



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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: 11/28/2014	TIME: 14:03
	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	6. DATE RECEIVED: _____	10. NPR DATE: _____
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN	
	4 -REOPENED		
	5 -AMENDED		

**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 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 UNIVERSITY OF CHICAGO HOSPITALS (14-0088) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2013 AND ENDING 06/30/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT 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			HIT	TITLE XIX	
		TITLE V	PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		-6,702,533	-927,907	298,261		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-6,702,533	-927,907	298,261		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.



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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: 5841 SOUTH MARYLAND AVENUE	P.O. Box:								1
2	City: CHICAGO	State: IL	ZIP Code: 60637	County: COOK						2
Hospital and Hospital-Based Component Identification:										
							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	UNIVERSITY OF CHICAGO HOSPITALS	14-0088	16974	1	07/01/1996	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014							20
21	Type of control (see instructions)	2								21
Inpatient PPS Information										
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							Y	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	Y	22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							3	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	39,642	9,594		2,974	4,002				24
25	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.									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 in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			Beginning:		Ending:				38
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



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48
<b>Teaching Hospitals</b>		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 Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part 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, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part 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.					
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>					
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>					
63	Has your facility trained residents in non-provider 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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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 non-provider 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)			4.09	568.46	0.007143	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	GERIATRIC MEDICINE	1408		0.03	0.75	0.038462	65
65.01	PATHOLOGY	1950		0.51	22.56	0.022107	65.01
65.02	PEDIATRICS	2000		3.43	44.23	0.071968	65.02
65.03	DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015		0.12	3.35	0.034582	65.03
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 non-provider 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)			6.03	644.70	0.009267	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	PEDIATRICS	2000		6.03	60.26	0.090964	67
<b>Inpatient Psychiatric Facility PPS</b>				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.			N			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, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						71
<b>Inpatient Rehabilitation Facility PPS</b>				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 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, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
<b>Long Term Care Hospital PPS</b>							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.			N			80
<b>TEFRA Providers</b>							
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



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

		V	XIX					
Title V and XIX Services		1	2					
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	Y	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/MR 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	Column 1: 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. If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes, complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter 'Y' for yes or 'N' for no in column 2.			107				
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108				
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical	Occupational	Speech	Respiratory	N	N	109
Miscellaneous Cost Reporting Information								
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If 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'	N		115				
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116				
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117				
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118				
		Premiums	Paid Losses	Self Insurance				
118.01	List amounts of malpractice premiums and paid losses:			118.01				
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02				
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120				
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121				
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.	09/01/1977		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.	05/01/2000		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.	03/08/1990		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.	03/28/2008		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.	07/01/1999		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.			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:	
142	Street:	P.O. Box:			
143	City:	State:		ZIP Code:	
144	Are provider based physicians' costs included in Worksheet A?	Y			144
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	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, section 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	2	3
155	Hospital	N	N	N	N
156	Subprovider - IPF	N	N	N	N
157	Subprovider - IRF	N	N		
158	Subprovider - Other				
159	SNF	N	N		
160	HHA	N	N		
161	CMHC		N		
161.10	CORF				
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.				
	Name	County	State	ZIP Code	CBSA
	0	1	2	3	4
					FTE/Campus
					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
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	1.00			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2011	09/30/2012		170



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## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

## COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	Y			3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A		4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y			5
APPROVED EDUCATIONAL ACTIVITIES		Y/N		Y/N	
		1		2	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y			9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
BAD DEBTS				Y/N	
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.			Y	15
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
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	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (see instructions)	Y	11/09/2013	Y	11/09/2013
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS.	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21



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## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.  
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

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

CAPITAL RELATED COSTS			
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 CAPITALIZED 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
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: MARGARITA	LAST NAME: SAUCEDO	TITLE: DIRECTOR
42	EMPLOYER: UNIVERSITY OF CHICAGO MEDICAL CENTER		
43	PHONE NUMBER: 773-702-9782	E-MAIL ADDRESS: MARGARITA.SAUCEDO@UCHOSPITALS.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				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	427	155,855			39,387	23,801	115,657	1
2	HMO AND OTHER (see instructions)						7,000	11,517		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		427	155,855			39,387	23,801	115,657	7
8	INTENSIVE CARE UNIT	31	80	29,200			6,966	5,535	23,096	8
9	CORONARY CARE UNIT	32	19	6,935			1,497	340	3,286	9
10	BURN INTENSIVE CARE UNIT	33	8	2,920			411	615	2,342	10
11	SURGICAL INTENSIVE CARE UNIT	34								11
11.01	NURSERY SPECIAL CARE	34.01	22	8,030				3,508	5,080	11.01
12	NURSERY ICU	35	47	17,155				8,930	13,822	12
13	NURSERY	43						1,252	2,181	13
14	TOTAL (see instructions)		603	220,095			48,261	43,981	165,464	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40								16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		603							27
28	OBSERVATION BED DAYS							1,499	6,086	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)								1,942	30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							714	1,649	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)					7,432	7,780	25,465	1
2	HMO AND OTHER (see instructions)								2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
11.01	NURSERY SPECIAL CARE								11.01
12	NURSERY ICU								12
13	NURSERY								13
14	TOTAL (see instructions)	584.57	6,652.00			7,432	7,780	25,465	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF								16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	584.57	6,652.00						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	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)	
	1	2	3	4	5	6	
<b>SALARIES</b>							
1	200	479,445,266	921,608	480,366,874	13,805,088.71	34.80	1
2							2
3		4,441,800		4,441,800	59,845.62	74.22	3
4		6,084,135		6,084,135	35,030.67	173.68	4
4.01		8,941,234		8,941,234	70,108.50	127.53	4.01
5							5
6		892,494		892,494	21,012.23	42.47	6
7	21	33,821,839		33,821,839	1,727,045.34	19.58	7
7.01							7.01
8							8
9	44						9
10		5,739,351	74,203	5,813,554	156,771.48	37.08	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		10,428,890		10,428,890	363,272.56	28.71	11
12							12
13							13
14							14
15							15
16							16
<b>WAGE-RELATED COSTS</b>							
17		132,249,416		132,249,416			17
18							18
19		1,739,433		1,739,433			19
20							20
21		1,346,183		1,346,183			21
22		1,764,399		1,764,399			22
22.01		2,592,958		2,592,958			22.01
23							23
24							24
25		6,863,467		6,863,467			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		8,060,920	-3,364	8,057,556	96,677.82	83.34	26
27		85,007,976	2,157,861	87,165,837	1,953,877.57	44.61	27
28		85,655		85,655	2,340.00	36.60	28
29							29
30		9,814,199	-25,307	9,788,892	492,176.42	19.89	30
31							31
32		14,981,677	-51,882	14,929,795	967,881.17	15.43	32
33							33
34		3,823,266	-15,807	3,807,459	197,371.43	19.29	34
35		2,716,643		2,716,643	100,095.15	27.14	35
36		1,493,919	-6,939	1,486,980	84,930.41	17.51	36
37							37
38		7,097,021	-6,371	7,090,650	186,408.21	38.04	38
39		2,728,101	-13,877	2,714,224	118,751.77	22.86	39
40		18,112,023	-356,833	17,755,190	438,501.77	40.49	40
41		3,166,784	-3,445	3,163,339	101,584.35	31.14	41
42		631,501	-2,747	628,754	28,348.51	22.18	42
43		4,958,610	-7,344	4,951,266	248,317.07	19.94	43

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	434,150,197	921,608	435,071,805	12,029,512.17	36.17	1
2	EXCLUDED AREA SALARIES (see instructions)	5,739,351	74,203	5,813,554	156,771.48	37.08	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	428,410,846	847,405	429,258,251	11,872,740.69	36.15	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	10,428,890		10,428,890	363,272.56	28.71	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	134,013,815		134,013,815		31.22%	5
6	TOTAL (sum of lines 3 through 5)	572,853,551	847,405	573,700,956	12,236,013.25	46.89	6
7	TOTAL OVERHEAD COST (see instructions)	162,678,295	1,663,945	164,342,240	5,017,261.65	32.76	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	
	<b>RETIREMENT COST</b>		
1	401K EMPLOYER CONTRIBUTIONS	11,704,971	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)	32,556,036	4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA PLAN ADMINISTRATION FEES	456,623	5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	988,351	7
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	51,619,177	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	392,334	10
11	LIFE INSURANCE (If employee is owner or beneficiary)	267,256	11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)	1,419,796	13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	418,691	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	<b>TAXES</b>		
17	FICA-EMPLOYERS PORTION ONLY	35,530,088	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	1,130,965	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		20
	<b>OTHER</b>		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)	1,299,202	21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	4,415,007	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	142,198,497	24

## PART B - OTHER THAN CORE RELATED COST

25	OTHER WAGE RELATED (OTHER WAGE REL		25
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## WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

<b>STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD</b>				
1	WAGE INDEX FISCAL YEAR ENDING DATE	09/30/2017		1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2013	06/30/2014	2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH	1/01/2014		3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)	7/01/2012		4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)	7/01/2015		5
<b>STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)</b>				
6	EFFECTIVE DATE OF PENSION PLAN			6
7	FIRST DAY OF THE PROVIDER COST REPORTING PERIOD CONTAINING THE PENSION PLAN EFFECTIVE DATE			7
8	STARTING DATE OF THE ADJUSTED AVERAGING PERIOD (date on Line 7, adjusted to first of month)			8

## IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

<b>STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD</b>				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE	7/01/2012		9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5	7/01/2015		10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	<b>DEPOSIT DATE(S)</b>	<b>CONTRIB-UTION(S)</b>	11
11.01		07/01/2012	25,145,257	11.01
11.02		07/01/2013	33,522,857	11.02
11.03		07/01/2014	39,000,000	11.03
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)	36		12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD	97,668,114		13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)	2,713,003		14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2	12		15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)	32,556,036		16
<b>STEP 4: TOTAL PENSION COST FOR WAGE INDEX</b>				
17	ANNUAL PREFUNDING INSTALLMENT (see instructions)			17
18	REPORTABLE PREFUNDING INSTALLMENT ((Line 17 times Line 15) divided by 12)			18
19	TOTAL PENSION COST FOR WAGE INDEX (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	32,556,036		19



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**HOSPITAL CONTRACT LABOR AND BENEFIT COST**

**WORKSHEET S-3  
PART V**

**PART V - CONTRACT LABOR AND BENEFIT COST**

**HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:**

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



## COMPU-MAX

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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)		0.218589	1
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## MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		169,111,537	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		55,743,302	5
6	MEDICAID CHARGES		974,849,934	6
7	MEDICAID COST (line 1 times line 6)		213,091,472	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.			8

## STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(see instructions for each line)

9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (line 1 times line 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (line 11 minus line 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.			12

## OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (see instructions for each line)

13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (not included on lines 2, 5, or 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (line 15 minus line 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.			16

## UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)				19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	37,053,935	54,887,575	91,941,510	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	8,099,583	11,997,820	20,097,403	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	26,062	294,430	320,492	22
23	COST OF CHARITY CARE (line 21 minus line 22)	8,073,521	11,703,390	19,776,911	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?				24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (see instructions)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			33,309,873	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			3,619,634	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)			29,690,239	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)			6,489,960	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)			26,266,871	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)			26,266,871	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	
		<b>GENERAL SERVICE COST CENTERS</b>								
1	00100	CAP REL COSTS-BLDG & FIXT		32,635,437	32,635,437		32,635,437		32,635,437	1
1.01	00101	DCAM CAPITAL		3,645,623	3,645,623		3,645,623		3,645,623	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP		48,002,277	48,002,277		48,002,277		48,002,277	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	8,060,920	108,464,694	116,525,614		116,525,614	370,747	116,896,361	4
5.01	00540	NON-PATIENT PHONES	1,370,577	-173,187	1,197,390		1,197,390	-332,670	864,720	5.01
5.02	00550	DATA PROCESSING	25,186,392	23,376,121	48,562,513		48,562,513		48,562,513	5.02
5.03	00560	PURCHASING	5,830,223	1,652,755	7,482,978		7,482,978	-58	7,482,920	5.03
5.04	00570	ADMITTING	3,529,328	153,079	3,682,407	-128,867	3,553,540		3,553,540	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,551,101	7,251,352	12,802,453		12,802,453	-3,600	12,798,853	5.05
5.06	00590	OTHER ADMIN & GENERAL	43,540,355	85,889,639	129,429,994	-582,746	128,847,248	1,521,706	130,368,954	5.06
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	9,814,199	27,042,936	36,857,135		36,857,135	-24,605	36,832,530	7
8	00800	LAUNDRY & LINEN SERVICE		3,395,282	3,395,282		3,395,282		3,395,282	8
9	00900	HOUSEKEEPING	14,981,677	6,726,702	21,708,379		21,708,379		21,708,379	9
10	01000	DIETARY	3,823,266	2,435,364	6,258,630	-10,264	6,248,366	-18,849	6,229,517	10
11	01100	CAFETERIA	1,493,919	3,071,557	4,565,476		4,565,476	-2,922,165	1,643,311	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	7,097,021	840,005	7,937,026		7,937,026		7,937,026	13
14	01400	CENTRAL SERVICES & SUPPLY	2,728,101	2,498,744	5,226,845		5,226,845		5,226,845	14
15	01500	PHARMACY	18,112,023	80,574,203	98,686,226	-76,123,757	22,562,469	-21,127,624	1,434,845	15
16	01600	MEDICAL RECORDS & LIBRARY	3,166,784	1,693,764	4,860,548		4,860,548		4,860,548	16
17	01700	SOCIAL SERVICE	631,501	183,177	814,678		814,678		814,678	17
18	01850	OCCUPATIONAL THERAPY								18
18.01	01851	VOLUNTEERS	214,793	106,224	321,017		321,017		321,017	18.01
18.02	01852	PATIENT TRANSPORT	3,617,623	1,305,111	4,922,734		4,922,734		4,922,734	18.02
18.03	01853	MEDICAL ELECTRONICS	1,126,194	414,605	1,540,799		1,540,799		1,540,799	18.03
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	33,821,839	1,042,153	34,863,992		34,863,992		34,863,992	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,786,867	24,794,236	35,581,103		35,581,103	-6,568,069	29,013,034	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
23.01	02301	PARAMED ED PRGM - PHARMACY	1,097,229	45,869	1,143,098	534,050	1,677,148		1,677,148	23.01
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	64,632,841	12,455,115	77,087,956	-865,667	76,222,289	-361,888	75,860,401	30
31	03100	INTENSIVE CARE UNIT	22,569,895	5,855,621	28,425,516	-68,831	28,356,685	-61,366	28,295,319	31
32	03200	CORONARY CARE UNIT	3,797,417	845,849	4,643,266	-3,488	4,639,778		4,639,778	32
33	03300	BURN INTENSIVE CARE UNIT	1,983,473	482,023	2,465,496	-1,212,296	1,253,200		1,253,200	33
34.01	02060	NURSERY SPECIAL CARE	1,754,385	149,338	1,903,723	-2,145	1,901,578		1,901,578	34.01
35	02061	NURSERY ICU	13,346,135	1,150,230	14,496,365	-11,055	14,485,310		14,485,310	35
43	04300	NURSERY	-730	101,117	100,387	505,054	605,441		605,441	43
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	25,527,901	58,761,504	84,289,405	-30,970,876	53,318,529	-28,319	53,290,210	50
52	05200	DELIVERY ROOM & LABOR ROOM	4,517,432	695,473	5,212,905	-200,334	5,012,571		5,012,571	52
53	05300	ANESTHESIOLOGY	5,674,729	3,097,493	8,772,222	-756,976	8,015,246	-4,441,800	3,573,446	53
54	05400	RADIOLOGY-DIAGNOSTIC	13,464,059	12,722,485	26,186,544	-6,210,544	19,976,000	-94,217	19,881,783	54
55	05500	RADIOLOGY-THERAPEUTIC	4,027,106	2,101,135	6,308,241	-15,097	6,293,144	-149,536	6,143,608	55
57	05700	CT SCAN	2,523,881	663,044	3,186,925	-50,773	3,136,152		3,136,152	57
58	05800	MRI	2,271,263	621,762	2,893,025	-23,361	2,869,664		2,869,664	58
59	05900	CARDIAC CATHETERIZATION	1,825,018	4,462,127	6,287,145	-7,142,707	-855,562	-111,055	-966,617	59
60	06000	LABORATORY	18,435,360	15,980,610	34,415,970	-13,754	34,402,216	-3,800,016	30,602,200	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	2,761,081	10,403,434	13,164,515	-185,105	12,979,410	-1,069,422	11,909,988	63
65	06500	RESPIRATORY THERAPY	6,890,318	3,066,086	9,956,404	-318,167	9,638,237		9,638,237	65
66	06600	PHYSICAL THERAPY	5,104,392	709,483	5,813,875	-224,977	5,588,898	12,462	5,601,360	66
69	06900	ELECTROCARDIOLOGY	5,562,254	7,874,130	13,436,384	-6,072,149	7,364,235	-35,845	7,328,390	69
70	07000	ELECTROENCEPHALOGRAPHY	2,792,489	148,448	2,940,937	-62,699	2,878,238	-288,268	2,589,970	70
70.01	07001	BRACE AND PLASTER ROOM	110,284	152,961	263,245	-176,325	86,920		86,920	70.01
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				22,639,883	22,639,883		22,639,883	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				34,458,628	34,458,628		34,458,628	72
73	07300	DRUGS CHARGED TO PATIENTS		209,415	209,415	75,753,143	75,962,558		75,962,558	73
74	07400	RENAL DIALYSIS	1,985,439	494,889	2,480,328	-30,653	2,449,675		2,449,675	74
76.97	07697	CARDIAC REHABILITATION	113,811	11,024	124,835		124,835		124,835	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	09000	CLINIC	40,885,616	27,066,171	67,951,787	-3,253,403	64,698,384	-4,598,807	60,099,577	90
90.01	09001	DENTAL CLINIC								90.01
90.02	09002	TRANSPLANT CLINIC				2,545,510	2,545,510		2,545,510	90.02
90.03	09003	SILVER CROSS	2,243,288	699,924	2,943,212		2,943,212	-917,972	2,025,240	90.03
90.04	09004	SILVER CROSS PHARMACY	306,568	7,409,733	7,716,301		7,716,301		7,716,301	90.04
91	09100	EMERGENCY	13,935,507	3,340,495	17,276,002	-1,099	17,274,903	-127,030	17,147,873	91



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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	
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	09500	AMBULANCE SERVICES	1,228,810	106,587	1,335,397		1,335,397	-917,540	417,857	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		<b>SPECIAL PURPOSE COST CENTERS</b>								
105	10500	KIDNEY ACQUISITION	1,323,052	2,520,245	3,843,297	-428,979	3,414,318	525,656	3,939,974	105
106	10600	HEART ACQUISITION	97,203	1,079,263	1,176,466	73,564	1,250,030	281,162	1,531,192	106
107	10700	LIVER ACQUISITION	762,518	1,064,753	1,827,271	-656,450	1,170,821	341,826	1,512,647	107
108	10800	LUNG ACQUISITION	465,993	1,292,675	1,758,668	-870,475	888,193	211,013	1,099,206	108
109	10900	PANCREAS ACQUISITION					153,923	15,895	169,818	109
118		SUBTOTALS (sum of lines 1-117)	478,680,720	654,862,364	1,133,543,084	-10,264	1,133,532,820	-44,720,254	1,088,812,566	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,012	3,012		3,012	-124,768	-121,756	190
191	19100	RESEARCH								191
191.01	19101	OTHER NONREIMBURSABLE	764,546	6,324,933	7,089,479	10,264	7,099,743	-5,930,786	1,168,957	191.01
191.02	19102	MEDICAL SCHOOL								191.02
200		TOTAL (sum of lines 118-199)	479,445,266	661,190,309	1,140,635,575		1,140,635,575	-50,775,808	1,089,859,767	200



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01	6,270	3,994	1
500	TOTAL RECLASSIFICATIONS				6,270	3,994	500
	CODE LETTER - A						
1	SHORT TERM DISABILITY	B	EMPLOYEE BENEFITS DEPARTMENT	4		3,364	1
2	SHORT TERM DISABILITY	B	DATA PROCESSING	5.02		6,823	2
3	SHORT TERM DISABILITY	B	PURCHASING	5.03		14,473	3
4	SHORT TERM DISABILITY	B	ADMITTING	5.04		4,053	4
5	SHORT TERM DISABILITY	B	CASHIERING/ACCOUNTS RECEIVABL	5.05		4,047	5
6	SHORT TERM DISABILITY	B	OTHER ADMIN & GENERAL	5.06		19,989	6
7	SHORT TERM DISABILITY	B	OPERATION OF PLANT	7		25,307	7
8	SHORT TERM DISABILITY	B	HOUSEKEEPING	9		51,882	8
9	SHORT TERM DISABILITY	B	DIETARY	10		9,537	9
10	SHORT TERM DISABILITY	B	CAFETERIA	11		6,939	10
11	SHORT TERM DISABILITY	B	NURSING ADMINISTRATION	13		6,371	11
12	SHORT TERM DISABILITY	B	CENTRAL SERVICES & SUPPLY	14		13,877	12
13	SHORT TERM DISABILITY	B	PHARMACY	15		20,643	13
14	SHORT TERM DISABILITY	B	MEDICAL RECORDS & LIBRARY	16		3,445	14
15	SHORT TERM DISABILITY	B	SOCIAL SERVICE	17		2,747	15
16	SHORT TERM DISABILITY	B	PATIENT TRANSPORT	18.02		7,344	16
17	SHORT TERM DISABILITY	B	ADULTS & PEDIATRICS	30		153,386	17
18	SHORT TERM DISABILITY	B	INTENSIVE CARE UNIT	31		50,315	18
19	SHORT TERM DISABILITY	B	CORONARY CARE UNIT	32		1,567	19
20	SHORT TERM DISABILITY	B	NURSERY ICU	35		14,767	20
21	SHORT TERM DISABILITY	B	OPERATING ROOM	50		19,909	21
22	SHORT TERM DISABILITY	B	DELIVERY ROOM & LABOR ROOM	52		8,347	22
23	SHORT TERM DISABILITY	B	ANESTHESIOLOGY	53		3,926	23
24	SHORT TERM DISABILITY	B	RADIOLOGY-DIAGNOSTIC	54		26,951	24
25	SHORT TERM DISABILITY	B	RADIOLOGY-THERAPEUTIC	55		3,933	25
26	SHORT TERM DISABILITY	B	CT SCAN	57		3,778	26
27	SHORT TERM DISABILITY	B	MRI	58		742	27
28	SHORT TERM DISABILITY	B	CARDIAC CATHETERIZATION	59		3,042	28
29	SHORT TERM DISABILITY	B	LABORATORY	60		13,496	29
30	SHORT TERM DISABILITY	B	BLOOD STORING, PROCESSING & T	63		1,079	30
31	SHORT TERM DISABILITY	B	RESPIRATORY THERAPY	65		5,679	31
32	SHORT TERM DISABILITY	B	PHYSICAL THERAPY	66		2,810	32
33	SHORT TERM DISABILITY	B	ELECTROCARDIOLOGY	69		4,183	33
34	SHORT TERM DISABILITY	B	ELECTROENCEPHALOGRAPHY	70		304	34
35	SHORT TERM DISABILITY	B	CLINIC	90		58,030	35
36	SHORT TERM DISABILITY	B	EMERGENCY	91		41,493	36
37	SHORT TERM DISABILITY	B	KIDNEY ACQUISITION	105		2,112	37
500	TOTAL RECLASSIFICATIONS					620,690	500
	CODE LETTER - B						
1	PHARMACY DISCOUNTS	C					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - C						
1	DRUGS CHARGED	D	DRUGS CHARGED TO PATIENTS	73		75,753,143	1
500	TOTAL RECLASSIFICATIONS					75,753,143	500
	CODE LETTER - D						
1	NURSERY	F	NURSERY	43	460,861	44,193	1
500	TOTAL RECLASSIFICATIONS				460,861	44,193	500
	CODE LETTER - F						
1	MED SUPP & IMPLANTS CHARGED	G	MEDICAL SUPPLIES CHARGED TO P	71		22,639,883	1
2	MED SUPP & IMPLANTS CHARGED	G	IMPL. DEV. CHARGED TO PATIENT	72		34,458,628	2
3	MED SUPP & IMPLANTS CHARGED	G					3
4	MED SUPP & IMPLANTS CHARGED	G					4
5	MED SUPP & IMPLANTS CHARGED	G					5
6	MED SUPP & IMPLANTS CHARGED	G					6
7	MED SUPP & IMPLANTS CHARGED	G					7
8	MED SUPP & IMPLANTS CHARGED	G					8
9	MED SUPP & IMPLANTS CHARGED	G					9
10	MED SUPP & IMPLANTS CHARGED	G					10
11	MED SUPP & IMPLANTS CHARGED	G					11
12	MED SUPP & IMPLANTS CHARGED	G					12
13	MED SUPP & IMPLANTS CHARGED	G					13
14	MED SUPP & IMPLANTS CHARGED	G					14
15	MED SUPP & IMPLANTS CHARGED	G					15
16	MED SUPP & IMPLANTS CHARGED	G					16
17	MED SUPP & IMPLANTS CHARGED	G					17
18	MED SUPP & IMPLANTS CHARGED	G					18
19	MED SUPP & IMPLANTS CHARGED	G					19
20	MED SUPP & IMPLANTS CHARGED	G					20



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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	
21	MED SUPP & IMPLANTS CHARGED	G					21
22	MED SUPP & IMPLANTS CHARGED	G					22
23	MED SUPP & IMPLANTS CHARGED	G					23
24							24
25							25
500	TOTAL RECLASSIFICATIONS					57,098,511	500
	CODE LETTER - G						
1	ORGAN ACQ	H	KIDNEY ACQUISITION	105	427,645		1
2	ORGAN ACQ	H	HEART ACQUISITION	106	132,627		2
3	ORGAN ACQ	H	LIVER ACQUISITION	107	253,135		3
4	ORGAN ACQ	H	LUNG ACQUISITION	108	136,753		4
5	ORGAN ACQ	H	PANCREAS ACQUISITION	109	75,389		5
6	ORGAN ACQ	H	TRANSPLANT CLINIC	90.02	1,230,278		6
7	ORGAN ACQ	H	KIDNEY ACQUISITION	105		22,565	7
8	ORGAN ACQ	H	HEART ACQUISITION	106		5,181	8
9	ORGAN ACQ	H	LIVER ACQUISITION	107		14,015	9
10	ORGAN ACQ	H	LUNG ACQUISITION	108		6,106	10
11	ORGAN ACQ	H	PANCREAS ACQUISITION	109		78,534	11
12	ORGAN ACQ	H	TRANSPLANT CLINIC	90.02		1,315,232	12
13	ORGAN ACQ	H					13
14	ORGAN ACQ	H					14
15	ORGAN ACQ	H					15
16	ORGAN ACQ	H					16
17	ORGAN ACQ	H					17
18	ORGAN ACQ	H					18
500	TOTAL RECLASSIFICATIONS				2,255,827	1,441,633	500
	CODE LETTER - H						
1	PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01	283,413		1
2	PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01	250,637		2
500	TOTAL RECLASSIFICATIONS				534,050		500
	CODE LETTER - K						
1	WAGE INDEX SALARY - PDP	L	CLINIC	90		454,415	1
2	WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06	2,867,981		2
3	WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY	66	12,721		3
4	WAGE INDEX SALARY - NON ALLOWABLE	L	PHARMACY	15		570	4
5	WAGE INDEX SALARY - NON ALLOWABLE	L	ADULTS & PEDIATRICS	30		349,318	5
6	WAGE INDEX SALARY - NON ALLOWABLE	L	INTENSIVE CARE UNIT	31		61,366	6
7	WAGE INDEX SALARY - NON ALLOWABLE	L	CARDIAC CATHETERIZATION	59		111,055	7
8	WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROCARDIOLOGY	69		3,810	8
9	WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROENCEPHALOGRAPHY	70		274,238	9
10	WAGE INDEX SALARY - NON ALLOWABLE	L	EMERGENCY	91		83,632	10
500	TOTAL RECLASSIFICATIONS				2,880,702	1,338,404	500
	CODE LETTER - L						
1	RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-THERAPEUTIC	55	45,598	7,140	1
2	RADIOLOGY SUPPORT RECLASS	M	CT SCAN	57	88,569	13,869	2
3	RADIOLOGY SUPPORT RECLASS	M	MRI	58	45,855	7,181	3
500	TOTAL RECLASSIFICATIONS				180,022	28,190	500
	CODE LETTER - M						
	GRAND TOTAL (INCREASES)				6,317,732	136,328,758	

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



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	NRCC DIETARY	A	DIETARY	10	6,270	3,994	1	
500	TOTAL RECLASSIFICATIONS				6,270	3,994	500	
	CODE LETTER - A							
1	SHORT TERM DISABILITY	B	EMPLOYEE BENEFITS DEPARTMENT	4	3,364		1	
2	SHORT TERM DISABILITY	B	DATA PROCESSING	5.02	6,823		2	
3	SHORT TERM DISABILITY	B	PURCHASING	5.03	14,473		3	
4	SHORT TERM DISABILITY	B	ADMITTING	5.04	4,053		4	
5	SHORT TERM DISABILITY	B	CASHIERING/ACCOUNTS RECEIVABL	5.05	4,047		5	
6	SHORT TERM DISABILITY	B	OTHER ADMIN & GENERAL	5.06	19,989		6	
7	SHORT TERM DISABILITY	B	OPERATION OF PLANT	7	25,307		7	
8	SHORT TERM DISABILITY	B	HOUSEKEEPING	9	51,882		8	
9	SHORT TERM DISABILITY	B	DIETARY	10	9,537		9	
10	SHORT TERM DISABILITY	B	CAFETERIA	11	6,939		10	
11	SHORT TERM DISABILITY	B	NURSING ADMINISTRATION	13	6,371		11	
12	SHORT TERM DISABILITY	B	CENTRAL SERVICES & SUPPLY	14	13,877		12	
13	SHORT TERM DISABILITY	B	PHARMACY	15	20,643		13	
14	SHORT TERM DISABILITY	B	MEDICAL RECORDS & LIBRARY	16	3,445		14	
15	SHORT TERM DISABILITY	B	SOCIAL SERVICE	17	2,747		15	
16	SHORT TERM DISABILITY	B	PATIENT TRANSPORT	18.02	7,344		16	
17	SHORT TERM DISABILITY	B	ADULTS & PEDIATRICS	30	153,386		17	
18	SHORT TERM DISABILITY	B	INTENSIVE CARE UNIT	31	50,315		18	
19	SHORT TERM DISABILITY	B	CORONARY CARE UNIT	32	1,567		19	
20	SHORT TERM DISABILITY	B	NURSERY ICU	35	14,767		20	
21	SHORT TERM DISABILITY	B	OPERATING ROOM	50	19,909		21	
22	SHORT TERM DISABILITY	B	DELIVERY ROOM & LABOR ROOM	52	8,347		22	
23	SHORT TERM DISABILITY	B	ANESTHESIOLOGY	53	3,926		23	
24	SHORT TERM DISABILITY	B	RADIOLOGY-DIAGNOSTIC	54	26,951		24	
25	SHORT TERM DISABILITY	B	RADIOLOGY-THERAPEUTIC	55	3,933		25	
26	SHORT TERM DISABILITY	B	CT SCAN	57	3,778		26	
27	SHORT TERM DISABILITY	B	MRI	58	742		27	
28	SHORT TERM DISABILITY	B	CARDIAC CATHETERIZATION	59	3,042		28	
29	SHORT TERM DISABILITY	B	LABORATORY	60	13,496		29	
30	SHORT TERM DISABILITY	B	BLOOD STORING, PROCESSING & T	63	1,079		30	
31	SHORT TERM DISABILITY	B	RESPIRATORY THERAPY	65	5,679		31	
32	SHORT TERM DISABILITY	B	PHYSICAL THERAPY	66	2,810		32	
33	SHORT TERM DISABILITY	B	ELECTROCARDIOLOGY	69	4,183		33	
34	SHORT TERM DISABILITY	B	ELECTROENCEPHALOGRAPHY	70	304		34	
35	SHORT TERM DISABILITY	B	CLINIC	90	58,030		35	
36	SHORT TERM DISABILITY	B	EMERGENCY	91	41,493		36	
37	SHORT TERM DISABILITY	B	KIDNEY ACQUISITION	105	2,112		37	
500	TOTAL RECLASSIFICATIONS				620,690		500	
	CODE LETTER - B							
1	PHARMACY DISCOUNTS	C					1	
500	TOTAL RECLASSIFICATIONS						500	
	CODE LETTER - C							
1	DRUGS CHARGED	D	PHARMACY	15		75,753,143	1	
500	TOTAL RECLASSIFICATIONS					75,753,143	500	
	CODE LETTER - D							
1	NURSERY	F	ADULTS & PEDIATRICS	30	460,861	44,193	1	
500	TOTAL RECLASSIFICATIONS				460,861	44,193	500	
	CODE LETTER - F							
1	MED SUPP & IMPLANTS CHARGED	G	EMERGENCY	91		1,099	1	
2	MED SUPP & IMPLANTS CHARGED	G	KIDNEY ACQUISITION	105		58	2	
3	MED SUPP & IMPLANTS CHARGED	G	PHARMACY	15		34,994	3	
4	MED SUPP & IMPLANTS CHARGED	G	ADULTS & PEDIATRICS	30		360,613	4	
5	MED SUPP & IMPLANTS CHARGED	G	INTENSIVE CARE UNIT	31		68,831	5	
6	MED SUPP & IMPLANTS CHARGED	G	CORONARY CARE UNIT	32		3,488	6	
7	MED SUPP & IMPLANTS CHARGED	G	BURN INTENSIVE CARE UNIT	33		1,212,296	7	
8	MED SUPP & IMPLANTS CHARGED	G	NURSERY SPECIAL CARE	34.01		2,145	8	
9	MED SUPP & IMPLANTS CHARGED	G	NURSERY ICU	35		11,055	9	
10	MED SUPP & IMPLANTS CHARGED	G	OPERATING ROOM	50		30,970,876	10	
11	MED SUPP & IMPLANTS CHARGED	G	DELIVERY ROOM & LABOR ROOM	52		200,334	11	
12	MED SUPP & IMPLANTS CHARGED	G	ANESTHESIOLOGY	53		756,976	12	
13	MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-DIAGNOSTIC	54		6,002,332	13	
14	MED SUPP & IMPLANTS CHARGED	G	RADIOLOGY-THERAPEUTIC	55		67,835	14	
15	MED SUPP & IMPLANTS CHARGED	G	CT SCAN	57		153,211	15	
16	MED SUPP & IMPLANTS CHARGED	G	MRI	58		76,397	16	
17	MED SUPP & IMPLANTS CHARGED	G	CARDIAC CATHETERIZATION	59		7,142,707	17	
18	MED SUPP & IMPLANTS CHARGED	G	BLOOD STORING, PROCESSING & T	63		185,105	18	
19	MED SUPP & IMPLANTS CHARGED	G	RESPIRATORY THERAPY	65		318,167	19	



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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	
20	MED SUPP & IMPLANTS CHARGED	G	PHYSICAL THERAPY	66		224,977	20	
21	MED SUPP & IMPLANTS CHARGED	G	ELECTROCARDIOLOGY	69		6,032,572	21	
22	MED SUPP & IMPLANTS CHARGED	G	ELECTROENCEPHALOGRAPHY	70		62,699	22	
23	MED SUPP & IMPLANTS CHARGED	G	BRACE AND PLASTER ROOM	70.01		176,325	23	
24			RENAL DIALYSIS	74		30,653	24	
25			CLINIC	90		3,002,766	25	
500	TOTAL RECLASSIFICATIONS					57,098,511	500	
	CODE LETTER - G							
1	ORGAN ACQ	H	KIDNEY ACQUISITION	105	748,770		1	
2	ORGAN ACQ	H	HEART ACQUISITION	106	57,187		2	
3	ORGAN ACQ	H	LIVER ACQUISITION	107	464,584		3	
4	ORGAN ACQ	H	LUNG ACQUISITION	108	219,013		4	
5	ORGAN ACQ	H	KIDNEY ACQUISITION	105		130,361	5	
6	ORGAN ACQ	H	HEART ACQUISITION	106		7,057	6	
7	ORGAN ACQ	H	LIVER ACQUISITION	107		459,016	7	
8	ORGAN ACQ	H	LUNG ACQUISITION	108		794,321	8	
9	ORGAN ACQ	H					9	
10	ORGAN ACQ	H					10	
11	ORGAN ACQ	H					11	
12	ORGAN ACQ	H					12	
13	ORGAN ACQ	H	ADMITTING	5.04	128,867		13	
14	ORGAN ACQ	H	OTHER ADMIN & GENERAL	5.06	531,868		14	
15	ORGAN ACQ	H	PHARMACY	15	52,207		15	
16	ORGAN ACQ	H	LABORATORY	60	13,754		16	
17	ORGAN ACQ	H	ELECTROCARDIOLOGY	69	39,577		17	
18	ORGAN ACQ	H	OTHER ADMIN & GENERAL	5.06		50,878	18	
500	TOTAL RECLASSIFICATIONS				2,255,827	1,441,633	500	
	CODE LETTER - H							
1	PHARMACY RESIDENT COST	K	PHARMACY	15	283,413		1	
2	PHARMACY RESIDENT COST	K	CLINIC	90	250,637		2	
500	TOTAL RECLASSIFICATIONS				534,050		500	
	CODE LETTER - K							
1	WAGE INDEX SALARY - PDP	L	CLINIC	90	454,415		1	
2	WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06		2,867,981	2	
3	WAGE INDEX SALARY - OCC MED	L	PHYSICAL THERAPY	66		12,721	3	
4	WAGE INDEX SALARY - NON ALLOWABLE	L	PHARMACY	15	570		4	
5	WAGE INDEX SALARY - NON ALLOWABLE	L	ADULTS & PEDIATRICS	30	349,318		5	
6	WAGE INDEX SALARY - NON ALLOWABLE	L	INTENSIVE CARE UNIT	31	61,366		6	
7	WAGE INDEX SALARY - NON ALLOWABLE	L	CARDIAC CATHETERIZATION	59	111,055		7	
8	WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROCARDIOLOGY	69	3,810		8	
9	WAGE INDEX SALARY - NON ALLOWABLE	L	ELECTROENCEPHALOGRAPHY	70	274,238		9	
10	WAGE INDEX SALARY - NON ALLOWABLE	L	EMERGENCY	91	83,632		10	
500	TOTAL RECLASSIFICATIONS				1,338,404	2,880,702	500	
	CODE LETTER - L							
1	RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	45,598	7,140	1	
2	RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	88,569	13,869	2	
3	RADIOLOGY SUPPORT RECLASS	M	RADIOLOGY-DIAGNOSTIC	54	45,855	7,181	3	
500	TOTAL RECLASSIFICATIONS				180,022	28,190	500	
	CODE LETTER - M							
	GRAND TOTAL (DECREASES)				5,396,124	137,250,366		

(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	36,008,345					36,008,345		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	1,330,229,694	93,834,762		93,834,762	79,199,683	1,344,864,773		3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	576,373,825				60,660,859	515,712,966		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	1,942,611,864	93,834,762		93,834,762	139,860,542	1,896,586,084		8
9	RECONCILING ITEMS	77,667,309	93,834,762		93,834,762	111,871,503	59,630,568		9
10	TOTAL (line 7 minus line 9)	1,864,944,555				27,989,039	1,836,955,516		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 instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	32,635,437							32,635,437	1
1.01	DCAM CAPITAL	3,645,623							3,645,623	1.01
2	CAP REL COSTS-MVBLE EQUIP	48,002,277							48,002,277	2
3	TOTAL (sum of lines 1-2)	84,283,337							84,283,337	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				TOTAL (sum of cols. 5 through 7)	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS			
*		9	10	11	12	13	14	15	16		
1	CAP REL COSTS-BLDG & FI	1,219,218,513		1,219,218,513	0.642849					1	
1.01	DCAM CAPITAL	161,654,605		161,654,605	0.085235					1.01	
2	CAP REL COSTS-MVBLE EQU	515,712,966		515,712,966	0.271916					2	
3	TOTAL (sum of lines 1-2)	1,896,586,084		1,896,586,084	1.000000					3	

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	32,635,437							32,635,437	1
1.01	DCAM CAPITAL	3,645,623							3,645,623	1.01
2	CAP REL COSTS-MVBLE EQUIP	48,002,277							48,002,277	2
3	TOTAL (sum of lines 1-2)	84,283,337							84,283,337	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	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)					3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)					7
8	TELEVISION AND RADIO SERVICE (chapter 21)					8
9	PARKING LOT (chapter 21)	A	-5,930,786	OTHER NONREIMBURSABLE	191.01	9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,314,748			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1				12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-2,922,165	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-21,127,054	PHARMACY	15	17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES					20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33	OTHER OPERATING	B	-2,928	EMPLOYEE BENEFITS DEPARTMENT	4	33
33.01	OTHER OPERATING	B	-58	PURCHASING	5.03	33.01
33.02	OTHER OPERATING	B	-3,600	CASHIERING/ACCOUNTS RECEIVABLE	5.05	33.02
33.03	OTHER OPERATING	B	-24,605	OPERATION OF PLANT	7	33.03
33.04	OTHER OPERATING	B	-18,849	DIETARY	10	33.04
33.05	OTHER OPERATING	B	-12,570	ADULTS & PEDIATRICS	30	33.05
33.06	OTHER OPERATING	B	-1,677	RADIOLOGY-DIAGNOSTIC	54	33.06
33.07	OTHER OPERATING	B	-26,037	RADIOLOGY-THERAPEUTIC	55	33.07
33.08	OTHER OPERATING	B	-3,523,610	LABORATORY	60	33.08
33.09	OTHER OPERATING	B	-1,069,422	BLOOD STORING, PROCESSING & TRANS.	63	33.09
33.10	OTHER OPERATING	B	-259	PHYSICAL THERAPY	66	33.10
33.11	OTHER OPERATING	B	-2,982	ELECTROCARDIOLOGY	69	33.11
33.12	OTHER OPERATING	B	-90	ELECTROENCEPHALOGRAPHY	70	33.12
33.13	OTHER OPERATING	B	-3,209,994	CLINIC	90	33.13
33.14	OTHER OPERATING	B	-917,972	SILVER CROSS	90.03	33.14
33.15	OTHER OPERATING	B	-917,540	AMBULANCE SERVICES	95	33.15
33.16	PHARMACY RESIDENTS INCOME	B	-124,768	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190	33.16
33.17	OTHER OPERATING	B	-638,140	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	33.17
34						34
35						35
36	ADVERTISING EXPENSE	A	-1,622,142	OTHER ADMIN & GENERAL	5.06	36
36.01	NON PATIENT CARE RELATED EXPENSE	A	-125,217	OTHER ADMIN & GENERAL	5.06	36.01
36.02	CRNA EXPENSE	A	-4,441,800	ANESTHESIOLOGY	53	36.02
36.03	PSYCH PDP COSTS	A	-596,348	CLINIC	90	36.03
36.04	PATIENT TV AND PHONE OFFSET	A	-332,670	NON-PATIENT PHONES	5.01	36.04
37	NON ALLOWABLE EXPENSE - BSD	A	-570	PHARMACY	15	37
37.01	NON ALLOWABLE EXPENSE - BSD	A	-349,318	ADULTS & PEDIATRICS	30	37.01
37.02	NON ALLOWABLE EXPENSE - BSD	A	-61,366	INTENSIVE CARE UNIT	31	37.02
37.03	NON ALLOWABLE EXPENSE - BSD	A	-111,055	CARDIAC CATHETERIZATION	59	37.03
37.04	NON ALLOWABLE EXPENSE - BSD	A	-3,810	ELECTROCARDIOLOGY	69	37.04
37.05	NON ALLOWABLE EXPENSE - BSD	A	-274,238	ELECTROENCEPHALOGRAPHY	70	37.05



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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. 5
				COST CENTER 3	LINE# 4		
		1	2				
37.06	NON ALLOWABLE EXPENSE - BSD	A	-83,632	EMERGENCY	91		37.06
38	NON ALLOWABLE EXPENSE	A	-2,987	OTHER ADMIN & GENERAL	5.06		38
38.01	AHA & IHA DUES	A	-226,603	OTHER ADMIN & GENERAL	5.06		38.01
38.02	NON EMERGENCY PATIENT TRANSPORT	A	-84,872	CLINIC	90		38.02
39	ORGAN ACQUISITION S&B	A	525,656	KIDNEY ACQUISITION	105		39
39.01	ORGAN ACQUISITION S&B	A	281,162	HEART ACQUISITION	106		39.01
39.02	ORGAN ACQUISITION S&B	A	341,826	LIVER ACQUISITION	107		39.02
39.03	ORGAN ACQUISITION S&B	A	211,013	LUNG ACQUISITION	108		39.03
39.04	ORGAN ACQUISITION S&B	A	15,895	PANCREAS ACQUISITION	109		39.04
39.05	ORGAN ACQUISITION S&B	A	373,675	EMPLOYEE BENEFITS DEPARTMENT	4		39.05
40	BSD OCC MED	A	12,721	PHYSICAL THERAPY	66		40
40.01	SMG SALARY & BENEFITS	A	3,498,655	OTHER ADMIN & GENERAL	5.06		40.01
41	NORTHSHORE REVENUE	B	-607,753	I&R SERVICES-OTHER PRGM COSTS APPRVD	22		41
42							42
43							43
44							44
45	MEDICAL STUDENT OFFSET	A	-2,299,221	I&R SERVICES-OTHER PRGM COSTS APPRVD	22		45
45.01	MEDICAL STUDENT OFFSET	A	-3,022,955	I&R SERVICES-OTHER PRGM COSTS APPRVD	22		45.01
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-50,775,808				50

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

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



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

WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1	2	CAP REL COSTS-MVBLE EQUIP	PBP DIRECTS AND INDIRECTS	1,283,110	1,283,110		9	1
2	5.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	9,263,396	9,263,396			2
3	5.06	OTHER ADMIN & GENERAL	PBP DIRECTS AND INDIRECTS	17,373,796	17,373,796			3
4	5.06	OTHER ADMIN & GENERAL	MALPRACTICE	35,809,879	35,809,879			4
4.01	7	OPERATION OF PLANT	STEAM AND ELECTRICITY	16,451,035	16,451,035			4.01
4.02	21	I&R SERVICES-SALARY & FRINGES APPRVD	PBP DIRECTS AND INDIRECTS	35,581,103	35,581,103			4.02
4.03	30	ADULTS & PEDIATRICS	PBP DIRECTS AND INDIRECTS	458,191	458,191			4.03
4.04	50	OPERATING ROOM	PBP DIRECTS AND INDIRECTS	160,244	160,244			4.04
4.05	54	RADIOLOGY-DIAGNOSTIC	PBP DIRECTS AND INDIRECTS	1,025,622	1,025,622			4.05
4.06	55	RADIOLOGY-THERAPEUTIC	PBP DIRECTS AND INDIRECTS	509,772	509,772			4.06
4.07	60	LABORATORY	PBP DIRECTS AND INDIRECTS	1,803,023	1,803,023			4.07
4.08	69	ELECTROCARDIOLOGY	PBP DIRECTS AND INDIRECTS	1,168,054	1,168,054			4.08
4.09	70	ELECTROENCEPHALOGRAPHY	PBP DIRECTS AND INDIRECTS	55,273	55,273			4.09
4.10	90	CLINIC	PBP DIRECTS AND INDIRECTS	6,082,510	6,082,510			4.10
4.11	91	EMERGENCY	PBP DIRECTS AND INDIRECTS	762,809	762,809			4.11
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			127,787,817	127,787,817			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	B	U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO		UNIVERSITY/MEDICAL SCHOOL	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	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	50	OPERATING ROOM AGGREGATE	34,419		34,419	208,000	61	6,100	305	1
2	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	306,358		306,358	225,300	1,974	213,818	10,691	2
3	55	RADIOLOGY-THERAPEUTI AGGREGATE	179,824		179,824	225,300	520	56,325	2,816	3
4	60	LABORATORY AGGREGATE	837,952		837,952	215,700	5,415	561,546	28,077	4
5	69	ELECTROCARDIOLOGY AGGREGATE	371,100		371,100	177,200	4,015	342,047	17,102	5
6	70	ELECTROENCEPHALOGRAP AGGREGATE	20,926		20,926	177,200	82	6,986	349	6
7	90	CLINIC AGGREGATE	1,888,018		1,888,018	177,200	13,856	1,180,425	59,021	7
8	91	EMERGENCY AGGREGATE	91,617		91,617	177,200	566	48,219	2,411	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	3,730,214		3,730,214		26,489	2,415,466	120,772	200



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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	50	OPERATING ROOM AGGREGATE					6,100	28,319	28,319	1
2	54	RADIOLOGY-DIAGNOSTIC AGGREGATE					213,818	92,540	92,540	2
3	55	RADIOLOGY-THERAPEUTI AGGREGATE					56,325	123,499	123,499	3
4	60	LABORATORY AGGREGATE					561,546	276,406	276,406	4
5	69	ELECTROCARDIOLOGY AGGREGATE					342,047	29,053	29,053	5
6	70	ELECTROENCEPHALOGRAP AGGREGATE					6,986	13,940	13,940	6
7	90	CLINIC AGGREGATE					1,180,425	707,593	707,593	7
8	91	EMERGENCY AGGREGATE					48,219	43,398	43,398	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					2,415,466	1,314,748	1,314,748	200



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	1.01	2	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	32,635,437	32,635,437					1
1.01	DCAM CAPITAL	3,645,623		3,645,623				1.01
2	CAP REL COSTS-MVBLE EQUIP	48,002,277			48,002,277			2
4	EMPLOYEE BENEFITS DEPARTMENT	116,896,361	473,047		22,715	117,392,123		4
5.01	NON-PATIENT PHONES	864,720			2,224	340,656	1,207,600	5.01
5.02	DATA PROCESSING	48,562,513	1,555,096	38,049	20,210,802	6,258,357	7,945	5.02
5.03	PURCHASING	7,482,920	1,184,966	1,894	425,572	1,445,499	7,945	5.03
5.04	ADMITTING	3,553,540	73,197	6,719	5,112	844,174	7,945	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	12,798,853	310,329		660	1,378,715	7,945	5.05
5.06	OTHER ADMIN & GENERAL	130,368,954	4,345,319	390,199	6,471,233	11,397,582	794,461	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	36,832,530	348,971	6,526	441,315	2,433,019	7,945	7
8	LAUNDRY & LINEN SERVICE	3,395,282	30,301				7,945	8
9	HOUSEKEEPING	21,708,379	1,086,274	69,945	285,334	3,710,786	7,945	9
10	DIETARY	6,229,517	95,267		17,816	946,340	7,945	10
11	CAFETERIA	1,643,311	1,104,118	131,084	172,666	369,587	7,945	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	7,937,026	226,083		355,077	1,762,374	7,945	13
14	CENTRAL SERVICES & SUPPLY	5,226,845	721,531		130,009	674,618	7,945	14
15	PHARMACY	1,434,845	635,600	25,985	432,824	4,413,035	7,945	15
16	MEDICAL RECORDS & LIBRARY	4,860,548	278,647		7,160	786,245	7,945	16
17	SOCIAL SERVICE	814,678	73,667		1,553	156,276	7,945	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	321,017	38,753		929	53,387	7,945	18.01
18.02	PATIENT TRANSPORT	4,922,734	258,234		20,239	897,331	7,945	18.02
18.03	MEDICAL ELECTRONICS	1,540,799	245,445		366,748	279,914	7,945	18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	34,863,992	506,884		45,838	8,406,384		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	29,013,034				2,681,065	7,945	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	1,677,148	30,108			405,453	7,945	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	75,860,401	6,104,786	9,723	522,801	15,825,047	7,945	30
31	INTENSIVE CARE UNIT	28,295,319	1,254,959		164,803	5,581,967	7,945	31
32	CORONARY CARE UNIT	4,639,778	214,592		7,202	943,455	7,945	32
33	BURN INTENSIVE CARE UNIT	1,253,200	136,230		1,538	492,990	7,945	33
34.01	NURSERY SPECIAL CARE	1,901,578	199,235		11,605	436,051	7,945	34.01
35	NURSERY ICU	14,485,310	544,422		37,026	3,313,498	7,945	35
43	NURSERY	605,441	121,480		2,935	114,365	7,945	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	53,290,210	2,235,333	236,435	5,266,843	6,339,986	15,889	50
52	DELIVERY ROOM & LABOR ROOM	5,012,571	455,646		13,729	1,120,729	7,945	52
53	ANESTHESIOLOGY	3,573,446	143,632	11,895	1,173,341	1,409,472	7,945	53
54	RADIOLOGY-DIAGNOSTIC	19,881,783	1,426,020	382,949	3,587,147	3,295,035	7,945	54
55	RADIOLOGY-THERAPEUTIC	6,143,608		279,298	1,068,682	1,056,028	7,945	55
57	CT SCAN	3,136,152	38,007		624,633	648,383	7,945	57
58	MRI	2,869,664	1,436	48,617	721,622	575,733	7,945	58
59	CARDIAC CATHETERIZATION	-966,617	44,747		197,041	425,248	7,945	59
60	LABORATORY	30,602,200	1,616,498	53,309	1,729,979	4,575,317	7,945	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	11,909,988	153,189	29,303	91,136	685,996	7,945	63
65	RESPIRATORY THERAPY	9,638,237	133,937	42,585	271,872	1,711,170	7,945	65
66	PHYSICAL THERAPY	5,601,360	310,384	11,062	18,438	1,271,155	7,945	66
69	ELECTROCARDIOLOGY	7,328,390	209,013	87,582	663,617	1,370,669	7,945	69
70	ELECTROENCEPHALOGRAPHY	2,589,970	137,196	43,212	164,904	625,833	7,945	70
70.01	BRACE AND PLASTER ROOM	86,920		7,672		27,411	7,945	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,639,883						71
72	IMPL. DEV. CHARGED TO PATIENTS	34,458,628						72
73	DRUGS CHARGED TO PATIENTS	75,962,558						73
74	RENAL DIALYSIS	2,449,675	169,182		23,622	493,479	7,945	74
76.97	CARDIAC REHABILITATION	124,835	4,640		2,230	28,288		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	60,099,577	1,220,764	1,692,434	1,681,255	9,972,416	7,945	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	2,545,510	30,467	3,257	4,809	305,784	7,945	90.02
90.03	SILVER CROSS	2,025,240			227,903	557,567		90.03
90.04	SILVER CROSS PHARMACY	7,716,301			6,406	76,197		90.04
91	EMERGENCY	17,147,873	662,725		199,547	3,432,557	7,945	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	417,857	67,701		26,440	305,419	7,945	95



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	1.01	2	4	5.01	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,939,974	26,931	7,576		248,503	7,945	105
106	HEART ACQUISITION	1,531,192	13,673	3,848		42,910	7,945	106
107	LIVER ACQUISITION	1,512,647	5,828	2,787		136,968	7,945	107
108	LUNG ACQUISITION	1,099,206	22,733		5,154	95,376	7,945	108
109	PANCREAS ACQUISITION	169,818	2,845	796		18,738	7,945	109
118	SUBTOTALS (sum of lines 1-117)	1,088,812,566	31,330,068	3,624,741	47,934,086	117,200,537	1,207,600	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-121,756	154,598	20,303				190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE	1,168,957	1,150,771	579	68,191	191,586		191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,089,859,767	32,635,437	3,645,623	48,002,277	117,392,123	1,207,600	202



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING	76,632,762	76,632,762					5.02
5.03	PURCHASING	10,548,796	797,605	11,346,401				5.03
5.04	ADMITTING	4,490,687	339,545	2,951	4,833,183			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	14,496,502	1,096,095	3,138		15,595,735		5.05
5.06	OTHER ADMIN & GENERAL	153,767,748	11,626,140	63,257			165,457,145	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	40,070,306	3,029,756	110,518			43,210,580	7
8	LAUNDRY & LINEN SERVICE	3,433,528	259,612	5,325			3,698,465	8
9	HOUSEKEEPING	26,868,663	2,031,566	97,984			28,998,213	9
10	DIETARY	7,296,885	551,725	115,286			7,963,896	10
11	CAFETERIA	3,428,711	259,248	276,135			3,964,094	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	10,288,505	777,924	826			11,067,255	13
14	CENTRAL SERVICES & SUPPLY	6,760,948	511,202	112,363			7,384,513	14
15	PHARMACY	6,950,234	525,514	4,682,936			12,158,684	15
16	MEDICAL RECORDS & LIBRARY	5,940,545	449,171	5,447			6,395,163	16
17	SOCIAL SERVICE	1,054,119	79,703	68			1,133,890	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	422,031	31,910				453,941	18.01
18.02	PATIENT TRANSPORT	6,106,483	461,717	4,041			6,572,241	18.02
18.03	MEDICAL ELECTRONICS	2,440,851	184,555	752			2,626,158	18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	43,823,098	3,313,508				47,136,606	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,702,044	2,397,023	1,803			34,100,870	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	2,120,654	160,345	90			2,281,089	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	98,330,703	7,434,883	363,770	686,484	1,335,109	108,150,949	30
31	INTENSIVE CARE UNIT	35,304,993	2,669,446	289,075	387,824	703,603	39,354,941	31
32	CORONARY CARE UNIT	5,812,972	439,525		51,786	93,951	6,398,234	32
33	BURN INTENSIVE CARE UNIT	1,891,903	143,049		35,919	65,165	2,136,036	33
34.01	NURSERY SPECIAL CARE	2,556,414	193,293	7,921	24,026	43,588	2,825,242	34.01
35	NURSERY ICU	18,388,201	1,390,350	64,562	156,897	284,647	20,284,657	35
43	NURSERY	852,166	64,433	6,306	6,681	12,121	941,707	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	67,384,696	5,095,024	1,566,895	514,281	1,478,562	76,039,458	50
52	DELIVERY ROOM & LABOR ROOM	6,610,620	499,836	30,811	33,332	67,682	7,242,281	52
53	ANESTHESIOLOGY	6,319,731	477,841	171,530	150,678	503,879	7,623,659	53
54	RADIOLOGY-DIAGNOSTIC	28,580,879	2,161,029	254,060	139,948	653,140	31,789,056	54
55	RADIOLOGY-THERAPEUTIC	8,555,561	646,895	24,841	64,088	375,056	9,666,441	55
57	CT SCAN	4,455,120	336,856	42,619	123,312	728,506	5,686,413	57
58	MRI	4,225,017	319,458	39,336	56,038	377,170	5,017,019	58
59	CARDIAC CATHETERIZATION	-291,636		76,899	64,551	212,254	62,068	59
60	LABORATORY	38,585,248	2,917,469	618,998	484,489	1,754,263	44,360,467	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	12,877,557	973,685	656,119	190,032	402,616	15,100,009	63
65	RESPIRATORY THERAPY	11,805,746	892,644	176,765	208,521	411,977	13,495,653	65
66	PHYSICAL THERAPY	7,220,344	545,937	17,286	34,886	136,403	7,954,856	66
69	ELECTROCARDIOLOGY	9,667,216	730,948		112,045	415,364	10,925,573	69
70	ELECTROENCEPHALOGRAPHY	3,569,060	269,860	6,785	26,208	85,366	3,957,279	70
70.01	BRACE AND PLASTER ROOM	129,948	9,825		35	3,620	143,428	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,639,883	1,711,824		114,295	316,596	24,782,598	71
72	IMPL. DEV. CHARGED TO PATIENTS	34,458,628	2,605,451		216,624	578,209	37,858,912	72
73	DRUGS CHARGED TO PATIENTS	75,962,558	5,743,605	15,566	669,595	2,395,569	84,786,893	73
74	RENAL DIALYSIS	3,143,903	237,714	30,686	41,812	80,415	3,534,530	74
76.97	CARDIAC REHABILITATION	159,993	12,097	227	2	2,166	174,485	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	74,674,391	5,646,205	702,004	83,252	1,088,770	82,194,622	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	2,897,772	219,103	848	5,338	10,212	3,133,273	90.02
90.03	SILVER CROSS	2,810,710	212,521	13,344	67	249,283	3,285,925	90.03
90.04	SILVER CROSS PHARMACY	7,798,904	589,683	539,151			8,927,738	90.04
91	EMERGENCY	21,450,647	1,621,905	136,203	124,571	681,701	24,015,027	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	825,362	62,406	577	21	39	888,405	95



## COMPU-MAX

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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	4,230,929	319,905	436	8,390	17,254	4,576,914	105
106	HEART ACQUISITION	1,599,568	120,945	1,340	6,135	11,130	1,739,118	106
107	LIVER ACQUISITION	1,666,175	125,981	1,036	5,253	9,530	1,807,975	107
108	LUNG ACQUISITION	1,230,414	93,033	1,638	4,448	8,425	1,337,958	108
109	PANCREAS ACQUISITION	200,142	15,133	89	1,319	2,394	219,077	109
118	SUBTOTALS (sum of lines 1-117)	1,087,226,538	76,433,661	11,340,643	4,833,183	15,595,735	1,087,021,679	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,145	4,018				57,163	190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE	2,580,084	195,083	5,758			2,780,925	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,089,859,767	76,632,762	11,346,401	4,833,183	15,595,735	1,089,859,767	202



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	7	8	9	10	11	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL	165,457,145						5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	7,734,175	50,944,755					7
8	LAUNDRY & LINEN SERVICE	661,981	48,907	4,409,353				8
9	HOUSEKEEPING	5,190,332	1,934,334		36,122,879			9
10	DIETARY	1,425,442	153,764		141,842	9,684,944		10
11	CAFETERIA	709,525	2,265,358		1,319,838		8,258,815	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,980,906	324,113		127,490		152,665	13
14	CENTRAL SERVICES & SUPPLY	1,321,739	1,392,616		761,124		104,265	14
15	PHARMACY	2,176,259	1,152,540		519,431		350,763	15
16	MEDICAL RECORDS & LIBRARY	1,144,657	449,746		604,478		83,438	16
17	SOCIAL SERVICE	202,953	118,901		107,683		25,619	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	81,250	62,549		48,142		7,465	18.01
18.02	PATIENT TRANSPORT	1,176,352	416,799		188,507		156,960	18.02
18.03	MEDICAL ELECTRONICS	470,051	409,220		384,806		27,260	18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	8,436,887	836,987				1,504,332	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,103,647			886,112			22
23	PARAMED ED PRGM-(SPECIFY)		48,595					23
23.01	PARAMED ED PRGM - PHARMACY	408,288			76,887		41,028	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	19,357,893	9,349,209	3,082,075	5,636,767	6,769,639	1,259,622	30
31	INTENSIVE CARE UNIT	7,044,062	2,025,550	615,472	1,109,393	1,351,856	385,432	31
32	CORONARY CARE UNIT	1,145,207	432,760	87,567	194,945	192,336	113,812	32
33	BURN INTENSIVE CARE UNIT	382,325	223,758	62,411	205,812	137,082	38,632	33
34.01	NURSERY SPECIAL CARE	505,684	321,572	135,374	295,781	297,343	35,738	34.01
35	NURSERY ICU	3,630,710	878,716	368,334	849,001	809,030	240,950	35
43	NURSERY	168,554	64,555	58,120	59,378	127,658		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	13,610,151	4,350,157		2,717,753		441,445	50
52	DELIVERY ROOM & LABOR ROOM	1,296,281	735,429		698,342		79,844	52
53	ANESTHESIOLOGY	1,364,543	275,786		85,007		96,948	53
54	RADIOLOGY-DIAGNOSTIC	5,689,860	3,688,378		2,913,273		323,762	54
55	RADIOLOGY-THERAPEUTIC	1,730,177	1,038,410		970,462		98,164	55
57	CT SCAN	1,017,800	61,345		81,890		49,764	57
58	MRI	897,986	181,985		235,460		44,972	58
59	CARDIAC CATHETERIZATION	11,109	261,341		322,230		26,246	59
60	LABORATORY	7,939,991	2,808,236		2,186,021		509,732	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,702,720	353,671		259,285		72,398	63
65	RESPIRATORY THERAPY	2,415,560	380,955		316,653		176,976	65
66	PHYSICAL THERAPY	1,423,824	540,604		410,189		131,248	66
69	ELECTROCARDIOLOGY	1,955,546	711,265		597,589		136,003	69
70	ELECTROENCEPHALOGRAPHY	708,305	381,134		336,254		91,013	70
70.01	BRACE AND PLASTER ROOM	25,672	28,354		26,080		3,760	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,435,788						71
72	IMPL. DEV. CHARGED TO PATIENTS	6,776,291						72
73	DRUGS CHARGED TO PATIENTS	15,175,836						73
74	RENAL DIALYSIS	632,638	284,925		139,135		38,447	74
76.97	CARDIAC REHABILITATION	31,231	7,490					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	14,711,851	8,345,841		7,218,188		1,008,571	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	560,818	61,256		56,343		13,123	90.02
90.03	SILVER CROSS	588,141						90.03
90.04	SILVER CROSS PHARMACY	1,597,958						90.04
91	EMERGENCY	4,298,402	1,072,693		980,919		320,720	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	159,014	109,271		52,775		22,302	95



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	7	8	9	10	11	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	819,213	71,465		65,734		24,292	105
106	HEART ACQUISITION	311,281	36,290		33,379		2,285	106
107	LIVER ACQUISITION	323,606	19,705		18,125		10,119	107
108	LUNG ACQUISITION	239,478	36,691		33,748		2,267	108
109	PANCREAS ACQUISITION	39,212	7,534		6,930		2,562	109
118	SUBTOTALS (sum of lines 1-117)	164,949,162	48,760,760	4,409,353	34,279,181	9,684,944	8,254,944	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,231	324,559		199,292			190
191	RESEARCH				1,644,406			191
191.01	OTHER NONREIMBURSABLE	497,752	1,859,436				3,871	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	165,457,145	50,944,755	4,409,353	36,122,879	9,684,944	8,258,815	202



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	
		13	14	15	16	17	18.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
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	13,652,429						13
14	CENTRAL SERVICES & SUPPLY	2,040	10,966,297					14
15	PHARMACY	60,832	3,991,418	20,409,927				15
16	MEDICAL RECORDS & LIBRARY		7,952		8,685,434			16
17	SOCIAL SERVICE		20			1,589,066		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS		47				653,394	18.01
18.02	PATIENT TRANSPORT		1,235					18.02
18.03	MEDICAL ELECTRONICS		268					18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		500					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)		249					23
23.01	PARAMED ED PRGM - PHARMACY	201,784						23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	3,984,407	295,508	15,223	1,233,966	1,110,734	219,112	30
31	INTENSIVE CARE UNIT	1,844,063	247,593	5,952	696,906	221,807		31
32	CORONARY CARE UNIT	311,671	27,454	164	93,057	31,558		32
33	BURN INTENSIVE CARE UNIT	184,258	16,800	1,268	64,544	22,492		33
34.01	NURSERY SPECIAL CARE	179,621	5,777		43,173	48,787		34.01
35	NURSERY ICU	1,074,575	49,274		281,938	132,742	44,067	35
43	NURSERY		4,863	8	12,005	20,946	1,959	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	1,498,916	2,772,023	146,032	924,146		46,515	50
52	DELIVERY ROOM & LABOR ROOM	305,922	25,376	6,426	59,897			52
53	ANESTHESIOLOGY	247,686	132,837	639,569	270,762			53
54	RADIOLOGY-DIAGNOSTIC	191,398	395,829	463,384	251,482		8,642	54
55	RADIOLOGY-THERAPEUTIC	50,353	22,001	262,701	115,165		14,689	55
57	CT SCAN		31,988	260,690	221,587		8,813	57
58	MRI		30,876	427,324	100,698		4,554	58
59	CARDIAC CATHETERIZATION	62,965	194,895	150,110	115,996		2,032	59
60	LABORATORY		502,134	14,426	870,610		183,613	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	24,388	509,941	178,212	341,481			63
65	RESPIRATORY THERAPY		142,544	2,262,652	374,705			65
66	PHYSICAL THERAPY	19,103	17,624	210,999	62,688			66
69	ELECTROCARDIOLOGY	115,173	324,506	48,111	201,341		1,151	69
70	ELECTROENCEPHALOGRAPHY	44,511	5,208		47,094		734	70
70.01	BRACE AND PLASTER ROOM		7,330		62			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				205,384			71
72	IMPL. DEV. CHARGED TO PATIENTS				389,266			72
73	DRUGS CHARGED TO PATIENTS		10,972	265,534	1,203,239			73
74	RENAL DIALYSIS	100,892	19,072		75,134			74
76.97	CARDIAC REHABILITATION		113	1	4			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	1,927,429	668,988	5,649,548	149,601			90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	46,180	1,156	8,086	9,592			90.02
90.03	SILVER CROSS		5,444	28,608	121			90.03
90.04	SILVER CROSS PHARMACY		385,387	9,324,613				90.04
91	EMERGENCY	990,468	105,618	26,365	223,850		117,513	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	56,937	1,256	1,126	37			95



## COMPU-MAX

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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	
		13	14	15	16	17	18.01	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	81,326	356	104	15,076			105
106	HEART ACQUISITION	2,318	977		11,024			106
107	LIVER ACQUISITION	31,807	597	10,538	9,439			107
108	LUNG ACQUISITION	11,406	778	2,153	7,993			108
109	PANCREAS ACQUISITION		37		2,371			109
118	SUBTOTALS (sum of lines 1-117)	13,652,429	10,964,821	20,409,927	8,685,434	1,589,066	653,394	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE		1,476					191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	13,652,429	10,966,297	20,409,927	8,685,434	1,589,066	653,394	202



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	
		18.02	18.03	21	22	23	23.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
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
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS							18.01
18.02	PATIENT TRANSPORT	8,512,094						18.02
18.03	MEDICAL ELECTRONICS		3,917,763					18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			57,915,312				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				41,090,629			22
23	PARAMED ED PRGM-(SPECIFY)					48,844		23
23.01	PARAMED ED PRGM - PHARMACY						3,009,076	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	3,323,517	721,643	17,668,212	12,535,509			30
31	INTENSIVE CARE UNIT	86,988	277,842	3,413,426	2,421,809			31
32	CORONARY CARE UNIT	19,475	90,439	1,074,665	762,469			32
33	BURN INTENSIVE CARE UNIT	25,534	36,362	262,291	186,094			33
34.01	NURSERY SPECIAL CARE	3,679	60,603	21,858	15,508			34.01
35	NURSERY ICU	121,827	404,643	1,752,250	1,243,213			35
43	NURSERY		1,865					43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	20,557	373,875	6,149,267	4,362,875			50
52	DELIVERY ROOM & LABOR ROOM	153,636	87,642	1,941,682	1,377,614			52
53	ANESTHESIOLOGY		4,662	4,109,226	2,915,476			53
54	RADIOLOGY-DIAGNOSTIC	932,637	23,309	2,571,909	1,824,757	48,844		54
55	RADIOLOGY-THERAPEUTIC	41,114	7,459	608,369	431,635			55
57	CT SCAN	950,597	23,309	364,293	258,464			57
58	MRI	492,069	12,121	76,502	54,277			58
59	CARDIAC CATHETERIZATION	28,131	51,280	386,151	273,972			59
60	LABORATORY	91,965	169,689	3,369,711	2,390,793			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		13,053	21,858	15,508			63
65	RESPIRATORY THERAPY		661,041					65
66	PHYSICAL THERAPY	184,147	37,294					66
69	ELECTROCARDIOLOGY	16,013	28,903	316,935	224,864			69
70	ELECTROENCEPHALOGRAPHY			451,723	320,496			70
70.01	BRACE AND PLASTER ROOM							70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			193,075	136,986			71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS						3,009,076	73
74	RENAL DIALYSIS	59,940	28,903	72,859	51,693			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	997,121	373,875	5,712,115	4,052,718			90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	SILVER CROSS							90.03
90.04	SILVER CROSS PHARMACY							90.04
91	EMERGENCY	934,584	202,321	1,785,036	1,266,474			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES		114,680					95



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	
		18.02	18.03	21	22	23	23.01	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION		2,797					105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION							109
118	SUBTOTALS (sum of lines 1-117)	8,483,531	3,809,610	52,323,413	37,123,204	48,844	3,009,076	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE	28,563	108,153	5,591,899	3,967,425			191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	8,512,094	3,917,763	57,915,312	41,090,629	48,844	3,009,076	202



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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		
	<b>GENERAL SERVICE COST CENTERS</b>					
1	CAP REL COSTS-BLDG & FIXT					1
1.01	DCAM CAPITAL					1.01
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
5.01	NON-PATIENT PHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING					5.03
5.04	ADMITTING					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMIN & GENERAL					5.06
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
18	OCCUPATIONAL THERAPY					18
18.01	VOLUNTEERS					18.01
18.02	PATIENT TRANSPORT					18.02
18.03	MEDICAL ELECTRONICS					18.03
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
23.01	PARAMED ED PRGM - PHARMACY					23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS	194,713,985	-30,203,721	164,510,264		30
31	INTENSIVE CARE UNIT	61,103,092	-5,835,235	55,267,857		31
32	CORONARY CARE UNIT	10,975,813	-1,837,134	9,138,679		32
33	BURN INTENSIVE CARE UNIT	3,985,699	-448,385	3,537,314		33
34.01	NURSERY SPECIAL CARE	4,795,740	-37,366	4,758,374		34.01
35	NURSERY ICU	32,165,927	-2,995,463	29,170,464		35
43	NURSERY	1,461,618		1,461,618		43
	<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	113,453,170	-10,512,142	102,941,028		50
52	DELIVERY ROOM & LABOR ROOM	14,010,372	-3,319,296	10,691,076		52
53	ANESTHESIOLOGY	17,766,161	-7,024,702	10,741,459		53
54	RADIOLOGY-DIAGNOSTIC	51,116,520	-4,396,666	46,719,854		54
55	RADIOLOGY-THERAPEUTIC	15,057,140	-1,040,004	14,017,136		55
57	CT SCAN	9,016,953	-622,757	8,394,196		57
58	MRI	7,575,843	-130,779	7,445,064		58
59	CARDIAC CATHETERIZATION	1,948,526	-660,123	1,288,403		59
60	LABORATORY	65,397,388	-5,760,504	59,636,884		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	19,592,524	-37,366	19,555,158		63
65	RESPIRATORY THERAPY	20,226,739		20,226,739		65
66	PHYSICAL THERAPY	10,992,576		10,992,576		66
69	ELECTROCARDIOLOGY	15,602,973	-541,799	15,061,174		69
70	ELECTROENCEPHALOGRAPHY	6,343,751	-772,219	5,571,532		70
70.01	BRACE AND PLASTER ROOM	234,686		234,686		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,423,770		29,423,770		71
72	IMPL. DEV. CHARGED TO PATIENTS	45,024,469		45,024,469		72
73	DRUGS CHARGED TO PATIENTS	104,451,550		104,451,550		73
74	RENAL DIALYSIS	5,038,168	-124,552	4,913,616		74
76.97	CARDIAC REHABILITATION	213,324		213,324		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
90	CLINIC	133,010,468	-9,764,833	123,245,635		90
90.01	DENTAL CLINIC					90.01
90.02	TRANSPLANT CLINIC	4,219,888	-330,061	3,889,827		90.02
90.03	SILVER CROSS	3,908,239		3,908,239		90.03
90.04	SILVER CROSS PHARMACY	20,235,696		20,235,696		90.04
91	EMERGENCY	36,339,990	-3,051,510	33,288,480		91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
95	AMBULANCE SERVICES	1,405,803		1,405,803		95



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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			
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
105	KIDNEY ACQUISITION	5,657,277		5,657,277			105
106	HEART ACQUISITION	2,136,672		2,136,672			106
107	LIVER ACQUISITION	2,231,911		2,231,911			107
108	LUNG ACQUISITION	1,672,472		1,672,472			108
109	PANCREAS ACQUISITION	277,723		277,723			109
118	SUBTOTALS (sum of lines 1-117)	1,072,784,616	-89,446,617	983,337,999			118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	591,245		591,245			190
191	RESEARCH	1,644,406		1,644,406			191
191.01	OTHER NONREIMBURSABLE	14,839,500	-9,559,324	5,280,176			191.01
191.02	MEDICAL SCHOOL						191.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	1,089,859,767	-99,005,941	990,853,826			202



## COMPU-MAX

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		473,047		22,715	495,762	495,762	4
5.01	NON-PATIENT PHONES				2,224	2,224	1,439	5.01
5.02	DATA PROCESSING		1,555,096	38,049	20,210,802	21,803,947	26,439	5.02
5.03	PURCHASING		1,184,966	1,894	425,572	1,612,432	6,107	5.03
5.04	ADMITTING		73,197	6,719	5,112	85,028	3,566	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		310,329		660	310,989	5,824	5.05
5.06	OTHER ADMIN & GENERAL		4,345,319	390,199	6,471,233	11,206,751	48,149	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		348,971	6,526	441,315	796,812	10,278	7
8	LAUNDRY & LINEN SERVICE		30,301			30,301		8
9	HOUSEKEEPING		1,086,274	69,945	285,334	1,441,553	15,676	9
10	DIETARY		95,267		17,816	113,083	3,998	10
11	CAFETERIA		1,104,118	131,084	172,666	1,407,868	1,561	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		226,083		355,077	581,160	7,445	13
14	CENTRAL SERVICES & SUPPLY		721,531		130,009	851,540	2,850	14
15	PHARMACY		635,600	25,985	432,824	1,094,409	18,643	15
16	MEDICAL RECORDS & LIBRARY		278,647		7,160	285,807	3,322	16
17	SOCIAL SERVICE		73,667		1,553	75,220	660	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS		38,753		929	39,682	226	18.01
18.02	PATIENT TRANSPORT		258,234		20,239	278,473	3,791	18.02
18.03	MEDICAL ELECTRONICS		245,445		366,748	612,193	1,183	18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		506,884		45,838	552,722	35,513	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						11,326	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY		30,108			30,108	1,713	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS		6,104,786	9,723	522,801	6,637,310	66,689	30
31	INTENSIVE CARE UNIT		1,254,959		164,803	1,419,762	23,581	31
32	CORONARY CARE UNIT		214,592		7,202	221,794	3,986	32
33	BURN INTENSIVE CARE UNIT		136,230		1,538	137,768	2,083	33
34.01	NURSERY SPECIAL CARE		199,235		11,605	210,840	1,842	34.01
35	NURSERY ICU		544,422		37,026	581,448	13,998	35
43	NURSERY		121,480		2,935	124,415	483	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		2,235,333	236,435	5,266,843	7,738,611	26,783	50
52	DELIVERY ROOM & LABOR ROOM		455,646		13,729	469,375	4,735	52
53	ANESTHESIOLOGY		143,632	11,895	1,173,341	1,328,868	5,954	53
54	RADIOLOGY-DIAGNOSTIC		1,426,020	382,949	3,587,147	5,396,116	13,920	54
55	RADIOLOGY-THERAPEUTIC			279,298	1,068,682	1,347,980	4,461	55
57	CT SCAN		38,007		624,633	662,640	2,739	57
58	MRI		1,436	48,617	721,622	771,675	2,432	58
59	CARDIAC CATHETERIZATION		44,747		197,041	241,788	1,796	59
60	LABORATORY		1,616,498	53,309	1,729,979	3,399,786	19,329	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		153,189	29,303	91,136	273,628	2,898	63
65	RESPIRATORY THERAPY		133,937	42,585	271,872	448,394	7,229	65
66	PHYSICAL THERAPY		310,384	11,062	18,438	339,884	5,370	66
69	ELECTROCARDIOLOGY		209,013	87,582	663,617	960,212	5,790	69
70	ELECTROENCEPHALOGRAPHY		137,196	43,212	164,904	345,312	2,644	70
70.01	BRACE AND PLASTER ROOM			7,672		7,672	116	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS		169,182		23,622	192,804	2,085	74
76.97	CARDIAC REHABILITATION		4,640		2,230	6,870	120	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC		1,220,764	1,692,434	1,681,255	4,594,453	42,129	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC		30,467	3,257	4,809	38,533	1,292	90.02
90.03	SILVER CROSS				227,903	227,903	2,355	90.03
90.04	SILVER CROSS PHARMACY				6,406	6,406	322	90.04
91	EMERGENCY		662,725		199,547	862,272	14,501	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES		67,701		26,440	94,141	1,290	95



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION		26,931	7,576		34,507	1,050	105
106	HEART ACQUISITION		13,673	3,848		17,521	181	106
107	LIVER ACQUISITION		5,828	2,787		8,615	579	107
108	LUNG ACQUISITION		22,733		5,154	27,887	403	108
109	PANCREAS ACQUISITION		2,845	796		3,641	79	109
118	SUBTOTALS (sum of lines 1-117)		31,330,068	3,624,741	47,934,086	82,888,895	494,953	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		154,598	20,303		174,901		190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE		1,150,771	579	68,191	1,219,541	809	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		32,635,437	3,645,623	48,002,277	84,283,337	495,762	202



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	OTHER ADMIN & GERAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES	3,663						5.01
5.02	DATA PROCESSING	24	21,830,410					5.02
5.03	PURCHASING	24	227,211	1,845,774				5.03
5.04	ADMITTING	24	96,725	480	185,823			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	24	312,240	510		629,587		5.05
5.06	OTHER ADMIN & GENERAL	2,415	3,312,233	10,290			14,579,838	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	24	863,074	17,979			681,517	7
8	LAUNDRY & LINEN SERVICE	24	73,955	866			58,332	8
9	HOUSEKEEPING	24	578,724	15,940			457,360	9
10	DIETARY	24	157,168	18,754			125,607	10
11	CAFETERIA	24	73,851	44,921			62,522	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	24	221,604	134			174,553	13
14	CENTRAL SERVICES & SUPPLY	24	145,624	18,279			116,469	14
15	PHARMACY	24	149,701	761,778			191,767	15
16	MEDICAL RECORDS & LIBRARY	24	127,953	886			100,865	16
17	SOCIAL SERVICE	24	22,705	11			17,884	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	24	9,090				7,160	18.01
18.02	PATIENT TRANSPORT	24	131,528	657			103,657	18.02
18.03	MEDICAL ELECTRONICS	24	52,573	122			41,420	18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		943,906				743,439	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	682,830	293			537,839	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	24	45,677	15			35,977	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	24	2,117,945	59,177	27,423	53,913	1,705,915	30
31	INTENSIVE CARE UNIT	24	760,434	47,026	14,815	28,412	620,706	31
32	CORONARY CARE UNIT	24	125,206		1,978	3,794	100,913	32
33	BURN INTENSIVE CARE UNIT	24	40,750		1,372	2,631	33,690	33
34.01	NURSERY SPECIAL CARE	24	55,063	1,289	918	1,760	44,560	34.01
35	NURSERY ICU	24	396,063	10,503	5,993	11,494	319,930	35
43	NURSERY	24	18,355	1,026	255	489	14,853	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	48	1,451,399	254,899	19,645	59,705	1,199,294	50
52	DELIVERY ROOM & LABOR ROOM	24	142,386	5,012	1,273	2,733	114,225	52
53	ANESTHESIOLOGY	24	136,121	27,904	5,756	20,347	120,240	53
54	RADIOLOGY-DIAGNOSTIC	24	615,604	41,330	5,346	26,374	501,377	54
55	RADIOLOGY-THERAPEUTIC	24	184,278	4,041	2,448	15,145	152,459	55
57	CT SCAN	24	95,959	6,933	4,710	29,418	89,686	57
58	MRI	24	91,003	6,399	2,141	15,230	79,128	58
59	CARDIAC CATHETERIZATION	24		12,510	2,466	8,571	979	59
60	LABORATORY	24	831,088	100,697	18,507	70,838	699,653	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	24	277,370	106,736	7,259	16,258	238,157	63
65	RESPIRATORY THERAPY	24	254,284	28,756	7,965	16,636	212,853	65
66	PHYSICAL THERAPY	24	155,519	2,812	1,333	5,508	125,464	66
69	ELECTROCARDIOLOGY	24	208,222		4,280	16,773	172,318	69
70	ELECTROENCEPHALOGRAPHY	24	76,874	1,104	1,001	3,447	62,414	70
70.01	BRACE AND PLASTER ROOM	24	2,799		1	146	2,262	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		487,640		4,366	12,784	390,871	71
72	IMPL. DEV. CHARGED TO PATIENTS		742,204		8,275	23,349	597,111	72
73	DRUGS CHARGED TO PATIENTS		1,636,158	2,532	25,578	96,557	1,337,259	73
74	RENAL DIALYSIS	24	67,717	4,992	1,597	3,247	55,747	74
76.97	CARDIAC REHABILITATION		3,446	37		87	2,752	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	24	1,608,412	114,200	3,180	43,965	1,296,374	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	24	62,415	138	204	412	49,418	90.02
90.03	SILVER CROSS		60,540	2,171	3	10,066	51,826	90.03
90.04	SILVER CROSS PHARMACY		167,981	87,708			140,808	90.04
91	EMERGENCY	24	462,025	22,157	4,759	27,528	378,765	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	24	17,777	94	1	2	14,012	95



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	OTHER ADMIN & GEERAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	24	91,130	71	320	697	72,187	105
106	HEART ACQUISITION	24	34,453	218	234	449	27,429	106
107	LIVER ACQUISITION	24	35,888	169	201	385	28,515	107
108	LUNG ACQUISITION	24	26,502	267	170	340	21,102	108
109	PANCREAS ACQUISITION	24	4,311	14	50	97	3,455	109
118	SUBTOTALS (sum of lines 1-117)	3,663	21,773,693	1,844,837	185,823	629,587	14,535,075	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,145				902	190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE		55,572	937			43,861	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	3,663	21,830,410	1,845,774	185,823	629,587	14,579,838	202



## COMPU-MAX

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	2,369,684						7
8	LAUNDRY & LINEN SERVICE	2,275	165,753					8
9	HOUSEKEEPING	89,975		2,599,252				9
10	DIETARY	7,152		10,206	435,992			10
11	CAFETERIA	105,373		94,970		1,791,090		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	15,076		9,174		33,109	1,042,279	13
14	CENTRAL SERVICES & SUPPLY	64,777		54,767		22,612	156	14
15	PHARMACY	53,610		37,376		76,070	4,644	15
16	MEDICAL RECORDS & LIBRARY	20,920		43,496		18,095		16
17	SOCIAL SERVICE	5,531		7,748		5,556		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	2,909		3,464		1,619		18.01
18.02	PATIENT TRANSPORT	19,387		13,564		34,040		18.02
18.03	MEDICAL ELECTRONICS	19,035		27,689		5,912		18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	38,932				326,242		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			63,761				22
23	PARAMED ED PRGM-(SPECIFY)	2,260						23
23.01	PARAMED ED PRGM - PHARMACY			5,532		8,898	15,405	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	434,880	115,859	405,598	304,752	273,174	304,186	30
31	INTENSIVE CARE UNIT	94,218	23,136	79,827	60,857	83,589	140,783	31
32	CORONARY CARE UNIT	20,130	3,292	14,027	8,658	24,683	23,794	32
33	BURN INTENSIVE CARE UNIT	10,408	2,346	14,809	6,171	8,378	14,067	33
34.01	NURSERY SPECIAL CARE	14,958	5,089	21,283	13,386	7,751	13,713	34.01
35	NURSERY ICU	40,873	13,846	61,091	36,421	52,255	82,037	35
43	NURSERY	3,003	2,185	4,273	5,747			43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	202,347		195,558		95,736	114,433	50
52	DELIVERY ROOM & LABOR ROOM	34,208		50,250		17,316	23,355	52
53	ANESTHESIOLOGY	12,828		6,117		21,025	18,909	53
54	RADIOLOGY-DIAGNOSTIC	171,564		209,627		70,214	14,612	54
55	RADIOLOGY-THERAPEUTIC	48,301		69,830		21,289	3,844	55
57	CT SCAN	2,853		5,892		10,792		57
58	MRI	8,465		16,943		9,753		58
59	CARDIAC CATHETERIZATION	12,156		23,186		5,692	4,807	59
60	LABORATORY	130,624		157,297		110,546		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	16,451		18,657		15,701	1,862	63
65	RESPIRATORY THERAPY	17,720		22,785		38,381		65
66	PHYSICAL THERAPY	25,146		29,515		28,464	1,458	66
69	ELECTROCARDIOLOGY	33,084		43,000		29,495	8,793	69
70	ELECTROENCEPHALOGRAPHY	17,728		24,195		19,738	3,398	70
70.01	BRACE AND PLASTER ROOM	1,319		1,877		815		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	13,253		10,012		8,338	7,702	74
76.97	CARDIAC REHABILITATION	348						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	388,205		519,393		218,729	147,147	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	2,849		4,054		2,846	3,526	90.02
90.03	SILVER CROSS							90.03
90.04	SILVER CROSS PHARMACY							90.04
91	EMERGENCY	49,896		70,583		69,555	75,616	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	5,083		3,798		4,837	4,347	95



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,324		4,730		5,268	6,209	105
106	HEART ACQUISITION	1,688		2,402		496	177	106
107	LIVER ACQUISITION	917		1,304		2,194	2,428	107
108	LUNG ACQUISITION	1,707		2,428		492	871	108
109	PANCREAS ACQUISITION	350		499		556		109
118	SUBTOTALS (sum of lines 1-117)	2,268,096	165,753	2,466,587	435,992	1,790,251	1,042,279	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,097		14,340				190
191	RESEARCH			118,325				191
191.01	OTHER NONREIMBURSABLE	86,491				839		191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,369,684	165,753	2,599,252	435,992	1,791,090	1,042,279	202



## COMPU-MAX

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
		14	15	16	17	18.01	18.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
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	1,277,098						14
15	PHARMACY	464,897	2,852,919					15
16	MEDICAL RECORDS & LIBRARY	926		602,294				16
17	SOCIAL SERVICE	2			135,341			17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	5				64,179		18.01
18.02	PATIENT TRANSPORT	144					585,265	18.02
18.03	MEDICAL ELECTRONICS	31						18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	58						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	29						23
23.01	PARAMED ED PRGM - PHARMACY							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	34,411	2,128	85,858	94,601	21,522	228,516	30
31	INTENSIVE CARE UNIT	28,831	832	48,300	18,891		5,981	31
32	CORONARY CARE UNIT	3,197	23	6,449	2,688		1,339	32
33	BURN INTENSIVE CARE UNIT	1,956	177	4,473	1,916		1,756	33
34.01	NURSERY SPECIAL CARE	673		2,992	4,155		253	34.01
35	NURSERY ICU	5,738		19,540	11,306	4,328	8,376	35
43	NURSERY	566	1	832	1,784	192		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	322,793	20,412	64,050		4,569	1,413	50
52	DELIVERY ROOM & LABOR ROOM	2,955	898	4,151			10,564	52
53	ANESTHESIOLOGY	15,468	89,400	18,766				53
54	RADIOLOGY-DIAGNOSTIC	46,093	64,772	17,429		849	64,125	54
55	RADIOLOGY-THERAPEUTIC	2,562	36,721	7,982		1,443	2,827	55
57	CT SCAN	3,725	36,439	15,358		866	65,360	57
58	MRI	3,595	59,732	6,979		447	33,833	58
59	CARDIAC CATHETERIZATION	22,695	20,982	8,039		200	1,934	59
60	LABORATORY	58,472	2,016	60,339		18,035	6,323	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	59,381	24,911	23,667				63
65	RESPIRATORY THERAPY	16,599	316,275	25,970				65
66	PHYSICAL THERAPY	2,052	29,494	4,345			12,661	66
69	ELECTROCARDIOLOGY	37,788	6,725	13,954		113	1,101	69
70	ELECTROENCEPHALOGRAPHY	606		3,264		72		70
70.01	BRACE AND PLASTER ROOM	854		4				70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			14,235				71
72	IMPL. DEV. CHARGED TO PATIENTS			26,979				72
73	DRUGS CHARGED TO PATIENTS	1,278	37,117	83,393				73
74	RENAL DIALYSIS	2,221		5,207			4,121	74
76.97	CARDIAC REHABILITATION	13						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	77,902	789,698	10,368			68,559	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	135	1,130	665				90.02
90.03	SILVER CROSS	634	3,999	8				90.03
90.04	SILVER CROSS PHARMACY	44,877	1,303,406					90.04
91	EMERGENCY	12,299	3,685	15,514		11,543	64,259	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	146	157	3				95



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
		14	15	16	17	18.01	18.02	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	41	15	1,045				105
106	HEART ACQUISITION	114		764				106
107	LIVER ACQUISITION	69	1,473	654				107
108	LUNG ACQUISITION	91	301	554				108
109	PANCREAS ACQUISITION	4		164				109
118	SUBTOTALS (sum of lines 1-117)	1,276,926	2,852,919	602,294	135,341	64,179	583,301	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE	172					1,964	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,277,098	2,852,919	602,294	135,341	64,179	585,265	202



## COMPU-MAX

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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	
		18.03	21	22	23	23.01	24	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
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
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS							18.01
18.02	PATIENT TRANSPORT							18.02
18.03	MEDICAL ELECTRONICS	760,182						18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		2,640,812					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			1,296,073				22
23	PARAMED ED PRGM-(SPECIFY)				2,289			23
23.01	PARAMED ED PRGM - PHARMACY					143,349		23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	140,023					13,113,904	30
31	INTENSIVE CARE UNIT	53,911					3,553,916	31
32	CORONARY CARE UNIT	17,548					583,523	32
33	BURN INTENSIVE CARE UNIT	7,055					291,830	33
34.01	NURSERY SPECIAL CARE	11,759					412,308	34.01
35	NURSERY ICU	78,515					1,753,779	35
43	NURSERY	362					178,845	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	72,545					11,844,240	50
52	DELIVERY ROOM & LABOR ROOM	17,005					900,465	52
53	ANESTHESIOLOGY	905					1,828,632	53
54	RADIOLOGY-DIAGNOSTIC	4,523					7,263,899	54
55	RADIOLOGY-THERAPEUTIC	1,447					1,907,082	55
57	CT SCAN	4,523					1,037,917	57
58	MRI	2,352					1,110,131	58
59	CARDIAC CATHETERIZATION	9,950					377,775	59
60	LABORATORY	32,926					5,716,500	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,533					1,085,493	63
65	RESPIRATORY THERAPY	128,265					1,542,136	65
66	PHYSICAL THERAPY	7,236					776,285	66
69	ELECTROCARDIOLOGY	5,608					1,547,280	69
70	ELECTROENCEPHALOGRAPHY						561,821	70
70.01	BRACE AND PLASTER ROOM						17,889	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						909,896	71
72	IMPL. DEV. CHARGED TO PATIENTS						1,397,918	72
73	DRUGS CHARGED TO PATIENTS						3,219,872	73
74	RENAL DIALYSIS	5,608					384,675	74
76.97	CARDIAC REHABILITATION						13,673	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	72,545					9,995,283	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC						167,641	90.02
90.03	SILVER CROSS						359,505	90.03
90.04	SILVER CROSS PHARMACY						1,751,508	90.04
91	EMERGENCY	39,257					2,184,238	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES	22,252					167,964	95



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	
		18.03	21	22	23	23.01	24	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	543					221,161	105
106	HEART ACQUISITION						86,150	106
107	LIVER ACQUISITION						83,415	107
108	LUNG ACQUISITION						83,139	108
109	PANCREAS ACQUISITION						13,244	109
118	SUBTOTALS (sum of lines 1-117)	739,196					78,444,932	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						206,385	190
191	RESEARCH						118,325	191
191.01	OTHER NONREIMBURSABLE	20,986					1,431,172	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS		2,640,812	1,296,073	2,289	143,349	4,082,523	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	760,182	2,640,812	1,296,073	2,289	143,349	84,283,337	202



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	DCAM CAPITAL						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
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
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS						18.03
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
23.01	PARAMED ED PRGM - PHARMACY						23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS		13,113,904				30
31	INTENSIVE CARE UNIT		3,553,916				31
32	CORONARY CARE UNIT		583,523				32
33	BURN INTENSIVE CARE UNIT		291,830				33
34.01	NURSERY SPECIAL CARE		412,308				34.01
35	NURSERY ICU		1,753,779				35
43	NURSERY		178,845				43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM		11,844,240				50
52	DELIVERY ROOM & LABOR ROOM		900,465				52
53	ANESTHESIOLOGY		1,828,632				53
54	RADIOLOGY-DIAGNOSTIC		7,263,899				54
55	RADIOLOGY-THERAPEUTIC		1,907,082				55
57	CT SCAN		1,037,917				57
58	MRI		1,110,131				58
59	CARDIAC CATHETERIZATION		377,775				59
60	LABORATORY		5,716,500				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.		1,085,493				63
65	RESPIRATORY THERAPY		1,542,136				65
66	PHYSICAL THERAPY		776,285				66
69	ELECTROCARDIOLOGY		1,547,280				69
70	ELECTROENCEPHALOGRAPHY		561,821				70
70.01	BRACE AND PLASTER ROOM		17,889				70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		909,896				71
72	IMPL. DEV. CHARGED TO PATIENTS		1,397,918				72
73	DRUGS CHARGED TO PATIENTS		3,219,872				73
74	RENAL DIALYSIS		384,675				74
76.97	CARDIAC REHABILITATION		13,673				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC		9,995,283				90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC		167,641				90.02
90.03	SILVER CROSS		359,505				90.03
90.04	SILVER CROSS PHARMACY		1,751,508				90.04
91	EMERGENCY		2,184,238				91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES		167,964				95



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
105	KIDNEY ACQUISITION		221,161				105
106	HEART ACQUISITION		86,150				106
107	LIVER ACQUISITION		83,415				107
108	LUNG ACQUISITION		83,139				108
109	PANCREAS ACQUISITION		13,244				109
118	SUBTOTALS (sum of lines 1-117)		78,444,932				118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		206,385				190
191	RESEARCH		118,325				191
191.01	OTHER NONREIMBURSABLE		1,431,172				191.01
191.02	MEDICAL SCHOOL						191.02
200	CROSS FOOT ADJUSTMENTS		4,082,523				200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)		84,283,337				202



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	RECONCILIATION	
		1	1.01	2	4	5.01	5A.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	1,181,519						1
1.01	DCAM CAPITAL		302,199					1.01
2	CAP REL COSTS-MVBLE EQUIP			46,355,163				2
4	EMPLOYEE BENEFITS DEPARTMENT	17,126		21,936	472,309,318			4
5.01	NON-PATIENT PHONES			2,148	1,370,577	152		5.01
5.02	DATA PROCESSING	56,300	3,154	19,517,293	25,179,569	1	-76,632,762	5.02
5.03	PURCHASING	42,900	157	410,969	5,815,750	1		5.03
5.04	ADMITTING	2,650	557	4,937	3,396,408	1		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	11,235		637	5,547,054	1		5.05
5.06	OTHER ADMIN & GENERAL	157,316	32,345	6,249,187	45,856,479	100		5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	12,634	541	426,172	9,788,892	1		7
8	LAUNDRY & LINEN SERVICE	1,097				1		8
9	HOUSEKEEPING	39,327	5,798	275,543	14,929,795	1		9
10	DIETARY	3,449		17,205	3,807,459	1		10
11	CAFETERIA	39,973	10,866	166,741	1,486,980	1		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	8,185		342,893	7,090,650	1		13
14	CENTRAL SERVICES & SUPPLY	26,122		125,548	2,714,224	1		14
15	PHARMACY	23,011	2,154	417,973	17,755,190	1		15
16	MEDICAL RECORDS & LIBRARY	10,088		6,914	3,163,339	1		16
17	SOCIAL SERVICE	2,667		1,500	628,754	1		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	1,403		897	214,793	1		18.01
18.02	PATIENT TRANSPORT	9,349		19,545	3,610,279	1		18.02
18.03	MEDICAL ELECTRONICS	8,886		354,164	1,126,194	1		18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	18,351		44,265	33,821,839			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				10,786,867	1		22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	1,090			1,631,279	1		23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	221,015	806	504,862	63,669,276	1		30
31	INTENSIVE CARE UNIT	45,434		159,148	22,458,214	1		31
32	CORONARY CARE UNIT	7,769		6,955	3,795,850	1		32
33	BURN INTENSIVE CARE UNIT	4,932		1,485	1,983,473	1		33
34.01	NURSERY SPECIAL CARE	7,213		11,207	1,754,385	1		34.01
35	NURSERY ICU	19,710		35,756	13,331,368	1		35
43	NURSERY	4,398		2,834	460,131	1		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	80,927	19,599	5,086,123	25,507,992	2		50
52	DELIVERY ROOM & LABOR ROOM	16,496		13,258	4,509,085	1		52
53	ANESTHESIOLOGY	5,200	986	1,133,080	5,670,803	1		53
54	RADIOLOGY-DIAGNOSTIC	51,627	31,744	3,464,062	13,257,086	1		54
55	RADIOLOGY-THERAPEUTIC		23,152	1,032,013	4,248,771	1		55
57	CT SCAN	1,376		603,200	2,608,672	1		57
58	MRI	52	4,030	696,861	2,316,376	1		58
59	CARDIAC CATHETERIZATION	1,620		190,280	1,710,921	1	291,636	59
60	LABORATORY	58,523	4,419	1,670,619	18,408,110	1		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	5,546	2,429	88,009	2,760,002	1		63
65	RESPIRATORY THERAPY	4,849	3,530	262,543	6,884,639	1		65
66	PHYSICAL THERAPY	11,237	917	17,805	5,114,303	1		66
69	ELECTROCARDIOLOGY	7,567	7,260	640,846	5,514,684	1		69
70	ELECTROENCEPHALOGRAPHY	4,967	3,582	159,246	2,517,947	1		70
70.01	BRACE AND PLASTER ROOM		636		110,284	1		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	6,125		22,811	1,985,439	1		74
76.97	CARDIAC REHABILITATION	168		2,153	113,811			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	44,196	140,292	1,623,566	40,122,534	1		90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	1,103	270	4,644	1,230,278	1		90.02
90.03	SILVER CROSS			220,083	2,243,288			90.03
90.04	SILVER CROSS PHARMACY			6,186	306,568			90.04
91	EMERGENCY	23,993		192,700	13,810,382	1		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	RECON- CILIATION	
		1	1.01	2	4	5.01	5A.02	
95	AMBULANCE SERVICES	2,451		25,533	1,228,810	1		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	975	628		999,815	1		105
106	HEART ACQUISITION	495	319		172,643	1		106
107	LIVER ACQUISITION	211	231		551,069	1		107
108	LUNG ACQUISITION	823		4,977	383,733	1		108
109	PANCREAS ACQUISITION	103	66		75,389	1		109
118	SUBTOTALS (sum of lines 1-117)	1,134,260	300,468	46,289,312	471,538,502	152	-76,341,126	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,597	1,683					190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE	41,662	48	65,851	770,816			191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	32,635,437	3,645,623	48,002,277	117,392,123	1,207,600		202
203	UNIT COST MULT-WS B PT I	27,621,593	12,063,650	1,035,532	0,248,549	7,944,736,842		203
204	COST TO BE ALLOC PER B PT II				495,762	3,663		204
205	UNIT COST MULT-WS B PT II				0,001,050	24,098,684		205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	ADMITTING INPATIENT REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECONCILIATION	OTHER ADMIN & GERAL ACCUM COST	
		ACCUM COST						
		5.02	5.03	5.04	5.05		5.06	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING	1,013,518,641						5.02
5.03	PURCHASING	10,548,796	156,796,608					5.03
5.04	ADMITTING	4,490,687	40,776	2,529,353,326				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	14,496,502	43,361		4,498,565,324			5.05
5.06	OTHER ADMIN & GENERAL	153,767,748	874,147			-165,457,145	924,402,622	5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	40,070,306	1,527,245				43,210,580	7
8	LAUNDRY & LINEN SERVICE	3,433,528	73,584				3,698,465	8
9	HOUSEKEEPING	26,868,663	1,354,050				28,998,213	9
10	DIETARY	7,296,885	1,593,136				7,963,896	10
11	CAFETERIA	3,428,711	3,815,916				3,964,094	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	10,288,505	11,408				11,067,255	13
14	CENTRAL SERVICES & SUPPLY	6,760,948	1,552,743				7,384,513	14
15	PHARMACY	6,950,234	64,714,053				12,158,684	15
16	MEDICAL RECORDS & LIBRARY	5,940,545	75,274				6,395,163	16
17	SOCIAL SERVICE	1,054,119	935				1,133,890	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	422,031					453,941	18.01
18.02	PATIENT TRANSPORT	6,106,483	55,848				6,572,241	18.02
18.03	MEDICAL ELECTRONICS	2,440,851	10,386				2,626,158	18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	43,823,098					47,136,606	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,702,044	24,922				34,100,870	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	2,120,654	1,237				2,281,089	23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	98,330,703	5,026,943	359,444,198	385,090,523		108,150,949	30
31	INTENSIVE CARE UNIT	35,304,993	3,994,736	202,942,860	202,942,860		39,354,941	31
32	CORONARY CARE UNIT	5,812,972		27,098,722	27,098,722		6,398,234	32
33	BURN INTENSIVE CARE UNIT	1,891,903		18,795,682	18,795,682		2,136,036	33
34.01	NURSERY SPECIAL CARE	2,556,414	109,457	12,572,303	12,572,303		2,825,242	34.01
35	NURSERY ICU	18,388,201	892,185	82,101,910	82,101,910		20,284,577	35
43	NURSERY	852,166	87,140	3,495,980	3,495,980		941,707	43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	67,384,696	21,652,963	269,116,391	426,467,258		76,039,458	50
52	DELIVERY ROOM & LABOR ROOM	6,610,620	425,783	17,442,366	19,521,773		7,242,281	52
53	ANESTHESIOLOGY	6,319,731	2,370,380	78,847,547	145,335,618		7,623,659	53
54	RADIOLOGY-DIAGNOSTIC	28,580,879	3,510,865	73,232,975	188,387,600		31,789,056	54
55	RADIOLOGY-THERAPEUTIC	8,555,561	343,273	33,536,608	108,178,811		9,666,441	55
57	CT SCAN	4,455,120	588,956	64,527,326	210,125,864		5,686,413	57
58	MRI	4,225,017	543,581	29,323,769	108,788,677		5,017,019	58
59	CARDIAC CATHETERIZATION		1,062,667	33,778,558	61,221,323		62,068	59
60	LABORATORY	38,585,248	8,553,951	253,526,461	505,988,816		44,360,467	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	12,877,557	9,066,926	99,441,131	116,127,982		15,100,009	63
65	RESPIRATORY THERAPY	11,805,746	2,442,714	109,116,048	118,828,209		13,495,653	65
66	PHYSICAL THERAPY	7,220,344	238,880	18,255,150	39,343,103		7,954,856	66
69	ELECTROCARDIOLOGY	9,667,216		58,631,653	119,804,958		10,925,573	69
70	ELECTROENCEPHALOGRAPHY	3,569,060	93,767	13,714,104	24,622,493		3,957,279	70
70.01	BRACE AND PLASTER ROOM	129,948		18,108	1,044,096		143,428	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,639,883		59,808,964	91,316,952		24,782,598	71
72	IMPL. DEV. CHARGED TO PATIENTS	34,458,628		113,356,546	166,775,047		37,858,912	72
73	DRUGS CHARGED TO PATIENTS	75,962,558	215,111	350,389,895	691,191,732		84,786,893	73
74	RENAL DIALYSIS	3,143,903	424,045	21,879,541	23,194,303		3,534,530	74
76.97	CARDIAC REHABILITATION	159,993	3,140	1,235	624,883		174,485	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	74,674,391	9,701,010	43,564,696	314,038,076		82,194,622	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	2,897,772	11,717	2,793,169	2,945,526		3,133,273	90.02
90.03	SILVER CROSS	2,810,710	184,396	35,114	71,901,514		3,285,925	90.03
90.04	SILVER CROSS PHARMACY	7,798,904	7,450,545				8,927,738	90.04
91	EMERGENCY	21,450,647	1,882,198	65,186,510	196,625,549		24,015,027	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCESSING  ACCUM COST	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	ADMITTING  INPATIENT REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	OTHER ADMIN & GERAL ACCUM COST	
		5.02	5.03	5.04	5.05		5.06	
95	AMBULANCE SERVICES	825,362	7,967	10,766	11,148		888,405	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	4,230,929	6,020	4,390,173	4,976,725		4,576,914	105
106	HEART ACQUISITION	1,599,568	18,522	3,210,227	3,210,227		1,739,118	106
107	LIVER ACQUISITION	1,666,175	14,314	2,748,682	2,748,682		1,807,975	107
108	LUNG ACQUISITION	1,230,414	22,642	2,327,564	2,430,005		1,337,958	108
109	PANCREAS ACQUISITION	200,142	1,229	690,394	690,394		219,077	109
118	SUBTOTALS (sum of lines 1-117)	1,010,885,412	156,717,044	2,529,353,326	4,498,565,324	-165,457,145	921,564,534	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,145					57,163	190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE	2,580,084	79,564				2,780,925	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	76,632,762	11,346,401	4,833,183	15,595,735		165,457,145	202
203	UNIT COST MULT-WS B PT I	0.075611	0.072364	0.001911	0.003467		0.178988	203
204	COST TO BE ALLOC PER B PT II	21,830,410	1,845,774	185,823	629,587		14,579,838	204
205	UNIT COST MULT-WS B PT II	0.021539	0.011772	0.000073	0.000140		0.015772	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		SQUARE FEET	PATIENT DAYS	HOURS OF SERVICE	PATIENT DAYS	FTES	DIRECT NRSING HRS	
		7	8	9	10	11	13	
<b>GENERAL SERVICE COST CENTERS</b>								
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	1,142,714						7
8	LAUNDRY & LINEN SERVICE	1,097	165,464					8
9	HOUSEKEEPING	43,388		880,904				9
10	DIETARY	3,449		3,459	165,464			10
11	CAFETERIA	50,813		32,186		448,090		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	7,270		3,109		8,283	147,225	13
14	CENTRAL SERVICES & SUPPLY	31,237		18,561		5,657	22	14
15	PHARMACY	25,852		12,667		19,031	656	15
16	MEDICAL RECORDS & LIBRARY	10,088		14,741		4,527		16
17	SOCIAL SERVICE	2,667		2,626		1,390		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	1,403		1,174		405		18.01
18.02	PATIENT TRANSPORT	9,349		4,597		8,516		18.02
18.03	MEDICAL ELECTRONICS	9,179		9,384		1,479		18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	18,774				81,619		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			21,609				22
23	PARAMED ED PRGM-(SPECIFY)	1,090						23
23.01	PARAMED ED PRGM - PHARMACY			1,875		2,226	2,176	23.01
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS	209,707	115,657	137,460	115,657	68,342	42,967	30
31	INTENSIVE CARE UNIT	45,434	23,096	27,054	23,096	20,912	19,886	31
32	CORONARY CARE UNIT	9,707	3,286	4,754	3,286	6,175	3,361	32
33	BURN INTENSIVE CARE UNIT	5,019	2,342	5,019	2,342	2,096	1,987	33
34.01	NURSERY SPECIAL CARE	7,213	5,080	7,213	5,080	1,939	1,937	34.01
35	NURSERY ICU	19,710	13,822	20,704	13,822	13,073	11,588	35
43	NURSERY	1,448	2,181	1,448	2,181			43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	97,576		66,276		23,951	16,164	50
52	DELIVERY ROOM & LABOR ROOM	16,496		17,030		4,332	3,299	52
53	ANESTHESIOLOGY	6,186		2,073		5,260	2,671	53
54	RADIOLOGY-DIAGNOSTIC	82,732		71,044		17,566	2,064	54
55	RADIOLOGY-THERAPEUTIC	23,292		23,666		5,326	543	55
57	CT SCAN	1,376		1,997		2,700		57
58	MRI	4,082		5,742		2,440		58
59	CARDIAC CATHETERIZATION	5,862		7,858		1,424	679	59
60	LABORATORY	62,990		53,309		27,656		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,933		6,323		3,928	263	63
65	RESPIRATORY THERAPY	8,545		7,722		9,602		65
66	PHYSICAL THERAPY	12,126		10,003		7,121	206	66
69	ELECTROCARDIOLOGY	15,954		14,573		7,379	1,242	69
70	ELECTROENCEPHALOGRAPHY	8,549		8,200		4,938	480	70
70.01	BRACE AND PLASTER ROOM	636		636		204		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	6,391		3,393		2,086	1,088	74
76.97	CARDIAC REHABILITATION	168						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	187,201		176,025		54,721	20,785	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	1,374		1,374		712	498	90.02
90.03	SILVER CROSS							90.03
90.04	SILVER CROSS PHARMACY							90.04
91	EMERGENCY	24,061		23,921		17,401	10,681	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
<b>OTHER REIMBURSABLE COST CENTERS</b>								



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING HOURS OF SERVICE	DIETARY PATIENT DAYS	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	
		7	8	9	10	11	13	
95	AMBULANCE SERVICES	2,451		1,287		1,210	614	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	1,603		1,603		1,318	877	105
106	HEART ACQUISITION	814		814		124	25	106
107	LIVER ACQUISITION	442		442		549	343	107
108	LUNG ACQUISITION	823		823		123	123	108
109	PANCREAS ACQUISITION	169		169		139		109
118	SUBTOTALS (sum of lines 1-117)	1,093,726	165,464	835,943	165,464	447,880	147,225	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,280		4,860				190
191	RESEARCH			40,101				191
191.01	OTHER NONREIMBURSABLE	41,708				210		191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	50,944,755	4,409,353	36,122,879	9,684,944	8,258,815	13,652,429	202
203	UNIT COST MULT-WS B PT I	44,582,245	26,648,413	41,006,601	58,532,031	18,431,152	92,731,730	203
204	COST TO BE ALLOC PER B PT II	2,369,684	165,753	2,599,252	435,992	1,791,090	1,042,279	204
205	UNIT COST MULT-WS B PT II	2,073,733	1,001,747	2,950,664	2,634,966	3,997,166	7,079,497	205



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	
		14	15	16	17	18.01	18.02	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	DCAM CAPITAL							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
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	209,310,096						14
15	PHARMACY	76,183,938	16,096,435					15
16	MEDICAL RECORDS & LIBRARY	151,771		2,529,353,326				16
17	SOCIAL SERVICE	376			165,464			17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	899				26,689		18.01
18.02	PATIENT TRANSPORT	23,581					39,337	18.02
18.03	MEDICAL ELECTRONICS	5,119						18.03
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	9,544						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)	4,755						23
23.01	PARAMED ED PRGM - PHARMACY							23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	5,640,214	12,006	359,444,198	115,657	8,950	15,359	30
31	INTENSIVE CARE UNIT	4,725,685	4,694	202,942,860	23,096		402	31
32	CORONARY CARE UNIT	523,996	129	27,098,722	3,286		90	32
33	BURN INTENSIVE CARE UNIT	320,657	1,000	18,795,682	2,342		118	33
34.01	NURSERY SPECIAL CARE	110,258		12,572,303	5,080		17	34.01
35	NURSERY ICU	940,466		82,101,910	13,822	1,800	563	35
43	NURSERY	92,825	6	3,495,980	2,181	80		43
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	52,908,275	115,169	269,116,391		1,900	95	50
52	DELIVERY ROOM & LABOR ROOM	484,336	5,068	17,442,366			710	52
53	ANESTHESIOLOGY	2,535,388	504,401	78,847,547				53
54	RADIOLOGY-DIAGNOSTIC	7,554,991	365,451	73,232,975		353	4,310	54
55	RADIOLOGY-THERAPEUTIC	419,925	207,181	33,536,608		600	190	55
57	CT SCAN	610,549	205,595	64,527,326		360	4,393	57
58	MRI	589,324	337,012	29,323,769		186	2,274	58
59	CARDIAC CATHETERIZATION	3,719,874	118,385	33,778,558		83	130	59
60	LABORATORY	9,583,989	11,377	253,526,461		7,500	425	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	9,733,003	140,548	99,441,131				63
65	RESPIRATORY THERAPY	2,720,660	1,784,457	109,116,048				65
66	PHYSICAL THERAPY	336,373	166,406	18,255,150			851	66
69	ELECTROCARDIOLOGY	6,193,696	37,943	58,631,653		47	74	69
70	ELECTROENCEPHALOGRAPHY	99,398		13,714,104		30		70
70.01	BRACE AND PLASTER ROOM	139,900		18,108				70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			59,808,964				71
72	IMPL. DEV. CHARGED TO PATIENTS			113,356,546				72
73	DRUGS CHARGED TO PATIENTS	209,415	209,415	350,389,895				73
74	RENAL DIALYSIS	364,010		21,879,541			277	74
76.97	CARDIAC REHABILITATION	2,160	1	1,235				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	12,768,655	4,455,557	43,564,696			4,608	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	22,069	6,377	2,793,169				90.02
90.03	SILVER CROSS	103,913	22,562	35,114				90.03
90.04	SILVER CROSS PHARMACY	7,355,691	7,353,923					90.04
91	EMERGENCY	2,015,880	20,793	65,186,510		4,800	4,319	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							



## COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	
		14	15	16	17	18.01	18.02	
95	AMBULANCE SERVICES	23,975	888	10,766				95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	6,799	82	4,390,173				105
106	HEART ACQUISITION	18,644		3,210,227				106
107	LIVER ACQUISITION	11,386	8,311	2,748,682				107
108	LUNG ACQUISITION	14,851	1,698	2,327,564				108
109	PANCREAS ACQUISITION	715		690,394				109
118	SUBTOTALS (sum of lines 1-117)	209,281,928	16,096,435	2,529,353,326	165,464	26,689	39,205	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE	28,168					132	191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	10,966,297	20,409,927	8,685,434	1,589,066	653,394	8,512,094	202
203	UNIT COST MULT-WS B PT I	0.052393	1.267978	0.003434	9.603696	24.481772	216.388998	203
204	COST TO BE ALLOC PER B PT II	1,277,098	2,852,919	602,294	135,341	64,179	585,265	204
205	UNIT COST MULT-WS B PT II	0.006101	0.177239	0.000238	0.817948	2.404699	14.878232	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC HOURS WORKED	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	PARAMED ED PRGM PHARMACY TIME SPENT
	18.03	21	22	23	23.01

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT					1	
1.01	DCAM CAPITAL					1.01	
2	CAP REL COSTS-MVBLE EQUIP					2	
4	EMPLOYEE BENEFITS DEPARTMENT					4	
5.01	NON-PATIENT PHONES					5.01	
5.02	DATA PROCESSING					5.02	
5.03	PURCHASING					5.03	
5.04	ADMITTING					5.04	
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	OTHER ADMIN & GENERAL					5.06	
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	
18	OCCUPATIONAL THERAPY					18	
18.01	VOLUNTEERS					18.01	
18.02	PATIENT TRANSPORT					18.02	
18.03	MEDICAL ELECTRONICS	4,202				18.03	
19	NONPHYSICIAN ANESTHETISTS					19	
20	NURSING SCHOOL					20	
21	I&R SERVICES-SALARY & FRINGES APPRVD		15,898			21	
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			15,898		22	
23	PARAMED ED PRGM-(SPECIFY)				100	23	
23.01	PARAMED ED PRGM - PHARMACY					1,000	23.01
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	774	4,850	4,850		30	
31	INTENSIVE CARE UNIT	298	937	937		31	
32	CORONARY CARE UNIT	97	295	295		32	
33	BURN INTENSIVE CARE UNIT	39	72	72		33	
34.01	NURSERY SPECIAL CARE	65	6	6		34.01	
35	NURSERY ICU	434	481	481		35	
43	NURSERY	2				43	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	401	1,688	1,688		50	
52	DELIVERY ROOM & LABOR ROOM	94	533	533		52	
53	ANESTHESIOLOGY	5	1,128	1,128		53	
54	RADIOLOGY-DIAGNOSTIC	25	706	706	100	54	
55	RADIOLOGY-THERAPEUTIC	8	167	167		55	
57	CT SCAN	25	100	100		57	
58	MRI	13	21	21		58	
59	CARDIAC CATHETERIZATION	55	106	106		59	
60	LABORATORY	182	925	925		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30	
63	BLOOD STORING, PROCESSING & TRANS.	14	6	6		63	
65	RESPIRATORY THERAPY	709				65	
66	PHYSICAL THERAPY	40				66	
69	ELECTROCARDIOLOGY	31	87	87		69	
70	ELECTROENCEPHALOGRAPHY		124	124		70	
70.01	BRACE AND PLASTER ROOM					70.01	
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					71	
72	IMPL. DEV. CHARGED TO PATIENTS					72	
73	DRUGS CHARGED TO PATIENTS				1,000	73	
74	RENAL DIALYSIS	31	20	20		74	
76.97	CARDIAC REHABILITATION					76.97	
76.98	HYPERBARIC OXYGEN THERAPY					76.98	
76.99	LITHOTRIPSY					76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC	401	1,568	1,568		90	
90.01	DENTAL CLINIC					90.01	
90.02	TRANSPLANT CLINIC		53	53		90.02	
90.03	SILVER CROSS					90.03	
90.04	SILVER CROSS PHARMACY					90.04	
91	EMERGENCY	217	490	490		91	



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC HOURS WORKED	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	PARAMED ED PRGM PHARMACY TIME SPENT	
		18.03	21	22	23	23.01	
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES	123					95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>						
105	KIDNEY ACQUISITION	3					105
106	HEART ACQUISITION						106
107	LIVER ACQUISITION						107
108	LUNG ACQUISITION						108
109	PANCREAS ACQUISITION						109
118	SUBTOTALS (sum of lines 1-117)	4,086	14,363	14,363	100	1,000	118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH						191
191.01	OTHER NONREIMBURSABLE	116	1,535	1,535			191.01
191.02	MEDICAL SCHOOL						191.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	3,917,763	57,915,312	41,090,629	48,844	3,009,076	202
203	UNIT COST MULT-WS B PT I	932.356735	3,642.930683	2,584.641401	488.440000	3,009.076000	203
204	COST TO BE ALLOC PER B PT II	760.182	2,640.812	1,296.073	2,289	143,349	204
205	UNIT COST MULT-WS B PT II	180.909567	166.109699	81.524280	22.890000	143.349000	205



COMPU-MAX

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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 DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	164,510,264		164,510,264		164,510,264	30
31	INTENSIVE CARE UNIT	55,267,857		55,267,857		55,267,857	31
32	CORONARY CARE UNIT	9,138,679		9,138,679		9,138,679	32
33	BURN INTENSIVE CARE UNIT	3,537,314		3,537,314		3,537,314	33
34.01	NURSERY SPECIAL CARE	4,758,374		4,758,374		4,758,374	34.01
35	NURSERY ICU	29,170,464		29,170,464		29,170,464	35
43	NURSERY	1,461,618		1,461,618		1,461,618	43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	102,941,028		102,941,028	28,319	102,969,347	50
52	DELIVERY ROOM & LABOR ROOM	10,691,076		10,691,076		10,691,076	52
53	ANESTHESIOLOGY	10,741,459		10,741,459		10,741,459	53
54	RADIOLOGY-DIAGNOSTIC	46,719,854		46,719,854	92,540	46,812,394	54
55	RADIOLOGY-THERAPEUTIC	14,017,136		14,017,136	123,499	14,140,635	55
57	CT SCAN	8,394,196		8,394,196		8,394,196	57
58	MRI	7,445,064		7,445,064		7,445,064	58
59	CARDIAC CATHETERIZATION	1,288,403		1,288,403		1,288,403	59
60	LABORATORY	59,636,884		59,636,884	276,406	59,913,290	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	19,555,158		19,555,158		19,555,158	63
65	RESPIRATORY THERAPY	20,226,739		20,226,739		20,226,739	65
66	PHYSICAL THERAPY	10,992,576		10,992,576		10,992,576	66
69	ELECTROCARDIOLOGY	15,061,174		15,061,174	29,053	15,090,227	69
70	ELECTROENCEPHALOGRAPHY	5,571,532		5,571,532	13,940	5,585,472	70
70.01	BRACE AND PLASTER ROOM	234,686		234,686		234,686	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,423,770		29,423,770		29,423,770	71
72	IMPL. DEV. CHARGED TO PATIENTS	45,024,469		45,024,469		45,024,469	72
73	DRUGS CHARGED TO PATIENTS	104,451,550		104,451,550		104,451,550	73
74	RENAL DIALYSIS	4,913,616		4,913,616		4,913,616	74
76.97	CARDIAC REHABILITATION	213,324		213,324		213,324	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC	123,245,635		123,245,635	707,593	123,953,228	90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	3,889,827		3,889,827		3,889,827	90.02
90.03	SILVER CROSS	3,908,239		3,908,239		3,908,239	90.03
90.04	SILVER CROSS PHARMACY	20,235,696		20,235,696		20,235,696	90.04
91	EMERGENCY	33,288,480		33,288,480	43,398	33,331,878	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	8,223,951		8,223,951		8,223,951	92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES	1,405,803		1,405,803		1,405,803	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
105	KIDNEY ACQUISITION	5,657,277		5,657,277		5,657,277	105
106	HEART ACQUISITION	2,136,672		2,136,672		2,136,672	106
107	LIVER ACQUISITION	2,231,911		2,231,911		2,231,911	107
108	LUNG ACQUISITION	1,672,472		1,672,472		1,672,472	108
109	PANCREAS ACQUISITION	277,723		277,723		277,723	109
200	SUBTOTAL (SEE INSTRUCTIONS)	991,561,950		991,561,950	1,314,748	992,876,698	200
201	LESS OBSERVATION BEDS	8,223,951		8,223,951		8,223,951	201
202	TOTAL (SEE INSTRUCTIONS)	983,337,999		983,337,999		984,652,747	202



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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	9	10	11	
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS	359,444,198		359,444,198				30
31	INTENSIVE CARE UNIT	202,942,860		202,942,860				31
32	CORONARY CARE UNIT	27,098,722		27,098,722				32
33	BURN INTENSIVE CARE UNIT	18,795,682		18,795,682				33
34.01	NURSERY SPECIAL CARE	12,572,303		12,572,303				34.01
35	NURSERY ICU	82,101,910		82,101,910				35
43	NURSERY	3,495,980		3,495,980				43
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	269,116,391	157,350,867	426,467,258	0.241381	0.241381	0.241447	50
52	DELIVERY ROOM & LABOR ROOM	17,442,366	2,079,407	19,521,773	0.547649	0.547649	0.547649	52
53	ANESTHESIOLOGY	78,847,547	66,488,071	145,335,618	0.073908	0.073908	0.073908	53
54	RADIOLOGY-DIAGNOSTIC	73,232,975	115,154,625	188,387,600	0.247999	0.247999	0.248490	54
55	RADIOLOGY-THERAPEUTIC	33,536,608	74,642,203	108,178,811	0.129574	0.129574	0.130715	55
57	CT SCAN	64,527,326	145,598,538	210,125,864	0.039948	0.039948	0.039948	57
58	MRI	29,323,769	79,464,908	108,788,677	0.068436	0.068436	0.068436	58
59	CARDIAC CATHETERIZATION	33,778,558	27,442,765	61,221,323	0.021045	0.021045	0.021045	59
60	LABORATORY	253,526,461	252,462,355	505,988,816	0.117862	0.117862	0.118408	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	99,441,131	16,686,851	116,127,982	0.168393	0.168393	0.168393	63
65	RESPIRATORY THERAPY	109,116,048	9,712,161	118,828,209	0.170218	0.170218	0.170218	65
66	PHYSICAL THERAPY	18,255,150	21,087,953	39,343,103	0.279403	0.279403	0.279403	66
69	ELECTROCARDIOLOGY	58,631,653	61,173,305	119,804,958	0.125714	0.125714	0.125957	69
70	ELECTROENCEPHALOGRAPHY	13,714,104	10,908,389	24,622,493	0.226278	0.226278	0.226844	70
70.01	BRACE AND PLASTER ROOM	18,108	1,025,988	1,044,096	0.224774	0.224774	0.224774	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	59,808,964	31,507,988	91,316,952	0.322216	0.322216	0.322216	71
72	IMPL. DEV. CHARGED TO PATIENTS	113,356,546	53,418,501	166,775,047	0.269971	0.269971	0.269971	72
73	DRUGS CHARGED TO PATIENTS	350,389,895	340,801,837	691,191,732	0.151118	0.151118	0.151118	73
74	RENAL DIALYSIS	21,879,541	1,314,762	23,194,303	0.211846	0.211846	0.211846	74
76.97	CARDIAC REHABILITATION	1,235	623,648	624,883	0.341382	0.341382	0.341382	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	43,564,696	270,473,380	314,038,076	0.392454	0.392454	0.394708	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	2,793,169	152,357	2,945,526	1.320588	1.320588	1.320588	90.02
90.03	SILVER CROSS	35,114	71,866,400	71,901,514	0.054355	0.054355	0.054355	90.03
90.04	SILVER CROSS PHARMACY							90.04
91	EMERGENCY	65,186,510	131,439,039	196,625,549	0.169299	0.169299	0.169520	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	2,153,190	23,493,135	25,646,325	0.320668	0.320668	0.320668	92
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES	10,766	382	11,148	126.103606	126.103606	126.103606	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
105	KIDNEY ACQUISITION	4,390,173	586,552	4,976,725				105
106	HEART ACQUISITION	3,210,227		3,210,227				106
107	LIVER ACQUISITION	2,748,682		2,748,682				107
108	LUNG ACQUISITION	2,327,564	102,441	2,430,005				108
109	PANCREAS ACQUISITION	690,394		690,394				109
200	SUBTOTAL (SEE INSTRUCTIONS)	2,531,506,516	1,967,058,808	4,498,565,324				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	2,531,506,516	1,967,058,808	4,498,565,324				202



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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)	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	13,113,904		13,113,904	121,743	107.72	39,387	4,242,768	30
31	INTENSIVE CARE UNIT	3,553,916		3,553,916	23,096	153.88	6,966	1,071,928	31
32	CORONARY CARE UNIT	583,523		583,523	3,286	177.58	1,497	265,837	32
33	BURN INTENSIVE CARE UNIT	291,830		291,830	2,342	124.61	411	51,215	33
34	SURGICAL INTENSIVE CARE UNIT								34
34.01	NURSERY SPECIAL CARE	412,308		412,308	5,080	81.16			34.01
35	NURSERY ICU	1,753,779		1,753,779	13,822	126.88			35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	178,845		178,845	2,181	82.00			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	19,888,105		19,888,105	171,550		48,261	5,631,748	200

(A) Worksheet A line numbers



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0088

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)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	11,844,240	426,467,258	0.027773	79,985,587	2,221,440	50
52	DELIVERY ROOM & LABOR ROOM	900,465	19,521,773	0.046126	311,305	14,359	52
53	ANESTHESIOLOGY	1,828,632	145,335,618	0.012582	23,152,427	291,304	53
54	RADIOLOGY-DIAGNOSTIC	7,263,899	188,387,600	0.038558	25,425,525	980,357	54
55	RADIOLOGY-THERAPEUTIC	1,907,082	108,178,811	0.017629	10,283,061	181,280	55
57	CT SCAN	1,037,917	210,125,864	0.004940	24,161,630	119,358	57
58	MRI	1,110,131	108,788,677	0.010204	8,578,127	87,531	58
59	CARDIAC CATHETERIZATION	377,775	61,221,323	0.006171	14,124,745	87,164	59
60	LABORATORY	5,716,500	505,988,816	0.011298	89,531,939	1,011,532	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,085,493	116,127,982	0.009347	32,826,810	306,832	63
65	RESPIRATORY THERAPY	1,542,136	118,828,209	0.012978	27,719,887	359,749	65
66	PHYSICAL THERAPY	776,285	39,343,103	0.019731	7,260,419	143,255	66
69	ELECTROCARDIOLOGY	1,547,280	119,804,958	0.012915	24,933,690	322,019	69
70	ELECTROENCEPHALOGRAPHY	561,821	24,622,493	0.022817	2,884,159	65,808	70
70.01	BRACE AND PLASTER ROOM	17,889	1,044,096	0.017133	2,902	50	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	909,896	91,316,952	0.009964	22,609,807	225,284	71
72	IMPL. DEV. CHARGED TO PATIENTS	1,397,918	166,775,047	0.008382	45,101,775	378,043	72
73	DRUGS CHARGED TO PATIENTS	3,219,872	691,191,732	0.004658	111,845,777	520,978	73
74	RENAL DIALYSIS	384,675	23,194,303	0.016585	9,309,162	154,392	74
76.97	CARDIAC REHABILITATION	13,673	624,883	0.021881	599	13	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	9,995,283	314,038,076	0.031828	14,926,417	475,078	90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	167,641	2,945,526	0.056914			90.02
90.03	SILVER CROSS	359,505	71,901,514	0.005000	5,382	27	90.03
90.04	SILVER CROSS PHARMACY	1,751,508					90.04
91	EMERGENCY	2,184,238	196,625,549	0.011109	22,089,599	245,393	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	655,572	25,646,325	0.025562			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	58,557,326	3,778,046,488		597,070,731	8,191,246	200

(A) Worksheet A line numbers



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
34.01	NURSERY SPECIAL CARE						34.01
35	NURSERY ICU						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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

(A)	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
6		7		8	9	
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>					
30	ADULTS & PEDIATRICS (General Routine Care)	121,743		39,387		30
31	INTENSIVE CARE UNIT	23,096		6,966		31
32	CORONARY CARE UNIT	3,286		1,497		32
33	BURN INTENSIVE CARE UNIT	2,342		411		33
34	SURGICAL INTENSIVE CARE UNIT					34
34.01	NURSERY SPECIAL CARE	5,080				34.01
35	NURSERY ICU	13,822				35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	2,181				43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	171,550		48,261		200

(A) Worksheet A line numbers



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0088

WORKSHEET D  
PART IV

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  ICF/MR  PPS  
 APPLICABLE  TITLE XVIII, PART A  IPF  SNF  TEFRA  
 BOXES:  TITLE XIX  IRF  NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			48,844		48,844	48,844	54
55	RADIOLOGY-THERAPEUTIC							55
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
70.01	BRACE AND PLASTER ROOM							70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			3,009,076		3,009,076	3,009,076	73
74	RENAL DIALYSIS							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
90	CLINIC							90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	SILVER CROSS							90.03
90.04	SILVER CROSS PHARMACY							90.04
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)			3,057,920		3,057,920	3,057,920	200

(A) Worksheet A line numbers



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0088

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF [ ] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	426,467,258			79,985,587		37,658,359		50
52	DELIVERY ROOM & LABOR ROOM	19,521,773			311,305		38,336		52
53	ANESTHESIOLOGY	145,335,618			23,152,427		16,661,052		53
54	RADIOLOGY-DIAGNOSTIC	188,387,600	0.000259	0.000259	25,425,525	6,585	35,270,401	9,135	54
55	RADIOLOGY-THERAPEUTIC	108,178,811			10,283,061		27,410,851		55
57	CT SCAN	210,125,864			24,161,630		57,489,750		57
58	MRI	108,788,677			8,578,127		19,234,935		58
59	CARDIAC CATHETERIZATION	61,221,323			14,124,745		10,408,821		59
60	LABORATORY	505,988,816			89,531,939		41,678,985		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	116,127,982			32,826,810		5,048,538		63
65	RESPIRATORY THERAPY	118,828,209			27,719,887		3,251,260		65
66	PHYSICAL THERAPY	39,343,103			7,260,419		107,778		66
69	ELECTROCARDIOLOGY	119,804,958			24,933,690		24,364,237		69
70	ELECTROENCEPHALOGRAPHY	24,622,493			2,884,159		2,669,474		70
70.01	BRACE AND PLASTER ROOM	1,044,096			2,902		82,217		70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	91,316,952			22,609,807		11,825,013		71
72	IMPL. DEV. CHARGED TO PATIENTS	166,775,047			45,101,775		22,315,227		72
73	DRUGS CHARGED TO PATIENTS	691,191,732	0.004353	0.004353	111,845,777	486,865	126,614,044	551,151	73
74	RENAL DIALYSIS	23,194,303			9,309,162		1,152,906		74
76.97	CARDIAC REHABILITATION	624,883			599		376,731		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	314,038,076			14,926,417		100,521,057		90
90.01	DENTAL CLINIC								90.01
90.02	TRANSPLANT CLINIC	2,945,526							90.02
90.03	SILVER CROSS	71,901,514			5,382		5,406,837		90.03
90.04	SILVER CROSS PHARMACY						30,626,808		90.04
91	EMERGENCY	196,625,549			22,089,599		24,158,061		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	25,646,325							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES								95
200	TOTAL (sum of lines 50-199)	3,778,046,488			597,070,731	493,450	604,371,678	560,286	200

(A) Worksheet A line numbers



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0088

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/MR

(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	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	0.241381	37,658,359			9,090,012			50
52	DELIVERY ROOM & LABOR ROOM	0.547649	38,336			20,995			52
53	ANESTHESIOLOGY	0.073908	16,661,052			1,231,385			53
54	RADIOLOGY-DIAGNOSTIC	0.247999	35,270,401			8,747,024			54
55	RADIOLOGY-THERAPEUTIC	0.129574	27,410,851			3,551,734			55
57	CT SCAN	0.039948	57,489,750			2,296,601			57
58	MRI	0.068436	19,234,935			1,316,362			58
59	CARDIAC CATHETERIZATION	0.021045	10,408,821			219,054			59
60	LABORATORY	0.117862	41,678,985	84,987		4,912,369	10,017		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.168393	5,048,538			850,138			63
65	RESPIRATORY THERAPY	0.170218	3,251,260			553,423			65
66	PHYSICAL THERAPY	0.279403	107,778			30,113			66
69	ELECTROCARDIOLOGY	0.125714	24,364,237			3,062,926			69
70	ELECTROENCEPHALOGRAPHY	0.226278	2,669,474			604,043			70
70.01	BRACE AND PLASTER ROOM	0.224774	82,217			18,480			70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322216	11,825,013	22,426		3,810,208	7,226		71
72	IMPL. DEV. CHARGED TO PATIENTS	0.269971	22,315,227			6,024,464			72
73	DRUGS CHARGED TO PATIENTS	0.151118	126,614,044	14,935	422,386	19,133,661	2,257	63,830	73
74	RENAL DIALYSIS	0.211846	1,152,906			244,239			74
76.97	CARDIAC REHABILITATION	0.341382	376,731			128,609			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
90	CLINIC	0.392454	100,521,057			39,449,891			90
90.01	DENTAL CLINIC								90.01
90.02	TRANSPLANT CLINIC	1.320588							90.02
90.03	SILVER CROSS	0.054355	5,406,837			293,889			90.03
90.04	SILVER CROSS PHARMACY		30,626,808						90.04
91	EMERGENCY	0.169299	24,158,061			4,089,936			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.320668							92
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
95	AMBULANCE SERVICES	126.103606							95
200	SUBTOTAL (see instructions)		604,371,678	122,348	422,386	109,679,556	19,500	63,830	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		604,371,678	122,348	422,386	109,679,556	19,500	63,830	202

(A) Worksheet A line numbers



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

WORKSHEET D-1  
PART I

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [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)	121,743	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	121,743	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)	115,657	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	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	39,387	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 Title XIX only)		15
16	TITLE V OR XIX NURSERY DAYS (Title V or Title 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)	164,510,264	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	164,510,264	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 - line 36)	164,510,264	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

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

		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)					1,351.29	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					53,223,259	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)					53,223,259	41
42	NURSERY (Titles V and XIX only)						42
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>						
43	INTENSIVE CARE UNIT	55,267,857	23,096	2,392.96	6,966	16,669,359	43
44	CORONARY CARE UNIT	9,138,679	3,286	2,781.10	1,497	4,163,307	44
45	BURN INTENSIVE CARE UNIT	3,537,314	2,342	1,510.38	411	620,766	45
46	SURGICAL INTENSIVE CARE UNIT						46
46.01	NURSERY SPECIAL CARE	4,758,374	5,080	936.69			46.01
47	NURSERY ICU	29,170,464	13,822	2,110.44			47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					105,349,295	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					180,025,986	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					5,631,748	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					8,684,696	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					14,316,444	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					165,709,542	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



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/MR  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)					6,086	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,351.29	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					8,223,951	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 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	13,113,904	164,510,264	0.079715	8,223,951	655,572	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0088

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/MR [ ] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30	ADULTS & PEDIATRICS		122,292,907		30
31	INTENSIVE CARE UNIT		60,899,159		31
32	CORONARY CARE UNIT		12,208,367		32
33	BURN INTENSIVE CARE UNIT		3,228,956		33
34.01	NURSERY SPECIAL CARE				34.01
35	NURSERY ICU				35
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	0.241447	79,985,587	19,312,280	50
52	DELIVERY ROOM & LABOR ROOM	0.547649	311,305	170,486	52
53	ANESTHESIOLOGY	0.073908	23,152,427	1,711,150	53
54	RADIOLOGY-DIAGNOSTIC	0.248490	25,425,525	6,317,989	54
55	RADIOLOGY-THERAPEUTIC	0.130715	10,283,061	1,344,150	55
57	CT SCAN	0.039948	24,161,630	965,209	57
58	MRI	0.068436	8,578,127	587,053	58
59	CARDIAC CATHETERIZATION	0.021045	14,124,745	297,255	59
60	LABORATORY	0.118408	89,531,939	10,601,298	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.168393	32,826,810	5,527,805	63
65	RESPIRATORY THERAPY	0.170218	27,719,887	4,718,424	65
66	PHYSICAL THERAPY	0.279403	7,260,419	2,028,583	66
69	ELECTROCARDIOLOGY	0.125957	24,933,690	3,140,573	69
70	ELECTROENCEPHALOGRAPHY	0.226844	2,884,159	654,254	70
70.01	BRACE AND PLASTER ROOM	0.224774	2,902	652	70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.322216	22,609,807	7,285,242	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.269971	45,101,775	12,176,171	72
73	DRUGS CHARGED TO PATIENTS	0.151118	111,845,777	16,901,910	73
74	RENAL DIALYSIS	0.211846	9,309,162	1,972,109	74
76.97	CARDIAC REHABILITATION	0.341382	599	204	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>				
90	CLINIC	0.394708	14,926,417	5,891,576	90
90.01	DENTAL CLINIC				90.01
90.02	TRANSPLANT CLINIC	1.320588			90.02
90.03	SILVER CROSS	0.054355	5,382	293	90.03
90.04	SILVER CROSS PHARMACY				90.04
91	EMERGENCY	0.169520	22,089,599	3,744,629	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.320668			92
	<b>OTHER REIMBURSABLE COST CENTERS</b>				
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		597,070,731	105,349,295	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		597,070,731		202

(A) Worksheet A line numbers



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

OPO CCN:

WORKSHEET D-4 PART I

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 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)	
		I	D				
1	ADULTS & PEDIATRICS	99,200	38	1,351.29	39	52,700	1
2	INTENSIVE CARE UNIT	141,376	43	2,392.96	26	62,217	2
3	CORONARY CARE UNIT	2,650	44	2,781.10	1	2,781	3
4	BURN INTENSIVE CARE UNIT		45	1,510.38			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	936.69			5.01
6	NURSERY ICU		47	2,110.44			6
7	TOTAL (sum of lines 1-6)	243,226			66	117,698	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	I			
8	OPERATING ROOM	50	0.241381	667,652	161,159	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.547649			10
11	ANESTHESIOLOGY	53	0.073908	140,198	10,362	11
12	RADIOLOGY-DIAGNOSTIC	54	0.247999	835,631	207,236	12
13	RADIOLOGY-THERAPEUTIC	55	0.129574			13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.039948	793,930	31,716	15
16	MRI	58	0.068436	6,507	445	16
17	CARDIAC CATHETERIZATION	59	0.021045	233,026	4,904	17
18	LABORATORY	60	0.117862	4,970,652	585,851	18
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	0.168393	157,743	26,563	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.170218	39,566	6,735	23
24	PHYSICAL THERAPY	66	0.279403	1,147	320	24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.125714	2,020,228	253,971	27
28	ELECTROENCEPHALOGRAPHY	70	0.226278			28
28.01	BRACE AND PLASTER ROOM	70.01	0.224774			28.01
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.322216			29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.269971			30
31	DRUGS CHARGED TO PATIENTS	73	0.151118			31
32	RENAL DIALYSIS	74	0.211846	3,012	638	32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.341382			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				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	0.392454	159,605	62,638	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.320588			37.02
37.03	SILVER CROSS	90.03	0.054355			37.03
37.04	SILVER CROSS PHARMACY	90.04				37.04
38	EMERGENCY	91	0.169299	6,041	1,023	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.320668			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			10,034,938	1,353,561	41

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



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

OPO CCN:

WORKSHEET D-4 PART II

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 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		39		42
43	INTENSIVE CARE UNIT	3		26		43
44	CORONARY CARE UNIT	4		1		44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			66		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	159,605	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	EMERGENCY	6,041	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	165,646				55

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



## COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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 [ ] OTHER (specify)  
 BOX:

## PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	1,471,259		10,278,164		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	5,657,277		5,657,277		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	7,128,536		15,935,441		61
62	TOTAL USABLE ORGANS (see instructions)		92			62
63	MEDICARE USABLE ORGANS (see instructions)		75			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.815217			64
65	MEDICARE COST/CHARGES (see instructions)	5,811,304		12,990,842		65
66	REVENUE FOR ORGANS SOLD	131,328				66
67	SUBTOTAL (line 65 minus line 66)	5,679,976		12,990,842		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	5,679,976		12,990,842		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	10	30		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)	4			71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		48		73
74	TOTAL (sum of lines 70 thru 73)	14	78		74
75	ORGANS TRANSPLANTED	11	48		75
76	ORGANS SOLD TO OTHER HOSPITALS	3		40,986	76
77	ORGANS SOLD TO OPOs		30	90,341	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)	14	78		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.



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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 [XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 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)	
		I	D	2			
1	ADULTS & PEDIATRICS		38	1,351.29			1
2	INTENSIVE CARE UNIT	88,080	43	2,392.96	8	19,144	2
3	CORONARY CARE UNIT	1,325	44	2,781.10			3
4	BURN INTENSIVE CARE UNIT		45	1,510.38			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	936.69			5.01
6	NURSERY ICU		47	2,110.44			6
7	TOTAL (sum of lines 1-6)	89,405			8	19,144	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1			
8	OPERATING ROOM	50	0.241381	87,526	21,127	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.547649			10
11	ANESTHESIOLOGY	53	0.073908	15,688	1,159	11
12	RADIOLOGY-DIAGNOSTIC	54	0.247999	106,094	26,311	12
13	RADIOLOGY-THERAPEUTIC	55	0.129574			13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.039948	36,135	1,444	15
16	MRI	58	0.068436	2,109	144	16
17	CARDIAC CATHETERIZATION	59	0.021045	409,013	8,608	17
18	LABORATORY	60	0.117862	415,838	49,011	18
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	0.168393	19,648	3,309	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.170218	45,260	7,704	23
24	PHYSICAL THERAPY	66	0.279403			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.125714	142,397	17,901	27
28	ELECTROENCEPHALOGRAPHY	70	0.226278			28
28.01	BRACE AND PLASTER ROOM	70.01	0.224774			28.01
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.322216			29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.269971			30
31	DRUGS CHARGED TO PATIENTS	73	0.151118			31
32	RENAL DIALYSIS	74	0.211846			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.341382			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				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	0.392454	52,392	20,561	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.320588			37.02
37.03	SILVER CROSS	90.03	0.054355			37.03
37.04	SILVER CROSS PHARMACY	90.04				37.04
38	EMERGENCY	91	0.169299			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.320668			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			1,332,100	157,279	41

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



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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 [XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 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				42
43	INTENSIVE CARE UNIT	3		8		43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			8		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	52,392	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	52,392				55

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



## COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES  
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4  
PARTS III & IV

CHECK                     HEART                     LIVER                     PANCREAS                     ISLET  
 APPLICABLE             KIDNEY                     LUNG                     INTESTINE                     OTHER (specify)  
 BOX:

## PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	176,423		1,421,505		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	2,136,672		2,136,672		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	2,313,095		3,558,177		61
62	TOTAL USABLE ORGANS (see instructions)		39			62
63	MEDICARE USABLE ORGANS (see instructions)		20			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.512821			64
65	MEDICARE COST/CHARGES (see instructions)	1,186,204		1,824,708		65
66	REVENUE FOR ORGANS SOLD	39,148				66
67	SUBTOTAL (line 65 minus line 66)	1,147,056		1,824,708		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	1,147,056		1,824,708		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		13		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		26		73
74	TOTAL (sum of lines 70 thru 73)		39		74
75	ORGANS TRANSPLANTED		26		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		13	39,148	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)		39		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.



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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 [ ] OTHER (specify)  
 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)	
		I	D				
1	ADULTS & PEDIATRICS	31,788	38	1,351.29	7	9,459	1
2	INTENSIVE CARE UNIT	106,638	43	2,392.96	8	19,144	2
3	CORONARY CARE UNIT	17,225	44	2,781.10	4	11,124	3
4	BURN INTENSIVE CARE UNIT		45	1,510.38			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	936.69			5.01
6	NURSERY ICU		47	2,110.44			6
7	TOTAL (sum of lines 1-6)	155,651			19	39,727	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1			
8	OPERATING ROOM	50	0.241381	224,324	54,148	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.547649			10
11	ANESTHESIOLOGY	53	0.073908	46,704	3,452	11
12	RADIOLOGY-DIAGNOSTIC	54	0.247999	65,366	16,211	12
13	RADIOLOGY-THERAPEUTIC	55	0.129574			13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.039948	148,814	5,945	15
16	MRI	58	0.068436	70,441	4,821	16
17	CARDIAC CATHETERIZATION	59	0.021045	240,285	5,057	17
18	LABORATORY	60	0.117862	652,283	76,879	18
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	0.168393	66,532	11,204	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.170218	64,263	10,939	23
24	PHYSICAL THERAPY	66	0.279403			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.125714	214,362	26,948	27
28	ELECTROENCEPHALOGRAPHY	70	0.226278			28
28.01	BRACE AND PLASTER ROOM	70.01	0.224774			28.01
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.322216			29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.269971			30
31	DRUGS CHARGED TO PATIENTS	73	0.151118			31
32	RENAL DIALYSIS	74	0.211846	1,506	319	32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.341382			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				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	0.392454	135,281	53,092	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.320588			37.02
37.03	SILVER CROSS	90.03	0.054355			37.03
37.04	SILVER CROSS PHARMACY	90.04				37.04
38	EMERGENCY	91	0.169299			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.320668			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			1,930,161	269,015	41

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



## COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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                    [ ] OTHER (specify)  
 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		7		42
43	INTENSIVE CARE UNIT	3		8		43
44	CORONARY CARE UNIT	4		4		44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			19		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	135,281	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	135,281				55

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



## COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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                    [   ] OTHER (specify)  
 BOX:

## PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	308,742		2,085,812		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	2,231,911		2,231,911		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	2,540,653		4,317,723		61
62	TOTAL USABLE ORGANS (see instructions)		44			62
63	MEDICARE USABLE ORGANS (see instructions)		25			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.568182			64
65	MEDICARE COST/CHARGES (see instructions)	1,443,553		2,453,252		65
66	REVENUE FOR ORGANS SOLD	57,216				66
67	SUBTOTAL (line 65 minus line 66)	1,386,337		2,453,252		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	1,386,337		2,453,252		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	2	19		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		23		73
74	TOTAL (sum of lines 70 thru 73)	2	42		74
75	ORGANS TRANSPLANTED	2	23		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		19	57,216	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)	2	42		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.



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE [ ] KIDNEY [XX] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 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)	
		I	D	2			
1	ADULTS & PEDIATRICS	6,200	38	1,351.29			1
2	INTENSIVE CARE UNIT	44,647	43	2,392.96	5	11,965	2
3	CORONARY CARE UNIT	2,650	44	2,781.10	1	2,781	3
4	BURN INTENSIVE CARE UNIT		45	1,510.38			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	936.69			5.01
6	NURSERY ICU		47	2,110.44			6
7	TOTAL (sum of lines 1-6)	53,497			6	14,746	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	I			
8	OPERATING ROOM	50	0.241381	67,883	16,386	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.547649			10
11	ANESTHESIOLOGY	53	0.073908	10,604	784	11
12	RADIOLOGY-DIAGNOSTIC	54	0.247999	181,726	45,068	12
13	RADIOLOGY-THERAPEUTIC	55	0.129574			13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.039948	143,985	5,752	15
16	MRI	58	0.068436	20,609	1,410	16
17	CARDIAC CATHETERIZATION	59	0.021045	523,118	11,009	17
18	LABORATORY	60	0.117862	488,484	57,574	18
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	0.168393	16,562	2,789	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.170218	67,309	11,457	23
24	PHYSICAL THERAPY	66	0.279403	412	115	24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.125714	132,592	16,669	27
28	ELECTROENCEPHALOGRAPHY	70	0.226278			28
28.01	BRACE AND PLASTER ROOM	70.01	0.224774			28.01
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.322216			29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.269971			30
31	DRUGS CHARGED TO PATIENTS	73	0.151118			31
32	RENAL DIALYSIS	74	0.211846			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.341382			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				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	0.392454	257,206	100,942	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.320588			37.02
37.03	SILVER CROSS	90.03	0.054355			37.03
37.04	SILVER CROSS PHARMACY	90.04				37.04
38	EMERGENCY	91	0.169299	2,601	440	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.320668			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			1,913,091	270,395	41

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



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE [ ] KIDNEY [XX] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 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				42
43	INTENSIVE CARE UNIT	3		5		43
44	CORONARY CARE UNIT	4		1		44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			6		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	257,206	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	EMERGENCY	2,601	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	259,807				55

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



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES  
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4  
PARTS III & IV

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE [ ] KIDNEY [XX] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 BOX:

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	285,141		1,966,588		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	1,672,472		1,672,472		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	1,957,613		3,639,060		61
62	TOTAL USABLE ORGANS (see instructions)		47			62
63	MEDICARE USABLE ORGANS (see instructions)		23			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.489362			64
65	MEDICARE COST/CHARGES (see instructions)	957,981		1,780,818		65
66	REVENUE FOR ORGANS SOLD	36,137				66
67	SUBTOTAL (line 65 minus line 66)	921,844		1,780,818		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	921,844		1,780,818		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		12		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		35		73
74	TOTAL (sum of lines 70 thru 73)		47		74
75	ORGANS TRANSPLANTED		35		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		12	36,137	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)		47		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.



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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 [ ] OTHER (specify)  
 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)	
		I	D	2			
1	ADULTS & PEDIATRICS		38	1,351.29			1
2	INTENSIVE CARE UNIT	30,121	43	2,392.96	2	4,786	2
3	CORONARY CARE UNIT		44	2,781.10			3
4	BURN INTENSIVE CARE UNIT		45	1,510.38			4
5	SURGICAL INTENSIVE CARE UNIT		46				5
5.01	NURSERY SPECIAL CARE		46.01	936.69			5.01
6	NURSERY ICU		47	2,110.44			6
7	TOTAL (sum of lines 1-6)	30,121			2	4,786	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1			
8	OPERATING ROOM	50	0.241381	46,939	11,330	8
9	RECOVERY ROOM	51				9
10	DELIVERY ROOM & LABOR ROOM	52	0.547649			10
11	ANESTHESIOLOGY	53	0.073908	8,735	646	11
12	RADIOLOGY-DIAGNOSTIC	54	0.247999	40,986	10,164	12
13	RADIOLOGY-THERAPEUTIC	55	0.129574			13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.039948	21,989	878	15
16	MRI	58	0.068436			16
17	CARDIAC CATHETERIZATION	59	0.021045	5,008	105	17
18	LABORATORY	60	0.117862	284,591	33,542	18
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	0.168393	12,080	2,034	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.170218	9,303	1,584	23
24	PHYSICAL THERAPY	66	0.279403			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.125714	150,259	18,890	27
28	ELECTROENCEPHALOGRAPHY	70	0.226278	1,868	423	28
28.01	BRACE AND PLASTER ROOM	70.01	0.224774			28.01
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.322216			29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.269971			30
31	DRUGS CHARGED TO PATIENTS	73	0.151118			31
32	RENAL DIALYSIS	74	0.211846			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY (SPECIFY)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.341382			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				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	0.392454	6,710	2,633	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.320588			37.02
37.03	SILVER CROSS	90.03	0.054355			37.03
37.04	SILVER CROSS PHARMACY	90.04				37.04
38	EMERGENCY	91	0.169299			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.320668			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			588,468	82,229	41

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



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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 [ ] OTHER (specify)  
 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		2		43
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	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	6,710	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	6,710				55

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



## COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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                    [   ] OTHER (specify)  
 BOX:

## PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I	87,015		618,589		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	277,723		277,723		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	364,738		896,312		61
62	TOTAL USABLE ORGANS (see instructions)		8			62
63	MEDICARE USABLE ORGANS (see instructions)		8			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		1.000000			64
65	MEDICARE COST/CHARGES (see instructions)	364,738		896,312		65
66	REVENUE FOR ORGANS SOLD	21,080				66
67	SUBTOTAL (line 65 minus line 66)	343,658		896,312		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	343,658		896,312		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		7		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		1		73
74	TOTAL (sum of lines 70 thru 73)		8		74
75	ORGANS TRANSPLANTED		1		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		7	21,080	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)		8		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.



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL

WORKSHEET D-5  
PART III

PART III - REASONABLE COMPENSATION EQUIVALENT COMPUTATION FOR COST REPORTING PERIODS ENDING ON OR AFTER JUNE 30, 2014

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	
1	50	OPERATING ROOM AGGREGATE	34,419		208,000				1
2	54	RADIOLOGY-DIAGNOSTIC AGGREGATE	306,358		225,300				2
3	55	RADIOLOGY-THERAPEUTI AGGREGATE	179,824		225,300				3
4	60	LABORATORY AGGREGATE	837,952		215,700				4
5	69	ELECTROCARDIOLOGY AGGREGATE	371,100		177,200				5
6	70	ELECTROENCEPHALOGRAP AGGREGATE	20,926		177,200				6
7	90	CLINIC AGGREGATE	1,888,018		177,200				7
8	91	EMERGENCY AGGREGATE	91,617		177,200				8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
200		TOTAL	3,730,214						200



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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APPORTIONMENT OF COST FOR PHYSICIANS' SERVICES IN A TEACHING HOSPITAL

WORKSHEET D-5  
PART III

PART III - REASONABLE COMPENSATION EQUIVALENT COMPUTATION FOR COST REPORTING PERIODS ENDING ON OR AFTER JUNE 30, 2014

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIP & CONTINUING EDUCATION	PROFES- SIONAL COMPONENT SHARE OF COL. 11	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROFES- SIONAL COMPONENT SHARE OF COL. 13	ADJUSTED RCE LIMIT	ADJ COST OF PHYSICIAN'S DIRECT MED- ICAL AND SURG- ICAL SVCS	
	9	10	11	12	13	14	15	16	
1	50	OPERATING ROOM AGGREGATE							1
2	54	RADIOLOGY-DIAGNOSTIC AGGREGATE							2
3	55	RADIOLOGY-THERAPEUTI AGGREGATE							3
4	60	LABORATORY AGGREGATE							4
5	69	ELECTROCARDIOLOGY AGGREGATE							5
6	70	ELECTROENCEPHALOGRAP AGGREGATE							6
7	90	CLINIC AGGREGATE							7
8	91	EMERGENCY AGGREGATE							8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
200		TOTAL							200



UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

## CHECK

## APPLICABLE BOX:

## 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, 2013 (see instructions)	22,912,652			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	63,838,113			1.02
1.03	DRG FOR FEDERAL SPECIFIC OPERATING PAYMENT FOR MODEL 4 BPCI (see instructions)				1.03
2	OUTLIER PAYMENTS FOR DISCHARGES (see instructions)	15,376,918			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	11,570,054			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	586.33			4
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS</b>				
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)	491.27			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)	1.66			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) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 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)				8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (see instructions)	492.93			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	584.57			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	492.93			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	492.93			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	492.93			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	492.93			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	492.93			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.840704			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.868232			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.840704			21
22	IME PAYMENT ADJUSTMENT (see instructions)	37,207,744			22
	<b>INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON</b>				
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)	91.64			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 (see instructions)				27
28	IME ADJUSTMENT (see instructions)				28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)	37,207,744			29
	<b>DISPROPORTIONATE SHARE ADJUSTMENT</b>				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.0975			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.3325			31
32	SUM OF LINES 30 AND 31	0.4300			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.2469			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	9,597,542			34
		PRIOR TO OCTOBER 1	ON OR AFTER OCTOBER 1		
	<b>UNCOMPENSATED CARE ADJUSTMENT</b>				
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)		13,913,842		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		10,406,789		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	10,406,789			36
	<b>ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES</b>				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART 1 EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40



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## CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A

## CHECK

## APPLICABLE BOX:

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
41.01	TOTAL ESRD MEDICARE COVERED AND PAID DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41.01
42	DIVIDE LINE 41 BY LINE 40 (if less than 10%, you do not qualify for adjustment)				42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (line 43 divided by line 41.01 divided by 7 days)				44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (see instructions)				45
46	TOTAL ADDITIONAL PAYMENT (line 45 times line 44 times line 41.01)				46
47	SUBTOTAL (see instructions)	159,339,758			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 SCH AND MDH ONLY (see instructions)	159,339,758			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	11,361,833			50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (Wkst L, Part III) (see instructions)				51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (from Wkst E-4, line 49) (see instructions)	8,663,612			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	53,497			53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)	9,478,871			55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS				57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	493,450			58
59	TOTAL (sum of amounts on lines 49 through 58)	189,391,021			59
60	PRIMARY PAYER PAYMENTS	2,700			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	189,388,321			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,175,264			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,166,240			63
64	ALLOWABLE BAD DEBTS (see instructions)	1,809,983			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,176,489			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	184,223,306			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				70
71	AMOUNT DUE PROVIDER (see instructions)	184,223,306			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	3,684,466			71.01
72	INTERIM PAYMENTS	187,241,373			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-6,702,533			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	2,450,000			75

## TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART 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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0088

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)	83,330			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	109,119,270			2
3	PPS PAYMENTS	79,911,932			3
4	OUTLIER PAYMENT (see instructions)	1,691,192			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 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	560,286			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	83,330			11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	544,734			12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)	544,734			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)	544,734			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	461,404			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) (for CAH, see instructions)	83,330			21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	82,163,410			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	4,499			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	16,324,881			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	65,917,360			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	5,018,094			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	70,935,454			30
31	PRIMARY PAYER PAYMENTS	420			31
32	SUBTOTAL (line 30 minus line 31)	70,935,034			32
	<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	3,758,684			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	2,443,145			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	73,378,179			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	73,378,179			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,467,564			40.01
41	INTERIM PAYMENTS	72,838,522			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-927,907			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	564,000			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



COMPU-MAX

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0088

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		189,335,374		72,328,798	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			06/23/2014	509,724	3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
			06/23/2014	2,094,001		3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-2,094,001		509,724	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)		187,241,373		72,838,522	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)				539,657	6.01
	BASED ON THE COST REPORT (1)			-3,018,067		6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		184,223,306		73,378,179	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.



## COMPU-MAX

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## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK                     HOSPITAL     CAH  
 APPLICABLE BOX:

## 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 FROM WKST S-3, PART I, COLUMN 15, LINE 14	25,465	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	48,261	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	7,000	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	163,283	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	4,498,565,324	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	91,941,510	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (see instructions)	2,200,904	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)		9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)		10

## INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,902,643	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	298,261	32



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## DIRECT GRADUATE MEDICAL EDUCATION (GME) &amp; 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					
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			495.15	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(c)(1) (see instructions)			1.66	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 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 SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			496.81	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			644.70	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			496.81	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	194.91	354.26	549.17	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	150.20	272.99	423.19	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	150.20	272.99		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	143.44	267.65		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	138.41	273.76		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	144.02	271.47		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	144.02	271.47		17
18	PER RESIDENT AMOUNT	102,630.64	97,182.18		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	14,780,865	26,382,046	41,162,911	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)				20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			147.89	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)			41,162,911	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	INPATIENT DAYS	48,261	7,000		26
27	TOTAL INPATIENT DAYS (see instructions)	163,283	163,283		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.295567	0.042870		28
29	PROGRAM DIRECT GME AMOUNT	12,166,398	1,764,654		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		249,346		30
31	NET PROGRAM DIRECT GME AMOUNT			13,681,706	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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			23,194,303	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)			180,025,986	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			9,478,871	38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			2,700	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			189,502,157	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			109,762,886	42
43	PRIMARY PAYER PAYMENTS (see instructions)			420	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			109,762,466	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			299,264,623	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.633226	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.366774	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (line 31)			13,681,706	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			8,663,612	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			5,018,094	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)

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
<b>CURRENT ASSETS</b>						
1	CASH ON HAND AND IN BANKS	79,698,000				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	206,679,000				4
5	OTHER RECEIVABLES					5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY					7
8	PREPAID EXPENSES					8
9	OTHER CURRENT ASSETS	34,176,000				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	320,553,000				11
<b>FIXED ASSETS</b>						
12	LAND					12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS					15
16	ACCUMULATED DEPRECIATION					16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	1,898,247,000				19
20	ACCUMULATED DEPRECIATION	-698,340,000				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT					23
24	ACCUMULATED DEPRECIATION					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)	1,199,907,000				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	1,021,660,000				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	114,922,000				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	1,136,582,000				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	2,657,042,000				36
<b>LIABILITIES AND FUND BALANCES</b>						
	(Omit Cents)	1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	ACCOUNTS PAYABLE	115,093,000				37
38	SALARIES, WAGES & FEES PAYABLE					38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	10,361,000				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS	15,761,000				43
44	OTHER CURRENT LIABILITIES	109,110,000				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	250,325,000				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	831,035,000				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	233,780,000				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	1,064,815,000				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	1,315,140,000				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	1,341,902,000				52
53	SPECIFIC PURPOSE FUND BALANCE					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 52-58)	1,341,902,000				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	2,657,042,000				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		1,237,690,000			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		171,057,000			2
3	TOTAL (sum of line 1 and line 2)		1,408,747,000			3
4	ADDITIONS (credit adjustments)					4
5	TEMPORARILY RESTRICTED CONT	4,007,000				5
6	PERMANENTLY RESTRICTED CONT	2,000,000				6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		6,007,000			10
11	SUBTOTAL (line 3 plus line 10)		1,414,754,000			11
12	DEDUCTIONS (debit adjustments)					12
13	MINIMUM PENSION LIABILITY-WEISS					13
14	CHANGE IN VALUATION OF DERIVATIVES	5,914,000				14
15	NET TRANSFER TO U OF C	72,749,000				15
16	EXPENDED FOR OPERATING PURPOSES	4,860,000				16
17	OTHER	-10,671,000				17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		72,852,000			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		1,341,902,000			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD					1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)					3
4	ADDITIONS (credit adjustments)					4
5	TEMPORARILY RESTRICTED CONT					5
6	PERMANENTLY RESTRICTED CONT					6
7						7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)					10
11	SUBTOTAL (line 3 plus line 10)					11
12	DEDUCTIONS (debit adjustments)					12
13	MINIMUM PENSION LIABILITY-WEISS					13
14	CHANGE IN VALUATION OF DERIVATIVES					14
15	NET TRANSFER TO U OF C					15
16	EXPENDED FOR OPERATING PURPOSES					16
17	OTHER					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)					19



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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	HOSPITAL	365,835,216		365,835,216	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	365,835,216		365,835,216	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT	204,093,611		204,093,611	11
12	CORONARY CARE UNIT	27,176,477		27,176,477	12
13	BURN INTENSIVE CARE UNIT	22,949,390		22,949,390	13
14	SURGICAL INTENSIVE CARE UNIT				14
14.01	NURSERY SPECIAL CARE	12,654,270		12,654,270	14.01
15	NURSERY ICU	82,555,015		82,555,015	15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	349,428,763		349,428,763	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	715,263,979		715,263,979	17
18	ANCILLARY SERVICES	1,858,846,372		1,858,846,372	18
19	OUTPATIENT SERVICES		2,222,979,887	2,222,979,887	19
20	RHC				20
21	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)	2,574,110,351	2,222,979,887	4,797,090,238	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		1,140,635,575	29
30	ADD (SPECIFY)			30
31	BAD DEBTS AND EXCLUDED AREAS	292,674,425		31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)		292,674,425	36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,433,310,000	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)	4,797,090,238	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	3,387,994,238	2
3	NET PATIENT REVENUES (line 1 minus line 2)	1,409,096,000	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	1,433,310,000	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-24,214,000	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	8,041,000	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,965,000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	20,707,000	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	OTHER (CAPITATION REVENUE)	36,101,000	24.01
24.02	OTHER (OTHER MISC REVENUE)	25,763,000	24.02
24.03	OTHER (UNRESTRICTED GIFTS)		24.03
24.04	OTHER (INVESTMENT INCOME)	101,159,000	24.04
24.05	OTHER (DERIVATIVE INEFFECTIVENESS)	535,000	24.05
24.06	OTHER (OTHER)		24.06
25	TOTAL OTHER INCOME (sum of lines 6-24)	195,271,000	25
26	TOTAL (line 5 plus line 25)	171,057,000	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	171,057,000	29



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0088

WORKSHEET L

CHECK [ ] TITLE V [XX] HOSPITAL [XX] PPS  
 APPLICABLE [XX] 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	6,923,477	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	1,317,945	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)	452.67	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	492.93	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	35.97	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	2,490,375	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.0975	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.3325	8
9	SUM OF LINES 7 AND 8	0.4300	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0910	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	630,036	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	11,361,833	12

**PART II - PAYMENT UNDER REASONABLE COST**

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (see instructions)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (see instructions)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (line 1 plus line 2)		3
4	CAPITAL COST PAYMENT FACTOR (see instructions)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (line 3 times line 4)		5

**PART III - COMPUTATION OF EXCEPTION PAYMENTS**

1	PROGRAM INPATIENT CAPITAL COSTS (see instructions)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS (line 1 minus line 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (see instructions)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (line 3 x line 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (see instructions)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (line 2 x line 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL (line 5 plus line 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (from Part I, line 12 as applicable)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 8 less line 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT (from prior year Worksheet L, Part III, line 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (line 10 plus line 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (if line 12 is positive, enter the amount on this line)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (if line 12 is negative, enter the amount on this line)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (see instructions)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (see instructions)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (see instructions)		17



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
1.01	DCAM CAPITAL						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
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
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS						18.03
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
23.01	PARAMED ED PRGM - PHARMACY						23.01
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34.01	NURSERY SPECIAL CARE						34.01
35	NURSERY ICU						35
43	NURSERY						43
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM						50
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
55	RADIOLOGY-THERAPEUTIC						55
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
70.01	BRACE AND PLASTER ROOM						70.01
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
90	CLINIC						90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02
90.03	SILVER CROSS						90.03
90.04	SILVER CROSS PHARMACY						90.04
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
95	AMBULANCE SERVICES						95



COMPU-MAX

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/28/2014 Run Time: 14:03 Version: 2014.10
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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		
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION							109
118	SUBTOTALS (sum of lines 1-117)							118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
191.01	OTHER NONREIMBURSABLE							191.01
191.02	MEDICAL SCHOOL							191.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202