	76.03	0.166821	993,287	165,701	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.830521			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.336050	724	243	34.05
34.06	SICKLE CELL	76.06	0.474517			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.230216	3,761	866	34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.000588			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	0.699825	1,230,021	860,799	37
38	Emergency	91	0.251192	3,617	909	38
39	Observation Beds (Non-Distinct Part)	92	0.691017	17,150	11,851	39
40	Other Outpatient Service (specify)	93				40

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40.01	OCC EEI	93.01	0.441363	3,478	1,535	40.01
40.02	OCC PSYCH	93.02	0.743199	3,662	2,722	40.02
40.03	OCC ADOLESCENTS	93.03	0.548846	3,416	1,875	40.03
41	TOTAL (sum of lines 8-40)			19,176,514	4,196,081	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART II**

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	I			
42	Adults & Pediatrics	2		99		42
43	Intensive Care Unit	3		6		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		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)			109		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	1,230,021	23			51
52	Emergency	3,617	24			52
53	Observation Beds (Non-Distinct Part)	17,150	25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI	3,478	26.01			54.01
54.02	OCC PSYCH	3,662	26.02			54.02
54.03	OCC ADOLESCENTS	3,416	26.03			54.03
55	TOTAL (sum of lines 49-54)	1,261,344				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check [] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [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	4,410,524		19,419,603		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	11,004,073		11,004,073		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	15,414,597		30,423,676		61
62	Total Usable Organs (see instructions)		142			62
63	Medicare Usable Organs (see instructions)		96			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.676056			64
65	Medicare Cost/Charges (see instructions)	10,421,131		20,568,109		65
66	Revenue for Organs Sold	48,598		376,695		66
67	Subtotal (line 65 minus line 66)	10,372,533		20,191,414		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	10,372,533		20,191,414		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	39	18		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		87		73
74	Total (sum of lines 70 thru 73)	39	105		74
75	Organs Transplanted	39	87	10,919,742	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		16	376,695	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)	39	105		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	2,171	38	1,863.25	1	1,863	1	
2	Intensive Care Unit	62,762	43	2,800.19	13	36,402	2	
2.01	PEDS ICU		43.01	5,017.09			2.01	
2.02	NEONATAL ICU		43.02	2,337.83			2.02	
3	Coronary Care Unit	4,368	44	3,294.93	1	3,295	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)	69,301			15	41,560	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	0.279110	95,994	26,793	8
9	Recovery Room	51	0.666304	2,996	1,996	9
10	Delivery Room & Labor Room	52	0.529926			10
11	Anesthesiology	53	0.056252	29,240	1,645	11
12	Radiology-Diagnostic	54	0.242437	13,289	3,222	12
12.01	RADIO ULTRASOUND	54.01	0.178701	19,741	3,528	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.110623	22,086	2,443	12.02
12.03	RADIO WEST HARRISON	54.03	0.175653	44,418	7,802	12.03
12.04	RADIO MILE SQUARE	54.04	0.336365			12.04
13	Radiology-Therapeutic	55	0.495206			13
14	Radioisotope	56	0.276054	6,981	1,927	14
15	CT Scan	57	0.067383	167,138	11,262	15
16	MRI	58	0.107093	45,819	4,907	16
17	Cardiac Catheterization	59	0.137742	18,073	2,489	17
18	Laboratory	60	0.132118	416,873	55,076	18
18.01	LAB TISSUE TYPING	60.01	0.347243	7,352	2,553	18.01
18.02	LAB OUTREACH	60.02	0.082039			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	0.221955	30,931	6,865	21
22	Intravenous Therapy	64	0.179001			22
23	Respiratory Therapy	65	0.175967	22,738	4,001	23
24	Physical Therapy	66	0.542198	228	124	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.246283			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.320543			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	847.000000			24.03
25	Occupational Therapy	67	0.539692			25
26	Speech Pathology	68	0.507609			26
27	Electrocardiology	69	0.106960	558	60	27
28	Electroencephalography	70	0.103663			28
29	Medical Supplies Charged to Patients	71	0.367505	10,701	3,933	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.280276	37,018	10,375	31
32	Renal Dialysis	74	0.289637			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.223948	21,941	4,914	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.860492			34.02
34.03	CARDIAC SERVICES	76.03	0.166821	28,602	4,771	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.830521			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.336050			34.05
34.06	SICKLE CELL	76.06	0.474517			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.230216	456	105	34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.000588			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	0.699825	142,608	99,801	37
38	Emergency	91	0.251192			38
39	Observation Beds (Non-Distinct Part)	92	0.691017			39
40	Other Outpatient Service (specify)	93				40

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

Computation of Ancillary Service Cost Applicable to Organ Acquisition		Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40.01	OCC EEI	93.01	0.441363			40.01
40.02	OCC PSYCH	93.02	0.743199			40.02
40.03	OCC ADOLESCENTS	93.03	0.548846			40.03
41	TOTAL (sum of lines 8-40)			1,185,781	260,592	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART II**

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		1		42
43	Intensive Care Unit	3		13		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)			15		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	142,608	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	142,608				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	302,152		1,255,082		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,642,031		1,642,031		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,944,183		2,897,113		61
62	Total Usable Organs (see instructions)		31			62
63	Medicare Usable Organs (see instructions)		12			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.387097			64
65	Medicare Cost/Charges (see instructions)	752,587		1,121,464		65
66	Revenue for Organs Sold	25,246		204,013		66
67	Subtotal (line 65 minus line 66)	727,341		917,451		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	727,341		917,451		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	2	10		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		22		73
74	Total (sum of lines 70 thru 73)	2	32		74
75	Organs Transplanted	2	22	2,893,080	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		7	204,013	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		3		83
84	Total (sum of lines 75 through 83 should equal line 74)	2	32		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			1	D			
1	Adults & Pediatrics		38	1,863.25			1
2	Intensive Care Unit	3,075	43	2,800.19	1	2,800	2
2.01	PEDS ICU		43.01	5,017.09			2.01
2.02	NEONATAL ICU		43.02	2,337.83			2.02
3	Coronary Care Unit	2,808	44	3,294.93	1	3,295	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)	5,883			2	6,095	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	0.279110	8,196	2,288	8
9	Recovery Room	51	0.666304			9
10	Delivery Room & Labor Room	52	0.529926			10
11	Anesthesiology	53	0.056252	4,609	259	11
12	Radiology-Diagnostic	54	0.242437	1,942	471	12
12.01	RADIO ULTRASOUND	54.01	0.178701	2,192	392	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.110623			12.02
12.03	RADIO WEST HARRISON	54.03	0.175653	5,735	1,007	12.03
12.04	RADIO MILE SQUARE	54.04	0.336365			12.04
13	Radiology-Therapeutic	55	0.495206			13
14	Radioisotope	56	0.276054			14
15	CT Scan	57	0.067383	6,751	455	15
16	MRI	58	0.107093			16
17	Cardiac Catheterization	59	0.137742	12,463	1,717	17
18	Laboratory	60	0.132118	42,952	5,675	18
18.01	LAB TISSUE TYPING	60.01	0.347243	10,594	3,679	18.01
18.02	LAB OUTREACH	60.02	0.082039			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	0.221955	3,081	684	21
22	Intravenous Therapy	64	0.179001			22
23	Respiratory Therapy	65	0.175967	5,715	1,006	23
24	Physical Therapy	66	0.542198			24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.246283			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.320543			24.02
24.03	PHYSICAL THERAPY-OCC	66.03	847.000000			24.03
25	Occupational Therapy	67	0.539692			25
26	Speech Pathology	68	0.507609			26
27	Electrocardiology	69	0.106960	350	37	27
28	Electroencephalography	70	0.103663			28
29	Medical Supplies Charged to Patients	71	0.367505	328	121	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.280276	4,796	1,344	31
32	Renal Dialysis	74	0.289637			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.223948			34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.860492			34.02
34.03	CARDIAC SERVICES	76.03	0.166821	7,249	1,209	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.830521			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.336050			34.05
34.06	SICKLE CELL	76.06	0.474517			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.230216			34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	1.000588			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	0.699825	5,960	4,171	37
38	Emergency	91	0.251192			38
39	Observation Beds (Non-Distinct Part)	92	0.691017			39
40	Other Outpatient Service (specify)	93				40

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

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

Computation of Ancillary Service Cost Applicable to Organ Acquisition		Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
40.01	OCC EEI	93.01	0.441363			40.01
40.02	OCC PSYCH	93.02	0.743199			40.02
40.03	OCC ADOLESCENTS	93.03	0.548846			40.03
41	TOTAL (sum of lines 8-40)			122,913	24,515	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART II**

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3		1		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)			2		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	5,960	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	5,960				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	30,610		128,796		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	588,838		588,838		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	619,448		717,634		61
62	Total Usable Organs (see instructions)		12			62
63	Medicare Usable Organs (see instructions)		6			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.500000			64
65	Medicare Cost/Charges (see instructions)	309,724		358,817		65
66	Revenue for Organs Sold	11,212		68,859		66
67	Subtotal (line 65 minus line 66)	298,512		289,958		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	298,512		289,958		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		4		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		8		73
74	Total (sum of lines 70 thru 73)		12		74
75	Organs Transplanted		8	964,360	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4	68,859	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		12		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	9,174,581			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	28,373,069			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	7,072,317			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	11,972,303			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	433.03			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	353.91			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				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)	439.97			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	450.75			10
11	FTE count for residents in dental and podiatric programs	28.81			11
12	Current year allowable FTE (see instructions)	468.78			12
13	Total allowable FTE count for the prior year	461.00			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	460.71			14
15	Sum of lines 12 through 14 divided by 3	463.50			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	463.50			18
19	Current year resident to bed ratio (line 18 divided by line 4)	1.070365			19
20	Prior year resident to bed ratio (see instructions)	1.066748			20
21	Enter the lesser of lines 19 or 20 (see instructions)	1.066748			21
22	IME payment adjustment (see instructions)	17,326,175			22
22.01	IME payment adjustment - Managed Care (see instructions)	5,524,559			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)	10.78			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	17,326,175			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	5,524,559			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1577			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4241			31
32	Sum of lines 30 and 31	0.5818			32
33	Allowable disproportionate share percentage (see instructions)	0.3721			33
34	Disproportionate share adjustment (see instructions)	3,492,871			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)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,807,887		8,182,931	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,214,003		6,120,382	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,334,385			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	73,773,398			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	79,297,957			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,058,203			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)	6,894,526			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)	11,398,386			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).	485,671			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	4,019			58
59	Total (sum of amounts on lines 49 through 58)	103,138,762			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	103,138,762			61
62	Deductibles billed to program beneficiaries	2,450,157			62
63	Coinsurance billed to program beneficiaries	331,506			63
64	Allowable bad debts (see instructions)	298,549			64
65	Adjusted reimbursable bad debts (see instructions)	194,057			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	282,996			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	100,551,156			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
71	Amount due provider (see instructions)	100,551,156			71
71.01	Sequestration adjustment (see instructions)	2,011,023			71.01
72	Interim payments	96,171,526			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	2,368,607			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	632,000			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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0150

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	56,257,917			2
3	PPS payments	39,173,839			3
4	Outlier payment (see instructions)	903,080			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	33,827			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 (line 11 minus line 20) (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, 8 and 9)	40,110,746			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	7,585,341			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)	32,525,405			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	3,737,496			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	36,262,901			30
31	Primary payer payments	1,114			31
32	Subtotal (line 30 minus line 31)	36,261,787			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,259,056			34
35	Adjusted reimbursable bad debts (see instructions)	818,386			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	328,448			36
37	Subtotal (see instructions)	37,080,173			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)	37,080,173			40
40.01	Sequestration adjustment (see instructions)	741,603			40.01
41	Interim payments	36,636,261			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-297,691			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	3,465			2
3	PPS payments	596			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				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 (line 11 minus line 20) (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, 8 and 9)	596			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	141			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)	455			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)	455			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	455			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)	455			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)	455			40
40.01	Sequestration adjustment (see instructions)	9			40.01
41	Interim payments	455			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-9			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	1,089			2
3	PPS payments	326			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				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 (line 11 minus line 20) (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, 8 and 9)	326			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	87			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)	239			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)	239			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	239			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)	239			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)	239			40
40.01	Sequestration adjustment (see instructions)	5			40.01
41	Interim payments	234			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0150

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		94,250,161		36,399,016	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				3.01
		.02	06/22/2017	1,921,365	06/22/2017	3.02
		.03				3.03
		.04				3.04
		.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
		.52				3.52
		.53				3.53
		.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		1,921,365	237,245	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			96,171,526	36,636,261	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
		.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
		.52				5.52
		.53				5.53
		.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		2,368,607		6.01
		.02			-297,691	6.02
7	Total Medicare program liability (see instructions)			98,540,133	36,338,570	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S150

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,478,553		455
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			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			3.99
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)		1,478,553		455
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	26,315		6.01
		.02			-9
7	Total Medicare program liability (see instructions)		1,504,868		446
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)
					8

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T150

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,307,718		234
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			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			3.99
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)		1,307,718		234
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		-83,872	6.02
7	Total Medicare program liability (see instructions)		1,223,846		234
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)
					8

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	19,224	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	20,674	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	6,658	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	95,989	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,486,940,584	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	39,019,117	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	406,105	8
9	Sequestration adjustment amount (see instructions)	8,122	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	397,983	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	360,006	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	37,977	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

WORKSHEET E-3
PART II

Check [] Hospital
Applicable [XX] Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,306,672	1
2	Net IPF PPS Outlier payment	199,851	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	10.00	4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	6.73	6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)	6.73	8
9	Average daily census (see instructions)	33.041096	9
10	Teaching adjustment factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$	0.100181	10
11	Teaching adjustment (line 1 multiplied by line 10)	130,904	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,637,427	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)	1,637,427	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,637,427	18
19	Deductibles	96,180	19
20	Subtotal (line 18 minus line 19)	1,541,247	20
21	Coinsurance	45,004	21
22	Subtotal (line 20 minus line 21)	1,496,243	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)	1,496,243	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)	39,337	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)	1,535,580	31
31.01	Sequestration adjustment (see instructions)	30,712	31.01
32	Interim payments	1,478,553	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	26,315	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E-3
PART III

Check [] Hospital
Applicable [XX] Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,047,355		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.098900		2
3	Inpatient Rehabilitation LIP payments (see instructions)	83,684		3
4	Outlier payments	115,626		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	9.400000		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	1,246,665		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	1,246,665		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	1,246,665		19
20	Deductibles	3,892		20
21	Subtotal (line 19 minus line 20)	1,242,773		21
22	Coinsurance	10,441		22
23	Subtotal (line 21 minus line 22)	1,232,332		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	1,232,332		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	16,490		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	1,248,822		32
32.01	Sequestration adjustment (see instructions)	24,976		32.01
33	Interim payments	1,307,718		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	-83,872		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	10,000		36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)			50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996		372.01	1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			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)		471.70	6	
7	Enter the lesser of line 5 or line 6		450.42	7	
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	172.31	254.81	427.12	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	164.54	243.31	407.85	9
10	Weighted dental and podiatric resident FTE count for the current year		27.72		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	164.54	271.03		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	167.38	252.14		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	162.55	244.87		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	164.82	256.01		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	164.82	256.01		17
18	Per resident amount	103,262.58	97,780.58		18
19	Approved amount for resident costs	17,019,738	25,032,806	42,052,544	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21.28	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)			42,052,544	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	22,878	6,658		26
27	Total inpatient days (see instructions)	113,102	113,102		27
28	Ratio of inpatient days to total inpatient days	0.202278	0.058867		28
29	Program direct GME amount	8,506,304	2,475,507		29
30	Reduction for direct GME payments for Medicare Advantage		349,789		30
31	Net Program direct GME amount			10,632,022	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)			36,096,391	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)			92,448,856	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			11,398,386	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)			103,847,242	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			56,296,298	42
43	Primary payer payments (see instructions)			1,114	43
44	Total Part B reasonable cost (line 42 minus line 43)			56,295,184	44
45	Total reasonable cost (sum of lines 41 and 44)			160,142,426	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.648468	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.351532	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			10,632,022	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			6,894,526	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			3,737,496	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	183,050,780				1
2	Temporary investments	631,917				2
3	Notes receivable					3
4	Accounts receivable	154,960,372				4
5	Other receivables	9,135,817				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	6,172,549				7
8	Prepaid expenses	1,503,907				8
9	Other current assets	16,595,021				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	372,050,363				11
FIXED ASSETS						
12	Land	770,917				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	281,152,949				15
16	Accumulated depreciation	-118,332,218				16
17	Leasehold improvements	2,320,152				17
18	Accumulated depreciation	-2,220,091				18
19	Fixed equipment	43,753,575				19
20	Accumulated depreciation	-32,923,703				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	159,425,381				23
24	Accumulated depreciation	-132,327,525				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)	201,619,437				30
OTHER ASSETS						
31	Investments	17,317,772				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	4,666,875				34
35	Total other assets (sum of lines 31-34)	21,984,647				35
36	Total assets (sum of lines 11, 30 and 35)	595,654,447				36
Liabilities and Fund Balances (Omit Cents)						
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	49,208,878				37
38	Salaries, wages and fees payable	13,818,349				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	5,791,348				40
41	Deferred income	61,520,168				41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,271,116				44
45	Total current liabilities (sum of lines 37 thru 44)	132,609,859				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	135,352,177				49
50	Total long term liabilities (sum of lines 46 thru 49)	135,352,177				50
51	Total liabilities (sum of lines 45 and 50)	267,962,036				51
CAPITAL ACCOUNTS						
52	General fund balance	327,692,411				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)	327,692,411				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	595,654,447				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		314,840,934		
2	Net income (loss) (from Worksheet G-3, line 29)		12,851,477		
3	Total (sum of line 1 and line 2)		327,692,411		
4	Additions (credit adjustments) (specify)				
5	CHANGE IN ACCOUNTING PRINCIPLE				
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		327,692,411		
12	Deductions (debit adjustments) (specify)				
13	PRIOR PERILD ADJUSTMENT				
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		327,692,411		

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

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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	164,648,584		164,648,584	1
2	Subprovider IPF	25,521,833		25,521,833	2
3	Subprovider IRF	7,555,378		7,555,378	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)	197,725,795		197,725,795	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	56,652,663		56,652,663	11
11.01	PEDS ICU	6,763,782		6,763,782	11.01
11.02	NEONATAL ICU	44,094,261		44,094,261	11.02
12	Coronary Care Unit	26,941,028		26,941,028	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)	134,451,734		134,451,734	16
17	Total inpatient routine care services (sum of lines 10 and 16)	332,177,529		332,177,529	17
18	Ancillary services	839,503,888		839,503,888	18
19	Outpatient services		1,220,288,135	1,220,288,135	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)	1,171,681,417	1,220,288,135	2,391,969,552	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		741,835,884	29
30	COM PHYSICIAN SALARIES	14,686,000		30
31	PAYMENTS ON BEHALF - BENEFITS	292,263,906		31
32	UTILITIES & OTHER ADMIN	14,511,706		32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		321,461,612	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)		1,063,297,496	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)	2,391,969,552	1
2	Less contractual allowances and discounts on patients' accounts	1,678,650,992	2
3	Net patient revenues (line 1 minus line 2)	713,318,560	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,063,297,496	4
5	Net income from service to patients (line 3 minus line 4)	-349,978,936	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	59,459	6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses	1,509,783	11
12	Parking lot receipts	340,602	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,928,744	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	45,715	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	36,248	19
20	Revenue from gifts, flowers, coffee shops and canteen	26,847	20
21	Rental of vending machines		21
22	Rental of hospitial space	505,544	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING)	7,204,519	24
24.01	Other (EHR INCENTIVE PAYMENTS STATE & FED)	1,898,601	24.01
24.02	Other (PAYMENT ON BEHALF OF)	29,197,700	24.02
24.03	Other (CAPITATION REV)	3,922,975	24.03
24.04	Other (BERWYN & OUTREACH)	7,809,410	24.04
24.05	Other (NET CHANGE IN PLANT INVESTMENTS)	1,013	24.05
24.06	Other (HOSP/MED SRVS INCOME & TELEMEDICINE)	12,311,603	24.06
24.07	Other (NON-OPER-ON BEHALF PAYMENTS)	292,263,906	24.07
24.08	Other (INVESTMENT INCOME)	2,766,745	24.08
24.09	Other (NET ADJUST IN INTEREST EXPENSE)	127,993	24.09
25	Total other income (sum of lines 6-24)	361,957,407	25
26	Total (line 5 plus line 25)	11,978,471	26
27	Other expenses (LOSS ON DISPOSAL OF ASSETS)	127,993	27
27.01	Other expenses (NET CHANGE IN FMV OF INVESTMENTS)	-1,000,999	27.01
27.02	Other expenses (NET OTHER NON OPERATING EXPENSE)		27.02
28	Total other expenses (sum of line 27 and subscripts)	-873,006	28
29	Net income (or loss) for the period (line 26 minus line 28)	12,851,477	29

KPMG LLP Compu-Max 2552-10

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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	1,213,687	Hours of Service	40,098.00	19.28	1
2	Licensed Practical Nurses	62,017	Hours of Service	2,359.00	1.13	2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,348,774	Hours of Service	92,547.00	44.49	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	907,752	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	3,532,230				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	579,024	Percentage of Time			13
14	Supplies	123,011	Requisitions			14
15	Drugs	333,518	Requisitions			15
16	Other	80,532	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	4,648,315				17
18	Capital Related Costs-Bldgs. & Fixtures	140,139	Square Feet			18
19	Capital Related Costs-Mov. Equip.	95,475	Percentage of Time			19
20	Employee Benefits Department	3,325,904	Salary			20
21	Administrative and General	1,359,575	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	744,697	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	116,721	Requisitions			24
25	Pharmacy	43,208	Requisitions			25
26	Other Allocated Costs	313,496	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	10,787,530				27
28	Laboratory		Charges			28
28.01	LAB TISSUE TYPING		Charges			28.01
28.02	LAB OUTREACH		Charges			28.02
29	Respiratory Therapy		Charges			29
30	OTHER ANCILLARY SVC		Charges			30
30.01	GASTROENTROLOGY		Charges			30.01
30.02	BONE MARROW TRANSPLANT		Charges			30.02
30.03	CARDIAC SERVICES		Charges			30.03
30.04	TELEMEDICINE PROGRAM		Charges			30.04
30.05	SLEEP LAB WEST HARRISON		Charges			30.05
30.06	SICKLE CELL		Charges			30.06
30.07	HEART CENTER-ROOSEVELT RD		Charges			30.07
30.97	CARDIAC REHABILITATION		Charges			30.97
30.98	HYPERBARIC OXYGEN THERAPY		Charges			30.98
30.99	LITHOTRIPSY		Charges			30.99
31	Total costs (sum of lines 27-30)	10,787,530				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	884,836	674,499	1,213,687	1,410,791	3,325,904	44,045	1
	MAINTENANCE							
2	Hemodialysis	676,210	515,466	681,921	792,700	1,868,746	24,748	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD	54,666	41,671	55,117	64,071	151,041	2,000	6
7	CCPD							7
	HOME							
8	Hemodialysis			33,960	39,437	93,007	1,232	8
9	Intermittent Peritoneal							9
10	CAPD							10
11	CCPD			287,418	334,107	787,645	10,431	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	153,960	117,362	155,271	180,476	425,465	5,634	12
13	Method II Home Patient							13
14	All ESAs (incl. in renal department)						332,681	14
15	N/A for FYB on/after 10/1/2015							15
16	Other							16
17	Total (sum of lines 2 through 16)	884,836	674,499	1,213,687	1,410,791	3,325,904	44,045	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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	239,732		7,793,494	2,661,355	10,454,849	1
	MAINTENANCE						
2	Hemodialysis	134,701		4,694,492	1,603,095	6,297,587	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	10,886		379,452	129,577	509,029	6
7	CCPD						7
	HOME						
8	Hemodialysis	6,702		174,338	59,534	233,872	8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD	56,775		1,476,376	504,159	1,980,535	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	30,668		1,068,836	364,990	1,433,826	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)	239,732		7,793,494	2,661,355	10,454,849	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					10,454,849	19

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	884,836	674,499	1,213,687	1,410,791	3,325,904	1
	MAINTENANCE						
2	Hemodialysis	9,364	9,364.00	22,530.00	52,000.00	1,984,676	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	757	757.00	1,821.00	4,203.00	160,411	6
7	CCPD						7
	HOME						
8	Hemodialysis			1,122.00	2,587.00	98,777	8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD			9,496.00	21,917.00	836,507	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 4,538	2,132	2,132.00	5,130.00	11,839.00	451,859	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	12,253	12,253.00	40,099.00	92,546.00	3,532,230	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	72.213825	55.047662	30.267264	15.244214	0.941588	18

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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 MAINTENANCE	44,045	239,732				1
2	Hemodialysis	187,396	69,117				2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	15,146	5,586				6
7	CCPD						7
	HOME						
8	Hemodialysis	9,328	3,439				8
9	Intermittent Peritoneal						9
10	CAPD						10
11	CCPD	78,984	29,132				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments 4,538	42,665	15,736				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	333,519	123,010			7,793,494	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.132061	1.948882			0.341484	18

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	19,932	6,297,587	315.95	14,012			4,427,091	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	1,611	509,029	315.97	926			292,588	5
6	Training - Continuous Cycling Peritoneal Dialysis								6
7	Home Program - Hemodialysis	992	233,872	235.76					7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis								9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	1,200	1,980,535	1,650.45	892			1,472,201	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	22,535	9,021,023		14,938			6,191,880	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	26,135							12

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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	3,645,535			260.17			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis	103,147			111.39			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							9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	521,689			584.85			10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	4,270,371						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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)		6,191,880	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	4,270,371	4,118,487	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	4,270,371	4,118,487	2.03
2.04	Outlier payments	10,719		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	537	518	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)	537	518	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	853,967	823,594	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)	853,967	823,594	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)		824,112	8
9	Program payment (see instructions)		3,294,375	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE

12	Total allowable expenses (see instructions)		9,353,704	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)		9,021,023	13
14	Facility specific composite cost percentage (line 13 divided by line 12)		0.964433	14

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0150

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	3,051,483	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	17,153	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)	267.43	3
4	Number of interns & residents (see instructions)	463.50	4
5	Indirect medical education percentage (see instructions)	52.70	5
6	Indirect medical education adjustment (see instructions)	1,608,132	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1577	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4241	8
9	Sum of lines 7 and 8	0.5818	9
10	Allowable disproportionate share percentage (see instructions)	0.1250	10
11	Disproportionate share adjustment (see instructions)	381,435	11
12	Total prospective capital payments (see instructions)	5,058,203	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
40	Subprovider - IPF							40
41	Subprovider - IRF							41
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
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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2016 To: 06/30/2017	Run Date: 11/29/2017 Run Time: 14:37 Version: 2017.10 (11/27/2017)
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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		
76.07	HEART CENTER-ROOSEVELT RD							76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
192.01	PILSEN-OFFSITE CLINIC							192.01
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202