



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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: 11/26/2014	TIME: 13:48
	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 BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) {(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				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		-1,511,493	-181,676	-3,266	1
2	SUBPROVIDER - IPF		57,168	-1		2
3	SUBPROVIDER - IRF		128,325	-1		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		-1,326,000	-181,678	-3,266	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: 1740 W TAYLOR ST	P.O. Box:								1
2	City: CHICAGO	State: IL	ZIP Code: 60612	County: COOK						2
Hospital and Hospital-Based Component Identification:										
							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	BOARD OF TRUSTEES OF THE UNIVERSITY	14-0150	16974	1	07/01/1966	N	P	O	3
4	Subprovider - IPF	BOT FOR THE UOFI - PSYCH	14-S150	16974	4	07/01/1984	N	P	O	4
5	Subprovider - IRF	BOT FOR THE UOFI - REHAB	14-T150	16974	5	07/01/1988	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	UIH	14-2316	16974		01/01/2004				18
19	Other									19
20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2013	To: 06 / 30 / 2014							20
21	Type of control (see instructions)	10								21
Inpatient PPS Information										
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							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	N	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.							1	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	31,553	1,521	328		11,275	1,110			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.	1,245	47			516				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		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	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)	3.30			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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2)		
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)	4.01	272.42	0.014506	64	
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)						
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4)	
	1	2	3	4	5	
65	FAMILY PRACTICE	1350	0.08	15.66	0.005083	65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2)		
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)	5.62	330.56	0.016717	66	
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)						
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4)	
	1	2	3	4	5	
67	FAMILY PRACTICE	1350	0.46	20.57	0.021874	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.	Y			70	
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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.	Y	N		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.	Y			75	
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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.	N			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.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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	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.	Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance
		12,470,603	2,639,221	12,470,603
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N		121
Transplant Center Information				
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	01/01/1981		126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	01/29/1998		128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	01/01/1980		130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10/01/2004		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.	N			145	
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, 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	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	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167	
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168	
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)	0.75			169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013		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)	N			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	01/31/2014	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.	Y			10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N			11
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	11/08/2013	Y	11/14/2012
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		Y	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS.	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	



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## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED 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: CYNTHIA	LAST NAME: SCHMIEGELT	TITLE: ASSOC DIRECTOR OF HOSPITAL
42	EMPLOYER: UNIVERSITY OF ILLINOIS HOSPITAL		
43	PHONE NUMBER: 3124138414	E-MAIL ADDRESS: CSCHMIEG@UIC.EDU	



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						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	343	125,195			19,638	19,216	70,609	1
2	HMO AND OTHER (see instructions)						1,409	14,234		2
3	HMO IPF SUBPROVIDER							1,067		3
4	HMO IRF SUBPROVIDER							563		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)		343	125,195			19,638	19,216	70,609	7
8	INTENSIVE CARE UNIT	31	22	8,030			1,590	1,067	5,659	8
8.01	PEDS ICU	31.01	18	6,570				32	1,648	8.01
8.02	NEONATAL ICU	31.02	52	18,980					6,650	8.02
9	CORONARY CARE UNIT	32	19	6,935			1,733	1,066	4,841	9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						1,905	3,851	13
14	TOTAL (see instructions)		454	165,710			22,993	31,552	99,438	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	53	19,345			2,003	7,159	13,220	16
17	SUBPROVIDER - IRF	41	18	6,570			1,638	1,245	4,822	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)		525							27
28	OBSERVATION BED DAYS								4,916	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)							840	1,776	32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,877	6,328	19,561	1
2	HMO AND OTHER (see instructions)						3,046		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
8.01	PEDS ICU								8.01
8.02	NEONATAL ICU								8.02
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	OTHER SPECIAL CARE (SPECIFY)								12
13	NURSERY								13
14	TOTAL (see instructions)	467.63	3,979.95			3,877	6,328	19,561	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	7.53	70.58			187	490	1,038	16
17	SUBPROVIDER - IRF		24.89			144	109	397	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)	475.16	4,075.42						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	285,040,799	9,150,972	294,191,771	7,673,889.92	38.34	1
2							2
3		750,592		750,592	10,574.00	70.98	3
4		4,550,972		4,550,972	35,224.00	129.20	4
4.01		4,061,625		4,061,625	41,869.00	97.01	4.01
5		15,279,307		15,279,307	164,874.00	92.67	5
6		3,897,364		3,897,364	73,966.00	52.69	6
7	21	15,771,855	9,150,972	24,922,827	954,148.70	26.12	7
7.01		274,056		274,056	7,779.20	35.23	7.01
8							8
9	44						9
10		13,821,747	-453,732	13,368,015	363,333.00	36.79	10
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11		1,048,257		1,048,257	31,652.00	33.12	11
12		223,629		223,629	10,328.00	21.65	12
13							13
14							14
15		3,012,279		3,012,279	16,358.00	184.15	15
16		25,441,105		25,441,105	149,161.00	170.56	16
<b>WAGE-RELATED COSTS</b>							
17		145,826,971		145,826,971			17
18							18
19		8,316,476		8,316,476			19
20							20
21		386,591		386,591			21
22		2,107,709		2,107,709			22
22.01		1,966,397		1,966,397			22.01
23		7,457,593		7,457,593			23
24		2,163,223		2,163,223			24
25		17,768,423		17,768,423			25
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26		1,184,576		1,184,576	31,028.30	38.18	26
27		65,392,080	-5,911,420	59,480,660	1,248,091.67	47.66	27
28		5,019,992		5,019,992	154,530.00	32.49	28
29		870,917		870,917	21,314.24	40.86	29
30							30
31							31
32		30,883		30,883	772.08	40.00	32
33		4,747,251	274,931	5,022,182	274,931.00	18.27	33
34		2,809,855	37,932	2,847,787	156,683.32	18.18	34
35							35
36							36
37							37
38		5,313,258	-593,003	4,720,255	127,290.42	37.08	38
39		3,041,770	151,285	3,193,055	135,016.84	23.65	39
40		4,895,079	-214,714	4,680,365	156,678.25	29.87	40
41		2,763,697	18	2,763,715	112,035.27	24.67	41
42		3,572,979	27,672	3,600,651	139,575.18	25.80	42
43		2,278,064	-22,349	2,255,715	47,374.63	47.61	43

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)	254,773,243	274,931	255,048,174	6,850,140.02	37.23	1
2	EXCLUDED AREA SALARIES (see instructions)	13,821,747	-453,732	13,368,015	363,333.00	36.79	2
3	SUBTOTAL SALARIES (line 1 minus line 2)	240,951,496	728,663	241,680,159	6,486,807.02	37.26	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)	4,284,165		4,284,165	58,338.00	73.44	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)	147,934,680		147,934,680		61.21%	5
6	TOTAL (sum of lines 3 through 5)	393,170,341	728,663	393,899,004	6,545,145.02	60.18	6
7	TOTAL OVERHEAD COST (see instructions)	101,920,401	-6,249,648	95,670,753	2,605,321.20	36.72	7



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## HOSPITAL WAGE RELATED COSTS

## WORKSHEET S-3

## PART IV - WAGE RELATED COST

## PART IV

## PART A - CORE LIST

		AMOUNT REPORTED	
	<b>RETIREMENT COST</b>		
1	401K EMPLOYER CONTRIBUTIONS		1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)	112,809,684	4
	<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization):</b>		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	<b>HEALTH AND INSURANCE COST</b>		
8	HEALTH INSURANCE (Purchased or Self Funded)	60,733,739	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN	461,209	10
11	LIFE INSURANCE (If employee is owner or beneficiary)		11
12	ACCIDENTAL INSURANCE (If employee is owner or beneficiary)		12
13	DISABILITY INSURANCE (If employee is owner or beneficiary)		13
14	LONG-TERM CARE INSURANCE (If employee is owner or beneficiary)		14
15	WORKERS' COMPENSATION INSURANCE	2,026,599	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	666,709	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	7,874,753	18
19	UNEMPLOYMENT INSURANCE		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)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	1,015,998	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	185,588,691	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	06/30/2014	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
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>CONTRIBUTION(S)</b>
11.01		07/01/2012	9,029,955 11.01
11.02		08/01/2012	9,029,955 11.02
11.03		09/01/2012	9,029,955 11.03
11.04		10/01/2012	9,029,955 11.04
11.05		11/01/2012	9,029,955 11.05
11.06		12/01/2012	9,029,955 11.06
11.07		01/01/2013	9,029,955 11.07
11.08		02/01/2013	9,029,955 11.08
11.09		03/01/2013	9,029,955 11.09
11.10		04/01/2013	9,029,955 11.10
11.11		05/01/2013	9,029,955 11.11
11.12		06/01/2013	9,029,955 11.12
11.13		07/01/2013	9,422,597 11.13
11.14		08/01/2013	9,422,597 11.14
11.15		09/01/2013	9,422,597 11.15
11.16		10/01/2013	9,422,597 11.16
11.17		11/01/2013	9,422,597 11.17
11.18		12/01/2013	9,422,597 11.18
11.19		01/01/2014	9,422,597 11.19
11.20		02/01/2014	9,422,597 11.20
11.21		03/01/2014	9,422,597 11.21
11.22		04/01/2014	9,422,597 11.22
11.23		05/01/2014	9,422,597 11.23
11.24		06/01/2014	9,422,597 11.24
11.25		07/01/2014	9,749,870 11.25
11.26		08/01/2014	9,749,870 11.26
11.27		09/01/2014	9,749,870 11.27
11.28		10/01/2014	9,749,870 11.28
11.29		11/01/2014	9,749,870 11.29
11.30		12/01/2014	9,749,870 11.30
11.31		01/01/2015	9,749,870 11.31
11.32		02/01/2015	9,749,870 11.32
11.33		03/01/2015	9,749,870 11.33
11.34		04/01/2015	9,749,870 11.34
11.35		05/01/2015	9,749,870 11.35
11.36		06/01/2015	9,749,870 11.36
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)	36	12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD	338,429,064	13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)	9,400,807	14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2	12	15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)	112,809,684	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)	112,809,684	19



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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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	1,048,257		1
2	HOSPITAL	1,048,257		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



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

## RENAL DIALYSIS STATISTICS

	DESCRIPTION	OUTPATIENT		TRAINING		HOME		
		REGULAR	HIGH FLUX	HEMO-DIALYSIS	CAPD CCPD	HEMO-DIALYSIS	CAPD CCPD	
		1	2	3	4	5	6	
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	133				21	22	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00				4.00		2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50						3
4	CAPD EXCHANGES PER DAY				4		4	4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6	NUMBER OF STATIONS	24						6
7	TREATMENT CAPACITY PER DAY PER STATION	3						7
8	UTILIZATION (see instructions)	0.85						8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10

## ESRD PPS

		1	2	
10.01	IS THE DIALYSIS FACILITY APPROVED AS A LOW-VOLUME FACILITY FOR THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. (see instructions)	N		10.01
10.02	DID YOUR FACILITY ELECT 100% PPS EFFECTIVE JANUARY 1, 2011? ENTER 'Y' FOR YES OR 'N' FOR NO. (see instructions for 'new' providers)	Y		10.02
10.03	IF YOU RESPONDED 'N' TO LINE 10.02, ENTER IN COLUMN 1 THE YEAR OF TRANSITION FOR PERIODS PRIOR TO JANUARY 1 AND ENTER IN COLUMN 2 THE YEAR OF TRANSITION FOR PERIODS AFTER DECEMBER 31. (see instructions)			10.03

## TRANSPLANT INFORMATION

11	NUMBER OF PATIENTS ON TRANSPLANT LIST		71
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD		10

## EPOETIN

13	NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		13
14	EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		14
15	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		15
16	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		16

## ARANESP

17	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		17
18	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM		18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		19
20	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT		20

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

		INITIAL METHOD	
21	MCP X		

	ERYTHROPOIESIS-STIMULATING AGENTS (ESA) STATISTICS:	ESA DESCRIPTION	NET COST OF	NET COST OF	NUMBER OF	NUMBER OF	
			ESAs FOR RENAL PATIENTS	ESAs FOR HOME PATIENTS	ESA UNITS - RENAL DIALYSIS DEPT.	ESA UNITS - HOME DIALYSIS DEPT.	
		1	2	3	4	5	
22	ENTER IN COLUMN 1 THE ESA DESCRIPTION. ENTER IN COLUMN 2 THE NET COSTS OF ESAs FURNISHED TO ALL RENAL DIALYSIS PATIENTS. ENTER IN COLUMN 3 THE NET COST OF ESAs FURNISHED TO ALL HOME DIALYSIS PROGRAM PATIENTS. ENTER IN COLUMN 4 THE NUMBER OF ESA UNITS FURNISHED TO PATIENTS IN THE RENAL DIALYSIS DEPARTMENT. ENTER IN COLUMN 5 THE NUMBER OF UNITS FURNISHED TO PATIENTS IN THE HOME DIALYSIS PROGRAM. (see instructions)	ARANESP	265,776		117,516		22
22.01		EPOGEN	11,279		1,676		22.01



## 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)		0.334598	1
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## MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		191,258,517	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?		Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID			5
6	MEDICAID CHARGES		515,706,657	6
7	MEDICAID COST (line 1 times line 6)		172,554,416	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		2,038,557	9
10	STAND-ALONE SCHIP CHARGES		6,116,853	10
11	STAND-ALONE SCHIP COST (line 1 times line 10)		2,046,687	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.		8,130	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)		616,454	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)		20,897,755	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)		6,992,347	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (line 15 minus line 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.		6,375,893	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			26,667,156	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)			6,384,023	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	56,645,200	4,702,709	61,347,909	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	18,953,371	1,573,517	20,526,888	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	1,521,972	1,780,979	3,302,951	22
23	COST OF CHARITY CARE (line 21 minus line 22)	17,431,399	-207,462	17,223,937	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM?			N	24
25	IF LINE 24 IS YES, 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)			41,664,505	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)			2,480,864	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)			39,183,641	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)			13,110,768	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)			30,334,705	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)			36,718,728	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				5,309,726	5,309,726		5,309,726	1
2	00200	CAP REL COSTS-MVBLE EQUIP				14,611,328	14,611,328	-2,042,950	12,568,378	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	1,184,576	254,024	1,438,600	-2,581,713	-1,143,113	197,660,680	196,517,567	4
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GEN	55,700,873	140,787,387	196,488,260	-32,659,373	163,828,887	-77,204,164	86,624,723	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	6,342,467	2,222,867	8,565,334	57,081	8,622,415	-147,100	8,475,315	5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	3,348,740	6,769,181	10,117,921	-34,494	10,083,427	-138,627	9,944,800	5.03
6	00600	MAINTENANCE & REPAIRS	870,917	13,613,599	14,484,516	-10,175	14,474,341	5,482,650	19,956,991	6
7	00700	OPERATION OF PLANT								7
8	00800	LAUNDRY & LINEN SERVICE								8
9	00900	HOUSEKEEPING	30,883	6,187,041	6,217,924	-81,288	6,136,636		6,136,636	9
10	01000	DIETARY	2,809,855	3,900,230	6,710,085	25,608	6,735,693	-1,804,380	4,931,313	10
11	01100	CAFETERIA		1,274	1,274		1,274	-1,274		11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	5,313,258	1,064,572	6,377,830	-610,435	5,767,395	-76,758	5,690,637	13
14	01400	CENTRAL SERVICES & SUPPLY	3,041,770	4,171,533	7,213,303	1,610,052	8,823,355		8,823,355	14
15	01500	PHARMACY	4,895,079	36,761,779	41,656,858	-34,539,995	7,116,863	-901,298	6,215,565	15
16	01600	MEDICAL RECORDS & LIBRARY	2,763,697	769,587	3,533,284	18	3,533,302	-157,340	3,375,962	16
17	01700	SOCIAL SERVICE	3,259,432	426,244	3,685,676	27,557	3,713,233		3,713,233	17
17.01	01701	PALLIATIVE CARE	313,547	11,784	325,331		325,331	-3,876	321,455	17.01
18	01850	UTILMGMT / DSCH PLANNING	2,278,064	268,107	2,546,171	-194,347	2,351,824		2,351,824	18
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,771,855	-160,217	15,611,638	9,425,028	25,036,666	-91	25,036,575	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	906,117	1,671,069	2,577,186	4,064,864	6,642,050	15,812,596	22,454,646	22
23	02300	PARAMED ED PRGM-(SPECIFY)				1,412,600	1,412,600	-250,819	1,161,781	23
		<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	03000	ADULTS & PEDIATRICS	41,413,257	3,961,006	45,374,263	2,267,793	47,642,056	-708,162	46,933,894	30
31	03100	INTENSIVE CARE UNIT	6,309,675	736,018	7,045,693	-510,252	6,535,441	-7,611	6,527,830	31
31.01	02080	PEDS ICU	3,140,620	294,456	3,435,076	-183,070	3,252,006		3,252,006	31.01
31.02	02060	NEONATAL ICU	10,072,408	835,009	10,907,417	-487,807	10,419,610	-667	10,418,943	31.02
32	03200	CORONARY CARE UNIT	5,155,715	806,684	5,962,399	-524,774	5,437,625	-924	5,436,701	32
33	03300	BURN INTENSIVE CARE UNIT								33
34	03400	SURGICAL INTENSIVE CARE UNIT								34
40	04000	SUBPROVIDER - IPF	5,959,087	285,534	6,244,621	-3,951	6,240,670	-100,746	6,139,924	40
41	04100	SUBPROVIDER - IRF	2,191,811	154,404	2,346,215	-32,364	2,313,851	-94,375	2,219,476	41
42	04200	SUBPROVIDER I								42
43	04300	NURSERY				1,053,777	1,053,777		1,053,777	43
44	04400	SKILLED NURSING FACILITY								44
45	04500	NURSING FACILITY								45
46	04600	OTHER LONG TERM CARE								46
		<b>ANCILLARY SERVICE COST CENTERS</b>								
50	05000	OPERATING ROOM	11,537,960	33,803,773	45,341,733	-30,988,659	14,353,074	-214,684	14,138,390	50
51	05100	RECOVERY ROOM	2,749,245	246,230	2,995,475	-94,852	2,900,623		2,900,623	51
52	05200	DELIVERY ROOM & LABOR ROOM	9,764,322	1,351,175	11,115,497	-5,461,589	5,653,908	-1,091,560	4,562,348	52
53	05300	ANESTHESIOLOGY	1,356,122	1,717,035	3,073,157	-1,448,684	1,624,473	-642,871	981,602	53
54	05400	RADIOLOGY-DIAGNOSTIC	5,448,667	540,832	5,989,499	-3,094,988	2,894,511	-522	2,893,989	54
54.01	03630	RADIO ULTRASOUND	727,228	93,683	820,911	96,940	917,851		917,851	54.01
54.02	03650	RADIO ANGIOGRAPHY	1,294,661	4,130,929	5,425,590	-3,247,117	2,178,473	-200,466	1,978,007	54.02
54.03	05401	RADIO WEST HARRISON	395,250	392,556	787,806	17,154	804,960	-19,001	785,959	54.03
54.04	05402	RADIO MILE SQUARE	89,709	43,709	133,418	-2,836	130,582		130,582	54.04
55	05500	RADIOLOGY-THERAPEUTIC	1,561,147	3,815,331	5,376,478	92,537	5,469,015	-2,260	5,466,755	55
56	05600	RADIOISOTOPE	275,932	919,012	1,194,944	19,961	1,214,905		1,214,905	56
57	05700	CT SCAN	902,758	303,348	1,206,106	607,113	1,813,219		1,813,219	57
58	05800	MRI	931,760	249,475	1,181,235	462,817	1,644,052		1,644,052	58
59	05900	CARDIAC CATHETERIZATION	775,820	1,325,013	2,100,833	-1,252,139	848,694		848,694	59
60	06000	LABORATORY	11,032,523	14,949,850	25,982,373	-4,087,554	21,894,819	-45,244	21,849,575	60
60.01	03420	LAB TISSUE TYPING	299,379	937,568	1,236,947	-5,518	1,231,429		1,231,429	60.01
60.02	03421	LAB OUTREACH	1,509,542	1,844,039	3,353,581	4,216,690	7,570,271	-12,951	7,557,320	60.02
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS								62
62.30	06250	BLOOD CLOTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.	443,187	5,697,020	6,140,207	14,124	6,154,331	-273,207	5,881,124	63
64	06400	INTRAVENOUS THERAPY	280,613	121,905	402,518	-121,428	281,090		281,090	64
65	06500	RESPIRATORY THERAPY	2,632,746	610,967	3,243,713	-364,876	2,878,837		2,878,837	65
66	06600	PHYSICAL THERAPY	3,339,778	236,446	3,576,224	29,822	3,606,046	-13,018	3,593,028	66
67	06700	OCCUPATIONAL THERAPY	1,415,056	25,086	1,440,142	7,723	1,447,865	-17,000	1,430,865	67
68	06800	SPEECH PATHOLOGY	369,626	1,898	371,524	10,959	382,483		382,483	68
69	06900	ELECTROCARDIOLOGY	185,022	16,467	201,489	-5,304	196,185		196,185	69
70	07000	ELECTROENCEPHALOGRAPHY	224,184	41,950	266,134	-7,985	258,149		258,149	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				45,936,867	45,936,867		45,936,867	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS								72
73	07300	DRUGS CHARGED TO PATIENTS				47,149,515	47,149,515		47,149,515	73



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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	
74	07400	RENAL DIALYSIS	3,401,510	2,168,753	5,570,263	-1,080,649	4,489,614	-472	4,489,142	74
75	07500	ASC (NON-DISTINCT PART)								75
76	03950	OTHER ANCILLARY SVC								76
76.01	03340	GASTROENTROLOGY	1,463,997	1,184,536	2,648,533	-878,755	1,769,778	-47,721	1,722,057	76.01
76.02	03951	BONE MARROW TRANSPLANT	396,643	578,950	975,593	81,901	1,057,494	-83,833	973,661	76.02
76.03	03140	CARDIAC SERVICES	1,590,833	1,167,480	2,758,313	-1,218,439	1,539,874	-3,597	1,536,277	76.03
76.04	03952	TELEMEDICINE PROGRAM				857,769	857,769	-73,092	784,677	76.04
76.05	03953	SLEEP LAB WEST HARRISON	250,773	866,721	1,117,494	-1,434	1,116,060	-33,119	1,082,941	76.05
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		<b>OUTPATIENT SERVICE COST CENTERS</b>								
88	08800	RURAL HEALTH CLINIC								88
89	08900	FEDERALLY QUALIFIED HEALTH CENTER								89
90	09000	CLINIC	16,084,975	14,214,458	30,299,433	-10,271,231	20,028,202	-782,259	19,245,943	90
91	09100	EMERGENCY	7,087,576	1,054,552	8,142,128	-581,782	7,560,346	-129,945	7,430,401	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
93.01	04950	OCC EEI	2,183,258	2,024,550	4,207,808	-1,576,959	2,630,849	-4,122	2,626,727	93.01
93.02	04952	OCC PSYCH	2,281,018	206,358	2,487,376	46,159	2,533,535	-72,267	2,461,268	93.02
93.03	04951	OCC ADOLESCENTS	2,013,427	926,218	2,939,645	-488,382	2,451,263	-131,625	2,319,638	93.03
		<b>OTHER REIMBURSABLE COST CENTERS</b>								
94	09400	HOME PROGRAM DIALYSIS								94
95	09500	AMBULANCE SERVICES								95
96	09600	DURABLE MEDICAL EQUIP-RENTED								96
97	09700	DURABLE MEDICAL EQUIP-SOLD								97
99	09900	CMHC								99
100	10000	I&R SERVICES-NOT APPRVD PRGM								100
101	10100	HOME HEALTH AGENCY								101
		<b>SPECIAL PURPOSE COST CENTERS</b>								
105	10500	KIDNEY ACQUISITION	2,327,674	2,255,851	4,583,525	-699,627	3,883,898	-133,378	3,750,520	105
106	10600	HEART ACQUISITION								106
107	10700	LIVER ACQUISITION	368,933	650,531	1,019,464	-130,651	888,813	-7,615	881,198	107
108	10800	LUNG ACQUISITION								108
109	10900	PANCREAS ACQUISITION	11,062	835,651	846,713	-21,570	825,143	192	825,335	109
110	11000	INTESTINAL ACQUISITION								110
111	11100	ISLET ACQUISITION	75,048	48,337	123,385	102,301	225,686	28,427	254,113	111
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)		348	348	10,564	10,912	554	11,466	112
115	11500	AMBULATORY SURGICAL CENTER (D.P.)								115
116	11600	HOSPICE								116
118		SUBTOTALS (sum of lines 1-117)	282,152,667	327,391,763	609,544,430	39,302	609,583,732	131,308,108	740,891,840	118
		<b>NONREIMBURSABLE COST CENTERS</b>								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,502	194,439	316,941		316,941	-313,523	3,418	190
191	19100	RESEARCH	473,725	85,525	559,250	15,552	574,802	-6,622	568,180	191
192	19200	PHYSICIANS' PRIVATE OFFICES	2,291,905	6,863,352	9,155,257	-54,854	9,100,403	-8,379,456	720,947	192
193	19300	NONPAID WORKERS								193
200		TOTAL (sum of lines 118-199)	285,040,799	334,535,079	619,575,878		619,575,878	122,608,507	742,184,385	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	WOMENS HEALTH	A	ADULTS & PEDIATRICS	30	3,573,391	236,737	1
2	WOMENS HEALTH	A	NURSERY	43	988,302	65,475	2
500	TOTAL RECLASSIFICATIONS				4,561,693	302,212	500
	CODE LETTER - A						
1	CHARGEABLE MED SPLS	B	CENTRAL SERVICES & SUPPLY	14		2,839,648	1
2	CHARGEABLE MED SPLS	B	I&R SERVICES-OTHER PRGM COSTS	22		3,239	2
3	CHARGEABLE MED SPLS	B	MEDICAL SUPPLIES CHARGED TO P	71		45,936,867	3
4	CHARGEABLE MED SPLS	B					4
5	CHARGEABLE MED SPLS	B					5
6	CHARGEABLE MED SPLS	B					6
7	CHARGEABLE MED SPLS	B					7
8	CHARGEABLE MED SPLS	B					8
9	CHARGEABLE MED SPLS	B					9
10	CHARGEABLE MED SPLS	B					10
11	CHARGEABLE MED SPLS	B					11
12	CHARGEABLE MED SPLS	B					12
13	CHARGEABLE MED SPLS	B					13
14	CHARGEABLE MED SPLS	B					14
15	CHARGEABLE MED SPLS	B					15
16	CHARGEABLE MED SPLS	B					16
17	CHARGEABLE MED SPLS	B					17
18	CHARGEABLE MED SPLS	B					18
19	CHARGEABLE MED SPLS	B					19
20	CHARGEABLE MED SPLS	B					20
21	CHARGEABLE MED SPLS	B					21
22	CHARGEABLE MED SPLS	B					22
23	CHARGEABLE MED SPLS	B					23
24	CHARGEABLE MED SPLS	B					24
25	CHARGEABLE MED SPLS	B					25
26	CHARGEABLE MED SPLS	B					26
27	CHARGEABLE MED SPLS	B					27
28	CHARGEABLE MED SPLS	B					28
29	CHARGEABLE MED SPLS	B					29
30	CHARGEABLE MED SPLS	B					30
31	CHARGEABLE MED SPLS	B					31
32	CHARGEABLE MED SPLS	B					32
33	CHARGEABLE MED SPLS	B					33
34	CHARGEABLE MED SPLS	B					34
35	CHARGEABLE MED SPLS	B					35
36	CHARGEABLE MED SPLS	B					36
37	CHARGEABLE MED SPLS	B					37
38	CHARGEABLE MED SPLS	B					38
39	CHARGEABLE MED SPLS	B					39
40	CHARGEABLE MED SPLS	B					40
41	CHARGEABLE MED SPLS	B					41
42	CHARGEABLE MED SPLS	B					42
43	CHARGEABLE MED SPLS	B					43
44	CHARGEABLE MED SPLS	B					44
45	CHARGEABLE MED SPLS	B					45
46	CHARGEABLE MED SPLS	B					46
47	CHARGEABLE MED SPLS	B					47
48	CHARGEABLE MED SPLS	B					48
49	CHARGEABLE MED SPLS	B					49
50	CHARGEABLE MED SPLS	B					50
51	CHARGEABLE MED SPLS	B					51
52	CHARGEABLE MED SPLS	B					52
53	CHARGEABLE MED SPLS	B					53
54	CHARGEABLE MED SPLS	B					54
500	TOTAL RECLASSIFICATIONS					48,779,754	500
	CODE LETTER - B						
1	CHARGEABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	73		48,007,284	1
2	CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		277,056	2
3	CHARGEABLE DRUGS	C					3
4	CHARGEABLE DRUGS	C					4
5	CHARGEABLE DRUGS	C					5
6	CHARGEABLE DRUGS	C					6
7	CHARGEABLE DRUGS	C					7
8	CHARGEABLE DRUGS	C					8
9	CHARGEABLE DRUGS	C					9
10	CHARGEABLE DRUGS	C					10
11	CHARGEABLE DRUGS	C					11
12	CHARGEABLE DRUGS	C					12
13	CHARGEABLE DRUGS	C					13
14	CHARGEABLE DRUGS	C					14



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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	
15	CHARGEABLE DRUGS	C					15
16	CHARGEABLE DRUGS	C					16
17	CHARGEABLE DRUGS	C					17
18	CHARGEABLE DRUGS	C					18
19	CHARGEABLE DRUGS	C					19
20	CHARGEABLE DRUGS	C					20
21	CHARGEABLE DRUGS	C					21
22	CHARGEABLE DRUGS	C					22
23	CHARGEABLE DRUGS	C					23
24	CHARGEABLE DRUGS	C					24
25	CHARGEABLE DRUGS	C					25
26	CHARGEABLE DRUGS	C					26
27	CHARGEABLE DRUGS	C					27
28	CHARGEABLE DRUGS	C					28
29	CHARGEABLE DRUGS	C					29
30	CHARGEABLE DRUGS	C					30
31	CHARGEABLE DRUGS	C					31
32	CHARGEABLE DRUGS	C					32
33	CHARGEABLE DRUGS	C					33
34	CHARGEABLE DRUGS	C					34
35	CHARGEABLE DRUGS	C					35
36	CHARGEABLE DRUGS	C					36
37	CHARGEABLE DRUGS	C					37
38	CHARGEABLE DRUGS	C					38
39	CHARGEABLE DRUGS	C					39
40	CHARGEABLE DRUGS	C					40
41	CHARGEABLE DRUGS	C					41
42	CHARGEABLE DRUGS	C					42
43	CHARGEABLE DRUGS	C					43
44	CHARGEABLE DRUGS	C					44
500	TOTAL RECLASSIFICATIONS					48,284,340	500
	CODE LETTER - C						
1	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,192,600	1
2	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	220,000		2
500	TOTAL RECLASSIFICATIONS				220,000	1,192,600	500
	CODE LETTER - D						
1	RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	147,260	15,971	1
2	RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	675,334	73,241	2
3	RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	147,286	15,973	3
4	RADIOLOGY ADMIN & NURSING	E	RADIO MILE SQUARE	54.04	6,691	726	4
5	RADIOLOGY ADMIN & NURSING	E	RADIOLOGY-THERAPEUTIC	55	329,839	35,771	5
6	RADIOLOGY ADMIN & NURSING	E	RADIOISOTOPE	56	98,580	10,691	6
7	RADIOLOGY ADMIN & NURSING	E	CT SCAN	57	759,975	82,420	7
8	RADIOLOGY ADMIN & NURSING	E	MRI	58	577,411	62,621	8
500	TOTAL RECLASSIFICATIONS				2,742,376	297,414	500
	CODE LETTER - E						
1	DEPRECIATION-BLDG	F	CAP REL COSTS-BLDG & FIXT	1		5,309,726	1
2	DEPRECIATION-EQUIP	F	CAP REL COSTS-MVBLE EQUIP	2		12,585,153	2
3	AMORTIZATION BOND DSCT	F	CAP REL COSTS-MVBLE EQUIP	2		250,733	3
4	INTEREST ON INDEBTEDNESS	F	CAP REL COSTS-MVBLE EQUIP	2		1,628,457	4
5	INTEREST ON RETIREMENT	F	CAP REL COSTS-MVBLE EQUIP	2		163,761	5
500	TOTAL RECLASSIFICATIONS					19,937,830	500
	CODE LETTER - F						
1	BENEFIT EXPENSE	G	EMPLOYEE BENEFITS DEPARTMENT	4		6,569,259	1
500	TOTAL RECLASSIFICATIONS					6,569,259	500
	CODE LETTER - G						
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	59,737		1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74	119,767		2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90	794,619		3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	105	243,910		4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	107	111,498		5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	109	60,157		6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	ISLET ACQUISITION	111	28,869		7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	4,059		8
9							9
500	TOTAL RECLASSIFICATIONS				1,422,616		500
	CODE LETTER - H						
1	PSYCH RESEARCH	I	RESEARCH	191	25,693	1,231	1
500	TOTAL RECLASSIFICATIONS				25,693	1,231	500
	CODE LETTER - I						



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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	TELEMEDICINE PERSONNEL	J	TELEMEDICINE PROGRAM	76.04		857,769
500	TOTAL RECLASSIFICATIONS					857,769
	CODE LETTER - J					
1	OUTREACH LAB	K	LAB OUTREACH	60.02	1,382,644	2,794,761
2	OUTREACH LAB	K				
3	OUTREACH LAB	K				
500	TOTAL RECLASSIFICATIONS				1,382,644	2,794,761
	CODE LETTER - K					
1	HOSPITAL PART A - TEACHING	L	I&R SERVICES-OTHER PRGM COSTS	22	4,061,625	
500	TOTAL RECLASSIFICATIONS				4,061,625	
	CODE LETTER - L					
1	TRANSPLANT DIRECTOR	M	KIDNEY ACQUISITION	105	45,105	
2	TRANSPLANT DIRECTOR	M	LIVER ACQUISITION	107	4,195	
3	TRANSPLANT DIRECTOR	M	PANCREAS ACQUISITION	109	2,460	
4	TRANSPLANT DIRECTOR	M	OTHER ORGAN ACQUISITION (SPEC	112	6,505	
500	TOTAL RECLASSIFICATIONS				58,265	
	CODE LETTER - M					
1	RESIDENT BILLING BENEFITS	N	I&R SERVICES-SALARY & FRINGES	21	9,150,972	
500	TOTAL RECLASSIFICATIONS				9,150,972	
	CODE LETTER - N					
1	RAPID RESPONSE TEAM	O	ADULTS & PEDIATRICS	30	558,732	5,090
2	RAPID RESPONSE TEAM	O	INTENSIVE CARE UNIT	31	43,681	398
3	RAPID RESPONSE TEAM	O	CORONARY CARE UNIT	32	37,367	340
500	TOTAL RECLASSIFICATIONS				639,780	5,828
	CODE LETTER - O					
1	ISLET CELL	P	ISLET ACQUISITION	111		73,440
500	TOTAL RECLASSIFICATIONS					73,440
	CODE LETTER - P					
1	CORRECT PAYROLL POSTING	R	BONE MARROW TRANSPLANT	76.02	86,052	
500	TOTAL RECLASSIFICATIONS				86,052	
	CODE LETTER - R					
1	TERM PAY OUT	S	HOSPITAL ADMIN & GENERAL	5.02	79,645	
2	TERM PAY OUT	S	AMBULATORY ADMIN & GENERAL	5.03	582	
3	TERM PAY OUT	S	DIETARY	10	87,954	
4	TERM PAY OUT	S	NURSING ADMINISTRATION	13	46,777	
5	TERM PAY OUT	S	CENTRAL SERVICES & SUPPLY	14	151,285	
6	TERM PAY OUT	S	PHARMACY	15	5,286	
7	TERM PAY OUT	S	MEDICAL RECORDS & LIBRARY	16	18	
8	TERM PAY OUT	S	SOCIAL SERVICE	17	27,672	
9	TERM PAY OUT	S	UTILMGMT / DSCH PLANNING	18	24,845	
10	TERM PAY OUT	S	ADULTS & PEDIATRICS	30	163,311	
11	TERM PAY OUT	S	INTENSIVE CARE UNIT	31	32	
12	TERM PAY OUT	S	NEONATAL ICU	31.02	113,963	
13	TERM PAY OUT	S	CORONARY CARE UNIT	32	38,386	
14	TERM PAY OUT	S	SUBPROVIDER - IPF	40	50,006	
15	TERM PAY OUT	S	SUBPROVIDER - IRF	41	9,264	
16	TERM PAY OUT	S	OPERATING ROOM	50	71,270	
17	TERM PAY OUT	S	RECOVERY ROOM	51	25,478	
18	TERM PAY OUT	S	DELIVERY ROOM & LABOR ROOM	52	106,605	
19	TERM PAY OUT	S	ANESTHESIOLOGY	53	177	
20	TERM PAY OUT	S	RADIOLOGY-DIAGNOSTIC	54	60,334	
21	TERM PAY OUT	S	RADIOLOGY-THERAPEUTIC	55	18,980	
22	TERM PAY OUT	S	LABORATORY	60	132,435	
23	TERM PAY OUT	S	LAB OUTREACH	60.02	39,406	
24	TERM PAY OUT	S	BLOOD STORING, PROCESSING & T	63	15,396	
25	TERM PAY OUT	S	RESPIRATORY THERAPY	65	128,424	
26	TERM PAY OUT	S	PHYSICAL THERAPY	66	51,288	
27	TERM PAY OUT	S	OCCUPATIONAL THERAPY	67	27,260	
28	TERM PAY OUT	S	SPEECH PATHOLOGY	68	10,959	
29	TERM PAY OUT	S	RENAL DIALYSIS	74	66,918	
30	TERM PAY OUT	S	GASTROENTROLOGY	76.01	76	
31	TERM PAY OUT	S	CARDIAC SERVICES	76.03	3,470	
32	TERM PAY OUT	S	SLEEP LAB WEST HARRISON	76.05	232	
33	TERM PAY OUT	S	CLINIC	90	197,919	
34	TERM PAY OUT	S	EMERGENCY	91	47,754	
35	TERM PAY OUT	S	OCC EEI	93.01	30,525	
36	TERM PAY OUT	S	OCC PSYCH	93.02	48,072	



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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	
37	TERM PAY OUT	S	OCC ADOLESCENTS	93.03	17,855		37
38	TERM PAY OUT	S	PHYSICIANS' PRIVATE OFFICES	192	5,352		38
500	TOTAL RECLASSIFICATIONS				1,905,211		500
	CODE LETTER - S						
1	RADIATION ONCOLOGY RESIDENTS	T	I&R SERVICES-SALARY & FRINGES	21		274,056	1
500	TOTAL RECLASSIFICATIONS					274,056	500
	CODE LETTER - T						
	GRAND TOTAL (INCREASES)				26,256,927	129,370,494	

(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	WOMENS HEALTH	A	DELIVERY ROOM & LABOR ROOM	52	4,561,693	302,212	1	
2	WOMENS HEALTH	A					2	
500	TOTAL RECLASSIFICATIONS				4,561,693	302,212	500	
	CODE LETTER - A							
1	CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		24,122	1	
2	CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		22,564	2	
3	CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		10,076	3	
4	CHARGEABLE MED SPLS	B	MAINTENANCE & REPAIRS	6		10,150	4	
5	CHARGEABLE MED SPLS	B	HOUSEKEEPING	9		81,288	5	
6	CHARGEABLE MED SPLS	B	DIETARY	10		19	6	
7	CHARGEABLE MED SPLS	B	NURSING ADMINISTRATION	13		11,594	7	
8	CHARGEABLE MED SPLS	B	PHARMACY	15		743,955	8	
9	CHARGEABLE MED SPLS	B	SOCIAL SERVICE	17		115	9	
10	CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		171,998	10	
11	CHARGEABLE MED SPLS	B	ADULTS & PEDIATRICS	30		1,703,600	11	
12	CHARGEABLE MED SPLS	B	INTENSIVE CARE UNIT	31		490,795	12	
13	CHARGEABLE MED SPLS	B	PEDS ICU	31.01		160,761	13	
14	CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		575,778	14	
15	CHARGEABLE MED SPLS	B	CORONARY CARE UNIT	32		525,080	15	
16	CHARGEABLE MED SPLS	B	SUBPROVIDER - IPF	40		25,564	16	
17	CHARGEABLE MED SPLS	B	SUBPROVIDER - IRF	41		40,416	17	
18	CHARGEABLE MED SPLS	B	OPERATING ROOM	50		30,976,473	18	
19	CHARGEABLE MED SPLS	B	RECOVERY ROOM	51		98,801	19	
20	CHARGEABLE MED SPLS	B	DELIVERY ROOM & LABOR ROOM	52		646,985	20	
21	CHARGEABLE MED SPLS	B	ANESTHESIOLOGY	53		1,285,636	21	
22	CHARGEABLE MED SPLS	B	RADIOLOGY-DIAGNOSTIC	54		93,135	22	
23	CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		52,721	23	
24	CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		3,824,192	24	
25	CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		134,618	25	
26	CHARGEABLE MED SPLS	B	RADIO MILE SQUARE	54.04		10,253	26	
27	CHARGEABLE MED SPLS	B	RADIOLOGY-THERAPEUTIC	55		13,688	27	
28	CHARGEABLE MED SPLS	B	RADIOISOTOPE	56		12,446	28	
29	CHARGEABLE MED SPLS	B	CT SCAN	57		151,000	29	
30	CHARGEABLE MED SPLS	B	MRI	58		62,092	30	
31	CHARGEABLE MED SPLS	B	CARDIAC CATHETERIZATION	59		1,172,653	31	
32	CHARGEABLE MED SPLS	B	LABORATORY	60		40,658	32	
33	CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		227	33	
34	CHARGEABLE MED SPLS	B	LAB OUTREACH	60.02		121	34	
35	CHARGEABLE MED SPLS	B	BLOOD STORING, PROCESSING & T	63		656	35	
36	CHARGEABLE MED SPLS	B	INTRAVENOUS THERAPY	64		121,428	36	
37	CHARGEABLE MED SPLS	B	RESPIRATORY THERAPY	65		471,136	37	
38	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY	66		21,375	38	
39	CHARGEABLE MED SPLS	B	OCCUPATIONAL THERAPY	67		19,537	39	
40	CHARGEABLE MED SPLS	B	ELECTROCARDIOLOGY	69		5,302	40	
41	CHARGEABLE MED SPLS	B	ELECTROENCEPHALOGRAPHY	70		7,985	41	
42	CHARGEABLE MED SPLS	B	RENAL DIALYSIS	74		1,273,736	42	
43	CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		865,459	43	
44	CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		450	44	
45	CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		1,220,116	45	
46	CHARGEABLE MED SPLS	B	SLEEP LAB WEST HARRISON	76.05		1,666	46	
47	CHARGEABLE MED SPLS	B	CLINIC	90		843,551	47	
48	CHARGEABLE MED SPLS	B	EMERGENCY	91		508,036	48	
49	CHARGEABLE MED SPLS	B	OCC EEI	93.01		69,819	49	
50	CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		1,809	50	
51	CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		105,548	51	
52	CHARGEABLE MED SPLS	B	KIDNEY ACQUISITION	105		412	52	
53	CHARGEABLE MED SPLS	B	RESEARCH	191		9,241	53	
54	CHARGEABLE MED SPLS	B	PHYSICIANS' PRIVATE OFFICES	192		58,918	54	
500	TOTAL RECLASSIFICATIONS					48,779,754	500	
	CODE LETTER - B							
1	CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		153,291	1	
2	CHARGEABLE DRUGS	C	AMBULATORY ADMIN & GENERAL	5.03		25,000	2	
3	CHARGEABLE DRUGS	C	MAINTENANCE & REPAIRS	6		25	3	
4	CHARGEABLE DRUGS	C	DIETARY	10		12,305	4	
5	CHARGEABLE DRUGS	C	NURSING ADMINISTRATION	13		10	5	
6	CHARGEABLE DRUGS	C	CENTRAL SERVICES & SUPPLY	14		1,380,881	6	
7	CHARGEABLE DRUGS	C	PHARMACY	15		32,388,726	7	
8	CHARGEABLE DRUGS	C	ADULTS & PEDIATRICS	30		565,868	8	
9	CHARGEABLE DRUGS	C	INTENSIVE CARE UNIT	31		63,568	9	
10	CHARGEABLE DRUGS	C	PEDS ICU	31.01		22,309	10	
11	CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		25,992	11	
12	CHARGEABLE DRUGS	C	CORONARY CARE UNIT	32		75,787	12	
13	CHARGEABLE DRUGS	C	SUBPROVIDER - IPF	40		1,469	13	



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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
14	CHARGEABLE DRUGS	C	SUBPROVIDER - IRF	41		1,212		14
15	CHARGEABLE DRUGS	C	OPERATING ROOM	50		83,456		15
16	CHARGEABLE DRUGS	C	RECOVERY ROOM	51		21,529		16
17	CHARGEABLE DRUGS	C	DELIVERY ROOM & LABOR ROOM	52		57,304		17
18	CHARGEABLE DRUGS	C	ANESTHESIOLOGY	53		163,225		18
19	CHARGEABLE DRUGS	C	RADIOLOGY-DIAGNOSTIC	54		22,397		19
20	CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		13,570		20
21	CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		171,500		21
22	CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		11,487		22
23	CHARGEABLE DRUGS	C	RADIOLOGY-THERAPEUTIC	55		4,309		23
24	CHARGEABLE DRUGS	C	RADIOISOTOPE	56		76,864		24
25	CHARGEABLE DRUGS	C	CT SCAN	57		84,282		25
26	CHARGEABLE DRUGS	C	MRI	58		115,123		26
27	CHARGEABLE DRUGS	C	CARDIAC CATHETERIZATION	59		79,486		27
28	CHARGEABLE DRUGS	C	LABORATORY	60		7,833		28
29	CHARGEABLE DRUGS	C	RESPIRATORY THERAPY	65		22,164		29
30	CHARGEABLE DRUGS	C	PHYSICAL THERAPY	66		91		30
31	CHARGEABLE DRUGS	C	ELECTROCARDIOLOGY	69		2		31
32	CHARGEABLE DRUGS	C	RENAL DIALYSIS	74		263,990		32
33	CHARGEABLE DRUGS	C	GASTROENTEROLOGY	76.01		13,372		33
34	CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		3,701		34
35	CHARGEABLE DRUGS	C	CARDIAC SERVICES	76.03		1,793		35
36	CHARGEABLE DRUGS	C	CLINIC	90		10,315,376		36
37	CHARGEABLE DRUGS	C	EMERGENCY	91		121,500		37
38	CHARGEABLE DRUGS	C	OCC EEI	93.01		1,537,665		38
39	CHARGEABLE DRUGS	C	OCC PSYCH	93.02		104		39
40	CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		372,138		40
41	CHARGEABLE DRUGS	C	KIDNEY ACQUISITION	105		209		41
42	CHARGEABLE DRUGS	C	ISLET ACQUISITION	111		8		42
43	CHARGEABLE DRUGS	C	RESEARCH	191		2,131		43
44	CHARGEABLE DRUGS	C	PHYSICIANS' PRIVATE OFFICES	192		1,288		44
500	TOTAL RECLASSIFICATIONS					48,284,340		500
	CODE LETTER - C							
1	PHARMACY ALLIED HEALTH	D	PHARMACY	15		1,192,600		1
2	PHARMACY ALLIED HEALTH	D	PHARMACY	15	220,000			2
500	TOTAL RECLASSIFICATIONS				220,000	1,192,600		500
	CODE LETTER - D							
1	RADIOLOGY ADMIN & NURSING	E	RADIOLOGY-DIAGNOSTIC	54	2,742,376	297,414		1
2	RADIOLOGY ADMIN & NURSING	E						2
3	RADIOLOGY ADMIN & NURSING	E						3
4	RADIOLOGY ADMIN & NURSING	E						4
5	RADIOLOGY ADMIN & NURSING	E						5
6	RADIOLOGY ADMIN & NURSING	E						6
7	RADIOLOGY ADMIN & NURSING	E						7
8	RADIOLOGY ADMIN & NURSING	E						8
500	TOTAL RECLASSIFICATIONS				2,742,376	297,414		500
	CODE LETTER - E							
1	DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADM	5.01		19,921,054	9	1
2	DEPRECIATION-EQUIP	F	CAP REL COSTS-MVBLE EQUIP	2		16,776	14	2
3	AMORTIZATION BOND DSCT	F					14	3
4	INTEREST ON INDEBTEDNESS	F					11	4
5	INTEREST ON RETIREMENT	F					11	5
500	TOTAL RECLASSIFICATIONS					19,937,830		500
	CODE LETTER - F							
1	BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADM	5.01		6,569,259		1
500	TOTAL RECLASSIFICATIONS					6,569,259		500
	CODE LETTER - G							
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADM	5.01	26,283			1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	DIETARY	10	50,022			2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	UTLILMGMT / DSCH PLANNING	18	47,194			3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	RENAL DIALYSIS	74	6,664			4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	CLINIC	90	104,842			5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OCC ADOLESCENTS	93.03	28,551			6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	KIDNEY ACQUISITION	105	901,969			7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	LIVER ACQUISITION	107	246,344			8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	PANCREAS ACQUISITION	109	10,747			9
500	TOTAL RECLASSIFICATIONS				1,422,616			500
	CODE LETTER - H							
1	PSYCH RESEARCH	I	SUBPROVIDER - IPF	40	25,693	1,231		1



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
500	TOTAL RECLASSIFICATIONS				25,693	1,231	500	
	CODE LETTER - I							
1	TELEMEDICINE PERSONNEL	J	DRUGS CHARGED TO PATIENTS	73		857,769	1	
500	TOTAL RECLASSIFICATIONS					857,769	500	
	CODE LETTER - J							
1	OUTREACH LAB	K	LABORATORY	60	1,380,058	2,791,440	1	
2	OUTREACH LAB	K	LAB TISSUE TYPING	60.01	2,586	2,705	2	
3	OUTREACH LAB	K	BLOOD STORING, PROCESSING & T	63		616	3	
500	TOTAL RECLASSIFICATIONS				1,382,644	2,794,761	500	
	CODE LETTER - K							
1	HOSPITAL PART A - TEACHING	L	MEDICAL CENTER ALL OTHER ADMI	5.01	4,061,625		1	
500	TOTAL RECLASSIFICATIONS				4,061,625		500	
	CODE LETTER - L							
1	TRANSPLANT DIRECTOR	M	MEDICAL CENTER ALL OTHER ADMI	5.01	58,265		1	
2	TRANSPLANT DIRECTOR	M					2	
3	TRANSPLANT DIRECTOR	M					3	
4	TRANSPLANT DIRECTOR	M					4	
500	TOTAL RECLASSIFICATIONS				58,265		500	
	CODE LETTER - M							
1	RESIDENT BILLING BENEFITS	N	EMPLOYEE BENEFITS DEPARTMENT	4		9,150,972	1	
500	TOTAL RECLASSIFICATIONS					9,150,972	500	
	CODE LETTER - N							
1	RAPID RESPONSE TEAM	O	NURSING ADMINISTRATION	13	639,780	5,828	1	
2	RAPID RESPONSE TEAM	O					2	
3	RAPID RESPONSE TEAM	O					3	
500	TOTAL RECLASSIFICATIONS				639,780	5,828	500	
	CODE LETTER - O							
1	ISLET CELL	P	PANCREAS ACQUISITION	109		73,440	1	
500	TOTAL RECLASSIFICATIONS					73,440	500	
	CODE LETTER - P							
1	CORRECT PAYROLL POSTING	R	KIDNEY ACQUISITION	105	86,052		1	
500	TOTAL RECLASSIFICATIONS				86,052		500	
	CODE LETTER - R							
1	TERM PAY OUT	S	MEDICAL CENTER ALL OTHER ADMI	5.01	1,905,211		1	
2	TERM PAY OUT	S					2	
3	TERM PAY OUT	S					3	
4	TERM PAY OUT	S					4	
5	TERM PAY OUT	S					5	
6	TERM PAY OUT	S					6	
7	TERM PAY OUT	S					7	
8	TERM PAY OUT	S					8	
9	TERM PAY OUT	S					9	
10	TERM PAY OUT	S					10	
11	TERM PAY OUT	S					11	
12	TERM PAY OUT	S					12	
13	TERM PAY OUT	S					13	
14	TERM PAY OUT	S					14	
15	TERM PAY OUT	S					15	
16	TERM PAY OUT	S					16	
17	TERM PAY OUT	S					17	
18	TERM PAY OUT	S					18	
19	TERM PAY OUT	S					19	
20	TERM PAY OUT	S					20	
21	TERM PAY OUT	S					21	
22	TERM PAY OUT	S					22	
23	TERM PAY OUT	S					23	
24	TERM PAY OUT	S					24	
25	TERM PAY OUT	S					25	
26	TERM PAY OUT	S					26	
27	TERM PAY OUT	S					27	
28	TERM PAY OUT	S					28	
29	TERM PAY OUT	S					29	
30	TERM PAY OUT	S					30	
31	TERM PAY OUT	S					31	
32	TERM PAY OUT	S					32	
33	TERM PAY OUT	S					33	



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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	
34	TERM PAY OUT	S						34
35	TERM PAY OUT	S						35
36	TERM PAY OUT	S						36
37	TERM PAY OUT	S						37
38	TERM PAY OUT	S						38
500	TOTAL RECLASSIFICATIONS				1,905,211			500
	CODE LETTER - S							
1	RADIATION ONCOLOGY RESIDENTS	T	RADIOLOGY-THERAPEUTIC	55		274,056		1
500	TOTAL RECLASSIFICATIONS					274,056		500
	CODE LETTER - T							
	GRAND TOTAL (DECREASES)				17,105,955	138,521,466		

(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 RETIRE- MENTS	ENDING BALANCE	FULLY DEPRECI- ATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	770,917					770,917		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	189,266,707	6,953,356		6,953,356		196,220,063		3
4	BUILDING IMPROVEMENTS	27,127,097	17,059,198		17,059,198		44,186,295		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	188,539,466	12,298,918		12,298,918	8,925,748	191,912,636		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	405,704,187	36,311,472		36,311,472	8,925,748	433,089,911		8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	405,704,187	36,311,472		36,311,472	8,925,748	433,089,911		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)	
		DEPRECI- ATION	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								1	
2	CAP REL COSTS-MVBLE EQUIP								2	
3	TOTAL (sum of lines 1-2)								3	

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

\* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

## PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITAL- IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI	241,177,275		241,177,275	0.556876					1
2	CAP REL COSTS-MVBLE EQU	191,912,636		191,912,636	0.443124					2
3	TOTAL (sum of lines 1-2)	433,089,911		433,089,911	1.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECI- ATION	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	5,309,726							5,309,726	1
2	CAP REL COSTS-MVBLE EQUIP			-250,732			12,819,110		12,568,378	2
3	TOTAL (sum of lines 1-2)	5,309,726		-250,732			12,819,110		17,878,104	3

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



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## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	WKST A-7 REF.
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)	B	-2,042,950	CAP REL COSTS-MVBLE EQUIP	2	11
3	INVESTMENT INCOME-OTHER (chapter 2)					
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)					
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)					
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)					
8	TELEVISION AND RADIO SERVICE (chapter 21)					
9	PARKING LOT (chapter 21)					
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,598,268			
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	202,866,584			
13	LAUNDRY AND LINEN SERVICE					
14	CAFETERIA - EMPLOYEES AND GUESTS					
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					
17	SALE OF DRUGS TO OTHER THAN PATIENTS					
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					
20	VENDING MACHINES					
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	
29	PHYSICIANS' ASSISTANT					
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	
32	CAH HIT ADJ FOR DEPRECIATION AND					
33	BAD DEBT - INPATIENT	A	-22,824,621	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
33.01	BAD DEBT - OUTPATIENT	A	-18,839,884	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	33.01
34	ORGAN ACQ NON ALLOW	A	-1,662	CLINIC	90	34
34.01	ORGAN ACQ NON ALLOW	A	-12,522	KIDNEY ACQUISITION	105	34.01
34.02	ORGAN ACQ NON ALLOW	A	-1,133	LIVER ACQUISITION	107	34.02
35	MOONLIGHTING PHYSICIANS	A	-185,696	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	35
36	ISLET CELL ORG ACQ	A	28,427	ISLET ACQUISITION	111	36
37	NON PHYSICIAN ANESTHETIST	A	-107,721	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	37
37.01	NON-PHYSICIAN ANESTHETIST	A	-642,871	ANESTHESIOLOGY	53	37.01
38	NURSE PRACTITIONER	A	-1,026,019	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	38
38.01	NURSE PRACTITIONER	A	-66,252	NURSING ADMINISTRATION	13	38.01
38.02	NURSE PRACTITIONER	A	-708,162	ADULTS & PEDIATRICS	30	38.02
38.03	NURSE PRACTITIONER	A	-7,611	INTENSIVE CARE UNIT	31	38.03
38.04	NURSE PRACTITIONER	A	-924	CORONARY CARE UNIT	32	38.04
38.05	NURSE PRACTITIONER	A	-100,746	SUBPROVIDER - IPF	40	38.05
38.06	NURSE PRACTITIONER	A	-92,000	OPERATING ROOM	50	38.06
38.07	NURSE PRACTITIONER	A	-1,075,092	DELIVERY ROOM & LABOR ROOM	52	38.07
38.08	NURSE PRACTITIONER	A	-200,092	RADIO ANGIOGRAPHY	54.02	38.08
38.09	NURSE PRACTITIONER	A	-47,721	GASTROENTROLOGY	76.01	38.09
38.10	NURSE PRACTITIONER	A	-82,333	BONE MARROW TRANSPLANT	76.02	38.10
38.11	NURSE PRACTITIONER	A	-179,331	CLINIC	90	38.11
38.12	NURSE PRACTITIONER	A	-129,945	EMERGENCY	91	38.12
38.13	NURSE PRACTITIONER	A	-68,341	OCC PSYCH	93.02	38.13
38.14	NURSE PRACTITIONER	A	-112,795	KIDNEY ACQUISITION	105	38.14
39	PHYSICIAN-PART B & NON-ALLOW	A	-15,310,210	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	39
39.01	PHYSICIAN SUPPORT	A	-6,682,214	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	39.01
40	COM - MD SALARIES ADMIN	A	1,873,872	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	40
40.01	COM - MD SALARIES TEACHING	A	15,826,345	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	40.01
41	EMPLOYEE HEALTH SVCS	A	-875,598	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	41
42	MISC INCOME	B	-1,267,212	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	42
42.01	MISC INCOME	B	1,000	HOSPITAL ADMIN & GENERAL	5.02	42.01



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## ADJUSTMENTS TO EXPENSES

## WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF.
				COST CENTER	LINE#		
		1	2	3	4	5	
42.02	MISC INOCME	B	-125,597	AMBULATORY ADMIN & GENERAL	5.03		42.02
42.03	MISC INCOME	B	-1,803,106	DIETARY	10		42.03
42.04	MISC INCOME	B	-1,274	CAFETERIA	11		42.04
42.05	MISC INCOME	B	-5,875	NURSING ADMINISTRATION	13		42.05
42.06	MISC INCOME	B	-901,224	PHARMACY	15		42.06
42.07	MISC INCOME	B	-13,266	MEDICAL RECORDS & LIBRARY	16		42.07
42.08	MISC INCOME	B	-9,035	I&R SERVICES-OTHER PRGM COSTS APPRVD	22		42.08
42.09	MISC INCOME	B	-94,375	SUBPROVIDER - IRF	41		42.09
42.10	MISC INCOME	B	-122,285	OPERATING ROOM	50		42.10
42.11	MISC INCOME	B	-14,832	DELIVERY ROOM & LABOR ROOM	52		42.11
42.12	MISC INCOME	B	-30	RADIOLOGY-THERAPEUTIC	55		42.12
42.13	MISC INCOME	B	-44,303	LABORATORY	60		42.13
42.14	MISC INCOME	B	271	LAB OUTREACH	60.02		42.14
42.15	MISC INCOME	B	-273,207	BLOOD STORING, PROCESSING & TRANS.	63		42.15
42.16	MISC INCOME	B	-13,018	PHYSICAL THERAPY	66		42.16
42.17	MISC INCOME	B	-17,000	OCCUPATIONAL THERAPY	67		42.17
42.18	MISC INCOME	B	-33,119	SLEEP LAB WEST HARRISON	76.05		42.18
42.19	MISC INCOME	B	-123,604	CLINIC	90		42.19
42.20	MISC INCOME	B	-6,750	KIDNEY ACQUISITION	105		42.20
42.21	MISC INCOME	B	-313,523	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190		42.21
43	NON-ALLOWABLE COST	A	-47,165	EMPLOYEE BENEFITS DEPARTMENT	4		43
43.01	NON-ALLOWABLE COST	A	-2,453,318	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		43.01
43.02	NON-ALLOWABLE COST	A	-148,100	HOSPITAL ADMIN & GENERAL	5.02		43.02
43.03	NON-ALLOWABLE COST	A	-13,030	AMBULATORY ADMIN & GENERAL	5.03		43.03
43.04	NON-ALLOWABLE COST	A	-1,274	DIETARY	10		43.04
43.05	NON-ALLOWABLE COST	A	-4,631	NURSING ADMINISTRATION	13		43.05
43.06	NON-ALLOWABLE COST	A	-74	PHARMACY	15		43.06
43.07	NON-ALLOWABLE COST	A	-144,074	MEDICAL RECORDS & LIBRARY	16		43.07
43.08	NON-ALLOWABLE COST	A	-3,876	PALLATIVE CARE	17.01		43.08
43.09	NON-ALLOWABLE COST	A	-91	I&R SERVICES-SALARY & FRINGES APPRVD	21		43.09
43.10	NON-ALLOWABLE COST	A	-4,714	I&R SERVICES-OTHER PRGM COSTS APPRVD	22		43.10
43.11	NON-ALLOWABLE COST	A	-667	NEONATAL ICU	31.02		43.11
43.12	NON-ALLOWABLE COST	A	-399	OPERATING ROOM	50		43.12
43.13	NON-ALLOWABLE COST	A	-1,636	DELIVERY ROOM & LABOR ROOM	52		43.13
43.14	NON-ALLOWABLE COST	A	-522	RADIOLOGY-DIAGNOSTIC	54		43.14
43.15	NON-ALLOWABLE COST	A	-374	RADIO ANGIOGRAPHY	54.02		43.15
43.16	NON-ALLOWABLE COST	A	-19,001	RADIO WEST HARRISON	54.03		43.16
43.17	NON-ALLOWABLE COST	A	-2,230	RADIOLOGY-THERAPEUTIC	55		43.17
43.18	NON-ALLOWABLE COST	A	-941	LABORATORY	60		43.18
43.19	NON-ALLOWABLE COST	A	-1,222	LAB OUTREACH	60.02		43.19
43.20	NON-ALLOWABLE COST	A	-472	RENAL DIALYSIS	74		43.20
43.21	NON-ALLOWABLE COST	A	-1,500	BONE MARROW TRANSPLANT	76.02		43.21
43.22	NON-ALLOWABLE COST	A	-3,597	CARDIAC SERVICES	76.03		43.22
43.23	NON-ALLOWABLE COST	A	-477,662	CLINIC	90		43.23
43.24	NON-ALLOWABLE COST	A	-4,122	OCC EEI	93.01		43.24
43.25	NON-ALLOWABLE COST	A	-3,926	OCC PSYCH	93.02		43.25
43.26	NON-ALLOWABLE COST	A	-131,625	OCC ADOLESCENTS	93.03		43.26
43.27	NON-ALLOWABLE COST	A	-1,311	KIDNEY ACQUISITION	105		43.27
43.28	NON-ALLOWABLE COST	A	-6,482	LIVER ACQUISITION	107		43.28
43.30	NON-ALLOWABLE COST	A	192	PANCREAS ACQUISITION	109		43.30
43.31	NON-ALLOWABLE COST	A	554	OTHER ORGAN ACQUISITION (SPECIFY)	112		43.31
43.32	NON-ALLOWABLE COST	A	-6,622	RESEARCH	191		43.32
43.33	NON-ALLOWABLE COST	A	-704,562	PHYSICIANS' PRIVATE OFFICES	192		43.33
44	TIS DRUG COST ADJUSTMENT	A	-3,460,000	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		44
44.01	BERWYN INFUSION	A	-7,351	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		44.01
44.02	BERWYN INFUSION	A	-7,471,188	PHYSICIANS' PRIVATE OFFICES	192		44.02
45	GAIN/LOSS ON DISPOSAL	A	-458,961	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		45
46	NON-HOSPITAL EXPENSE	A	-1,064	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46
46.01	NON-HOSPITAL EXPENSE	A	-69,397	PHYSICIANS' PRIVATE OFFICES	192		46.01
46.02	NON-HOSPITAL BILLING EXP	A	-178,153	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.02
46.03	NON-HOSPITAL BILLING EXP	A	-12,000	LAB OUTREACH	60.02		46.03
46.04	NON-HOSPITAL BILLING EXP	A	-134,309	PHYSICIANS' PRIVATE OFFICES	192		46.04
46.05	NON-HOSPITAL MC PRGM	A	-7,954	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.05
47	HOSPITAL COSTS-PT EXPERIENCE	A	206,208	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		122,608,507				50

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

(2) Basis for adjustment (see instructions)



COMPU-MAX

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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	

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.



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
	1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS DEPARTMENT	OTBO - UNIVERSITY BENEFIT	204,277,104	6,569,259	197,707,845		1
2	6	MAINTENANCE & REPAIRS	OTBO - UTILITIES	5,482,650		5,482,650		2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	MALPRACTICE EXPENSE	12,470,603	12,470,603			3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	ADMINISTRATIVE ALLOWANCE	19,210,495	19,210,495			3.01
3.02	2	CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPRECIATION	10,127,985	10,127,985		9	3.02
3.03	1	CAP REL COSTS-BLDG & FIXT	BUILDING DEPRECIATION	5,309,726	5,309,726		9	3.03
3.04	2	CAP REL COSTS-MVBLE EQUIP	SOFTWARE DEPRECIATION	2,324,732	2,324,732		9	3.04
3.05	2	CAP REL COSTS-MVBLE EQUIP	LEASEHOLD DEPRECIATION	132,436	132,436		9	3.05
3.06	2	CAP REL COSTS-MVBLE EQUIP	BOND AMORTIZATION	233,957	233,957		14	3.06
3.07	2	CAP REL COSTS-MVBLE EQUIP	INTEREST EXPENSE	1,792,217	1,792,217		11	3.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	941,781	1,192,600	-250,819		3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT	365,881		365,881		3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	418,796	857,769	-438,973		3.10
3.11	73	DRUGS CHARGED TO PATIENTS	TELEMEDICINE COP DRUGCOST	6,442,888	6,442,888			3.11
4								4
5		TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12		269,531,251	66,664,667	202,866,584		5

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

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6	A	STATE OF ILLINOIS		BOARD OF TRUSTEES FOR THE U OF		UNIVERSITY	6
7							7
8							8
9							9
10							10

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

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



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## PROVIDER-BASED PHYSICIANS ADJUSTMENTS

## WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	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	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY	4,432,427		4,432,427	200,300	25,727	2,477,461	123,873	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	534,839		534,839	177,200	5,682	484,063	24,203	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	236,761		236,761	177,200	2,640	224,908	11,245	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	1,185,033		1,185,033	177,200	10,138	863,680	43,184	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY	40,231		40,231	177,200	547	46,600	2,330	5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	593,477		593,477	138,700	5,426	361,820	18,091	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG	377,968		377,968	177,200	3,755	319,897	15,995	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	912,523		912,523	208,000	7,628	762,800	38,140	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	89,544		89,544	177,200	1,016	86,555	4,328	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	177,328		177,328	177,200	2,218	188,957	9,448	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY	69,686		69,686	177,200	578	49,241	2,462	11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	48,954		48,954	177,200	883	75,225	3,761	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	2,479,646		2,479,646	165,600	29,780	2,370,946	118,547	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY	8,977		8,977	196,400	138	13,030	652	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	194,614		194,614	177,200	1,467	124,977	6,249	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	545,451		545,451	177,200	5,923	504,594	25,230	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	391,419		391,419	208,000	2,872	287,200	14,360	17
18	5.01	MEDICAL CENTER ALL O OB/GYN	3,338,749		3,338,749	196,400	32,498	3,068,561	153,428	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	1,230,702		1,230,702	177,200	15,191	1,294,156	64,708	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	61,597		61,597	140,600	574	38,800	1,940	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	649,946		649,946	208,000	7,799	779,900	38,995	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	1,926,687		1,926,687	177,200	15,227	1,297,223	64,861	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	1,077,608		1,077,608	215,700	12,083	1,253,030	62,652	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	177,538		177,538	140,600	1,478	99,907	4,995	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	1,407,822		1,407,822	140,600	12,855	868,948	43,447	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	1,403,111		1,403,111	154,100	18,283	1,354,524	67,726	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,471,836		1,471,836	225,300	8,530	923,947	46,197	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	149,296		149,296	177,200	1,879	160,076	8,004	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY	10,530		10,530	177,200	156	13,290	665	29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO				208,000				30
31	5.01	MEDICAL CENTER ALL O UROLOGY	750,260		750,260	177,200	6,039	514,476	25,724	31
32	5.01	MEDICAL CENTER ALL O ALLERGY	114,769		114,769	177,200	1,808	154,028	7,701	32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME	208,677		208,677	140,600	1,581	106,869	5,343	33
200		TOTAL	26,298,006		26,298,006		242,399	21,169,689	1,058,484	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	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY					2,477,461	1,954,966	1,954,966	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY					484,063	50,776	50,776	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY					224,908	11,853	11,853	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC					863,680	321,353	321,353	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY					46,600			5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE					361,820	231,657	231,657	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG					319,897	58,071	58,071	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY					762,800	149,723	149,723	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC					86,555	2,989	2,989	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO					188,957			10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY					49,241	20,445	20,445	11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE					75,225			12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI					2,370,946	108,700	108,700	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY					13,030			14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY					124,977	69,637	69,637	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY					504,594	40,857	40,857	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY					287,200	104,219	104,219	17
18	5.01	MEDICAL CENTER ALL O OB/GYN					3,068,561	270,188	270,188	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY					1,294,156			19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL					38,800	22,797	22,797	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS					779,900			21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY					1,297,223	629,464	629,464	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY					1,253,030			23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI					99,907	77,631	77,631	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS					868,948	538,874	538,874	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY					1,354,524	48,587	48,587	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY					923,947	547,889	547,889	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C					160,076			28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY					13,290			29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO								30
31	5.01	MEDICAL CENTER ALL O UROLOGY					514,476	235,784	235,784	31
32	5.01	MEDICAL CENTER ALL O ALLERGY					154,028			32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME					106,869	101,808	101,808	33
200		TOTAL					21,169,689	5,598,268	5,598,268	200



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	5,309,726	5,309,726					1
2	CAP REL COSTS-MVBLE EQUIP	12,568,378		12,568,378				2
4	EMPLOYEE BENEFITS DEPARTMENT	196,517,567	35,211		196,552,778			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	86,624,723	464,690	3,035,168	33,345,577	123,470,158	123,470,158	5.01
5.02	HOSPITAL ADMIN & GENERAL	8,475,315	65,235	65,539	4,308,030	12,914,119	2,577,129	5.02
5.03	AMBULATORY ADMIN & GENERAL	9,944,800	28,188	44,528	2,246,765	12,264,281	2,447,448	5.03
6	MAINTENANCE & REPAIRS	19,956,991	95,572	1,100,591	584,222	21,737,376	4,337,889	6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	6,136,636	69,014	5,918	20,717	6,232,285	1,243,709	9
10	DIETARY	4,931,313	156,577	23,867	1,910,330	7,022,087	1,401,321	10
11	CAFETERIA			2,599		2,599	519	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	5,690,637	25,389	137,045	3,166,404	9,019,475	1,799,917	13
14	CENTRAL SERVICES & SUPPLY	8,823,355	126,354	310,801	2,141,940	11,402,450	2,275,462	14
15	PHARMACY	6,215,565	72,234	46,582	3,139,645	9,474,026	1,890,627	15
16	MEDICAL RECORDS & LIBRARY	3,375,962	84,381	4,570	1,853,933	5,318,846	1,061,424	16
17	SOCIAL SERVICE	3,713,233	24,310	2,088	2,205,029	5,944,660	1,186,310	17
17.01	PALLIATIVE CARE	321,455			210,331	531,786	106,123	17.01
18	UTILMGMT / DSCH PLANNING	2,351,824			1,513,161	3,864,985	771,293	18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	25,036,575			16,718,531	41,755,106	8,332,607	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,454,646	11,428		3,332,421	25,798,495	5,148,322	22
23	PARAMED ED PRGM-(SPECIFY)	1,161,781			147,579	1,309,360	261,295	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	46,933,894	664,747	16,617	30,661,938	78,277,196	15,621,081	30
31	INTENSIVE CARE UNIT	6,527,830	57,103	20,847	4,261,929	10,867,709	2,168,749	31
31.01	PEDS ICU	3,252,006	34,300	6,999	2,106,766	5,400,071	1,077,633	31.01
31.02	NEONATAL ICU	10,418,943	63,720	75,188	6,833,140	17,390,991	3,470,529	31.02
32	CORONARY CARE UNIT	5,436,701	59,589	35,172	3,509,332	9,040,794	1,804,172	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	6,139,924	130,661		4,013,737	10,284,322	2,052,329	40
41	SUBPROVIDER - IRF	2,219,476	51,458		1,476,508	3,747,442	747,836	41
42	SUBPROVIDER I							42
43	NURSERY	1,053,777	18,932		662,965	1,735,674	346,369	43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	14,138,390	226,814	2,589,385	7,787,611	24,742,200	4,937,529	50
51	RECOVERY ROOM	2,900,623		3,749	1,861,317	4,765,689	951,036	51
52	DELIVERY ROOM & LABOR ROOM	4,562,348	99,657	302,912	3,561,498	8,526,415	1,701,523	52
53	ANESTHESIOLOGY	981,602	36,006	381,264	909,822	2,308,694	460,721	53
54	RADIOLOGY-DIAGNOSTIC	2,893,989	34,423	345,104	1,855,885	5,129,401	1,023,618	54
54.01	RADIO ULTRASOUND	917,851	13,968	113,660	586,617	1,632,096	325,699	54.01
54.02	RADIO ANGIOGRAPHY	1,978,007	64,049	349,843	1,321,496	3,713,395	741,041	54.02
54.03	RADIO WEST HARRISON	785,959	60,959	463,458	363,940	1,674,316	334,125	54.03
54.04	RADIO MILE SQUARE	130,582	11,145	18,558	64,666	224,951	44,891	54.04
55	RADIOLOGY-THERAPEUTIC	5,466,755	114,360	388,000	1,281,228	7,250,343	1,446,871	55
56	RADIOISOTOPE	1,214,905	9,348	61,882	251,227	1,537,362	306,794	56
57	CT SCAN	1,813,219	72,081	7,563	1,115,381	3,008,244	600,322	57
58	MRI	1,644,052	54,763	457,169	1,012,370	3,168,354	632,274	58
59	CARDIAC CATHETERIZATION	848,694	36,825	123,396	520,429	1,529,344	305,194	59
60	LABORATORY	21,849,575	356,748	591,982	6,563,828	29,362,133	5,859,478	60
60.01	LAB TISSUE TYPING	1,231,429	7,519	61,908	199,092	1,499,948	299,328	60.01
60.02	LAB OUTREACH	7,557,320	52,032		1,966,547	9,575,899	1,910,957	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	5,881,124	11,880	8,573	307,623	6,209,200	1,239,102	63
64	INTRAVENOUS THERAPY	281,090			188,239	469,329	93,659	64
65	RESPIRATORY THERAPY	2,878,837	15,299	133,462	1,852,226	4,879,824	973,813	65
66	PHYSICAL THERAPY	3,593,028	104,974	16,979	2,274,768	5,989,749	1,195,308	66
67	OCCUPATIONAL THERAPY	1,430,865	38,890	8,227	967,523	2,445,505	488,023	67
68	SPEECH PATHOLOGY	382,483	4,804	13,150	255,301	655,738	130,858	68
69	ELECTROCARDIOLOGY	196,185	12,798		124,115	333,098	66,473	69
70	ELECTROENCEPHALOGRAPHY	258,149	5,592	94,199	150,385	508,325	101,441	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	45,936,867				45,936,867	9,167,115	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	47,149,515				47,149,515	9,409,110	73
74	RENAL DIALYSIS	4,489,142	92,735	51,789	2,402,534	7,036,200	1,404,137	74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols.0-4) 4A	ALL OTHER ADMIN 5.01	
76.01	GASTROENTROLOGY	1,722,057	46,746	296,483	982,118	3,047,404	608,137	76.01
76.02	BONE MARROW TRANSPLANT	973,661		19,344	323,798	1,316,803	262,780	76.02
76.03	CARDIAC SERVICES	1,536,277	59,880	317,758	1,069,478	2,983,393	595,363	76.03
76.04	TELEMEDICINE PROGRAM	784,677	8,606			793,283	158,307	76.04
76.05	SLEEP LAB WEST HARRISON	1,082,941		215	168,377	1,251,533	249,755	76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	19,245,943	680,936	325,338	11,385,471	31,637,688	6,313,585	90
91	EMERGENCY	7,430,401	107,345	28,667	4,786,465	12,352,878	2,465,128	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI	2,626,727	119,248	3,350	1,485,032	4,234,357	845,004	93.01
93.02	OCC PSYCH	2,461,268	266,485	23,010	1,562,382	4,313,145	860,727	93.02
93.03	OCC ADOLESCENTS	2,319,638	73,236	5,865	1,343,456	3,742,195	746,789	93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	3,750,520	16,615	1,872	1,092,530	4,861,537	970,163	105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	881,198	2,218		159,842	1,043,258	208,192	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	825,335	451		42,216	868,002	173,218	109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	254,113	18,611	2,027	69,709	344,460	68,740	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	11,466	61		7,086	18,613	3,714	112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	740,891,840	5,277,200	12,544,260	194,594,558	738,876,976	122,810,135	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,418	6,395		82,176	91,989	18,357	190
191	RESEARCH	568,180	24,295	586	335,016	928,077	185,206	191
192	PHYSICIANS' PRIVATE OFFICES	720,947	1,836	23,532	1,541,028	2,287,343	456,460	192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	742,184,385	5,309,726	12,568,378	196,552,778	742,184,385	123,470,158	202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	15,491,248	15,491,248					5.02
5.03	AMBULATORY ADMIN & GENERAL	14,711,729	338,134	15,049,863	15,049,863			5.03
6	MAINTENANCE & REPAIRS	26,075,265	599,314	26,674,579		26,674,579		6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	7,475,994	171,828	7,647,822		398,393	8,046,215	9
10	DIETARY	8,423,408	193,604	8,617,012		903,869	276,780	10
11	CAFETERIA	3,118	72	3,190				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	10,819,392	248,673	11,068,065		146,560	44,879	13
14	CENTRAL SERVICES & SUPPLY	13,677,912	314,373	13,992,285		729,401	223,355	14
15	PHARMACY	11,364,653	261,205	11,625,858		416,983	127,687	15
16	MEDICAL RECORDS & LIBRARY	6,380,270	146,644	6,526,914		487,106	149,160	16
17	SOCIAL SERVICE	7,130,970	163,898	7,294,868		140,334	42,973	17
17.01	PALLIATIVE CARE	637,909	14,662	652,571				17.01
18	UTILMGMT / DSCH PLANNING	4,636,278	106,560	4,742,838				18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	50,087,713	1,151,216	51,238,929				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,946,817	711,282	31,658,099		65,972	20,202	22
23	PARAMED ED PRGM-(SPECIFY)	1,570,655	36,100	1,606,755				23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	93,898,277	2,158,196	96,056,473		3,837,370	1,175,068	30
31	INTENSIVE CARE UNIT	13,036,458	299,630	13,336,088		329,639	100,941	31
31.01	PEDS ICU	6,477,704	148,884	6,626,588		198,004	60,632	31.01
31.02	NEONATAL ICU	20,861,520	479,481	21,341,001		367,836	112,638	31.02
32	CORONARY CARE UNIT	10,844,966	249,261	11,094,227		343,990	105,336	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	12,336,651	283,546	12,620,197		754,262	230,968	40
41	SUBPROVIDER - IRF	4,495,278	103,319	4,598,597		297,051	90,962	41
42	SUBPROVIDER I							42
43	NURSERY	2,082,043	47,854	2,129,897		109,291	33,467	43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	29,679,729	682,159	30,361,888		1,309,327	400,938	50
51	RECOVERY ROOM	5,716,725	131,393	5,848,118				51
52	DELIVERY ROOM & LABOR ROOM	10,227,938	235,079	10,463,017		575,290	176,163	52
53	ANESTHESIOLOGY	2,769,415	63,652	2,833,067		207,851	63,648	53
54	RADIOLOGY-DIAGNOSTIC	6,153,019	141,421	6,294,440		198,711	60,849	54
54.01	RADIO ULTRASOUND	1,957,795	44,998	2,002,793		80,632	24,691	54.01
54.02	RADIO ANGIOGRAPHY	4,454,436	102,381	4,556,817		369,734	113,219	54.02
54.03	RADIO WEST HARRISON	2,008,441	46,162	2,054,603		351,895	107,756	54.03
54.04	RADIO MILE SQUARE	269,842	6,202	276,044		64,338	19,701	54.04
55	RADIOLOGY-THERAPEUTIC	8,697,214	199,897	8,897,111		660,161	202,153	55
56	RADIOISOTOPE	1,844,156	42,386	1,886,542		53,961	16,524	56
57	CT SCAN	3,608,566	82,939	3,691,505		416,100	127,417	57
58	MRI	3,800,628	87,354	3,887,982		316,127	96,803	58
59	CARDIAC CATHETERIZATION	1,834,538	42,165	1,876,703		212,576	65,094	59
60	LABORATORY	35,221,611	809,534	36,031,145		2,059,394	630,622	60
60.01	LAB TISSUE TYPING	1,799,276	41,355	1,840,631		43,407	13,292	60.01
60.02	LAB OUTREACH	11,486,856	264,014	11,750,870		300,362	91,976	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,448,302	171,192	7,619,494		68,577	21,000	63
64	INTRAVENOUS THERAPY	562,988	12,940	575,928				64
65	RESPIRATORY THERAPY	5,853,637	134,540	5,988,177		88,316	27,044	65
66	PHYSICAL THERAPY	7,185,057	165,141	7,350,198		605,979	185,561	66
67	OCCUPATIONAL THERAPY	2,933,528	67,424	3,000,952		224,499	68,745	67
68	SPEECH PATHOLOGY	786,596	18,079	804,675		27,731	8,492	68
69	ELECTROCARDIOLOGY	399,571	9,184	408,755		73,876	22,622	69
70	ELECTROENCEPHALOGRAPHY	609,766	14,015	623,781		32,279	9,885	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,103,982	1,266,510	56,370,492				71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	56,558,625	1,299,943	57,858,568				73
74	RENAL DIALYSIS	8,440,337	193,993	8,634,330		535,327	163,926	74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
76.01	GASTROENTROLOGY	3,655,541	84,019	3,739,560		269,849	82,632	76.01
76.02	BONE MARROW TRANSPLANT	1,579,583	36,305	1,615,888				76.02
76.03	CARDIAC SERVICES	3,578,756	82,254	3,661,010		345,668	105,850	76.03
76.04	TELEMEDICINE PROGRAM	951,590	21,871	973,461		49,678	15,212	76.04
76.05	SLEEP LAB WEST HARRISON	1,501,288	34,506	1,535,794				76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	37,951,273		37,951,273	10,291,131	3,930,858	1,203,693	90
91	EMERGENCY	14,818,006	340,577	15,158,583		619,668	189,753	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI	5,079,361		5,079,361	1,377,355	688,378	210,793	93.01
93.02	OCC PSYCH	5,173,872		5,173,872	1,402,983	1,538,330	471,063	93.02
93.03	OCC ADOLESCENTS	4,488,984		4,488,984	1,217,264	422,768	129,459	93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	5,831,700	134,036	5,965,736		95,911	29,370	105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	1,251,450	28,763	1,280,213		12,806	3,921	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	1,041,220	23,931	1,065,151		2,605	798	109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	413,200	9,497	422,697		107,436	32,899	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	22,327	513	22,840		353	108	112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	738,216,953	15,400,060	738,125,765	14,288,733	26,486,819	7,988,720	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,346	2,536	112,882		36,916	11,304	190
191	RESEARCH	1,113,283	25,588	1,138,871		140,246	42,946	191
192	PHYSICIANS' PRIVATE OFFICES	2,743,803	63,064	2,806,867	761,130	10,598	3,245	192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	742,184,385	15,491,248	742,184,385	15,049,863	26,674,579	8,046,215	202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY	9,797,661						10
11	CAFETERIA	3,312,945	3,316,135					11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		68,123	11,327,627				13
14	CENTRAL SERVICES & SUPPLY		46,082		14,991,123			14
15	PHARMACY		67,547		117,947	12,356,022		15
16	MEDICAL RECORDS & LIBRARY		39,886				7,203,066	16
17	SOCIAL SERVICE		47,439					17
17.01	PALLATIVE CARE		4,525					17.01
18	UTILMGMT / DSCH PLANNING		32,554		27,269			18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		359,686					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		71,694					22
23	PARAMED ED PRGM-(SPECIFY)		3,175					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	4,604,379	659,662	4,044,395	270,090	92,956	603,890	30
31	INTENSIVE CARE UNIT	341,788	91,692	647,373	77,811	10,442	84,085	31
31.01	PEDS ICU	156,489	45,325	311,599	25,487	3,665	34,162	31.01
31.02	NEONATAL ICU		147,010	1,033,588	91,284	4,270	157,116	31.02
32	CORONARY CARE UNIT	292,385	75,501	526,383	83,247	12,450	72,844	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	795,003	86,352	425,034	4,053	241	90,343	40
41	SUBPROVIDER - IRF	291,228	31,766	173,059	6,408	199	33,999	41
42	SUBPROVIDER I							42
43	NURSERY		14,263	84,844			13,968	43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM		167,544	910,622	4,911,041	13,709	485,291	50
51	RECOVERY ROOM		40,045	263,831	15,664	3,537	37,120	51
52	DELIVERY ROOM & LABOR ROOM		76,623	446,420	102,574	9,413	93,124	52
53	ANESTHESIOLOGY		19,574		203,826	26,813	199,092	53
54	RADIOLOGY-DIAGNOSTIC		39,928	20,688	14,766	3,646	97,910	54
54.01	RADIO ULTRASOUND		12,621	8,368	8,358	2,229	39,723	54.01
54.02	RADIO ANGIOGRAPHY		28,431	49,860	606,291	28,172	182,167	54.02
54.03	RADIO WEST HARRISON		7,830	8,368	21,342	1,887	39,729	54.03
54.04	RADIO MILE SQUARE		1,391		1,626		1,805	54.04
55	RADIOLOGY-THERAPEUTIC		27,565	30,218	2,170	708	88,972	55
56	RADIOISOTOPE		5,405	5,579	1,973	12,627	26,591	56
57	CT SCAN		23,997	43,119	23,940	13,845	204,999	57
58	MRI		21,780	32,659	9,844	18,911	155,753	58
59	CARDIAC CATHETERIZATION		11,197	40,098	185,914	13,057	44,149	59
60	LABORATORY		141,216	50,442	6,446	1,287	947,437	60
60.01	LAB TISSUE TYPING		4,283		36		16,408	60.01
60.02	LAB OUTREACH		42,309	116	19		455,426	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		6,618		104		107,004	63
64	INTRAVENOUS THERAPY		4,050		19,251	33	5,615	64
65	RESPIRATORY THERAPY		39,849		74,694	3,641	100,556	65
66	PHYSICAL THERAPY		48,940		3,389	15	63,266	66
67	OCCUPATIONAL THERAPY		20,816		3,097		23,437	67
68	SPEECH PATHOLOGY		5,493				5,161	68
69	ELECTROCARDIOLOGY		2,670		841		15,340	69
70	ELECTROENCEPHALOGRAPHY		3,235		1,266		20,827	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				7,282,871		703,766	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS					8,944,608	905,245	73
74	RENAL DIALYSIS		51,689	169,107	201,939	43,366	112,525	74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



## COMPU-MAX

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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
76.01	GASTROENTROLOGY		21,130	127,150	137,211	2,197	78,062	76.01
76.02	BONE MARROW TRANSPLANT		6,966	2,324	71	608	9,098	76.02
76.03	CARDIAC SERVICES		23,009	50,442	193,438	295	71,795	76.03
76.04	TELEMEDICINE PROGRAM					1,058,380	5,264	76.04
76.05	SLEEP LAB WEST HARRISON		3,623		264		13,824	76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC		244,950	805,322	133,737	1,694,517	312,755	90
91	EMERGENCY		102,977	624,244	80,545	19,959	275,798	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI		31,949	23,245	11,069	252,594	59,746	93.01
93.02	OCC PSYCH		33,613	19,177	287	17	15,235	93.02
93.03	OCC ADOLESCENTS		28,903	125,290	16,734	61,131	46,337	93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION		23,505	86,123	65	34	33,750	105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION		3,439	12,901			6,155	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION		908	2,673		1	6,155	109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION		1,500	1,743			247	111
112	OTHER ORGAN ACQUISITION (SPECIFY)		152	349				112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	9,794,217	3,274,005	11,206,753	14,980,317	12,355,460	7,203,066	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,768					190
191	RESEARCH	3,444	7,208	21,385	1,465	350		191
192	PHYSICIANS' PRIVATE OFFICES		33,154	99,489	9,341	212		192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	9,797,661	3,316,135	11,327,627	14,991,123	12,356,022	7,203,066	202



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**COST ALLOCATION - GENERAL SERVICE COSTS**

**WORKSHEET B  
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE	7,525,632						17
17.01	PALLATIVE CARE		657,096					17.01
18	UTILMGMT / DSCH PLANNING			4,802,661				18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				51,598,615			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					31,815,967		22
23	PARAMED ED PRGM-(SPECIFY)						1,609,930	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	3,128,538	394,934	2,886,543	4,960,906	2,680,067	967,616	30
31	INTENSIVE CARE UNIT	86,134	31,652	231,344	789,589	373,170	77,550	31
31.01	PEDS ICU	168,225	14,492	105,922	446,741	151,613	35,507	31.01
31.02	NEONATAL ICU	180,761	66,487	485,949	1,480,480	697,282	162,898	31.02
32	CORONARY CARE UNIT	80,675	27,077	197,903	701,280	323,280	66,340	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF		73,943	540,442	680,501	400,944	181,165	40
41	SUBPROVIDER - IRF	378,506	26,971	197,127			66,080	41
42	SUBPROVIDER I							42
43	NURSERY		21,540	157,431	114,283	61,989	52,774	43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	42,056			6,727,092	2,153,723		50
51	RECOVERY ROOM	48,526						51
52	DELIVERY ROOM & LABOR ROOM	126,169			924,651	413,286		52
53	ANESTHESIOLOGY				1,485,674	883,571		53
54	RADIOLOGY-DIAGNOSTIC					434,526		54
54.01	RADIO ULTRASOUND				192,203	176,289		54.01
54.02	RADIO ANGIOGRAPHY				1,542,816	808,460		54.02
54.03	RADIO WEST HARRISON					176,320		54.03
54.04	RADIO MILE SQUARE					8,010		54.04
55	RADIOLOGY-THERAPEUTIC	67,330			1,901,248	394,859		55
56	RADIOISOTOPE				207,787	118,012		56
57	CT SCAN				898,677	909,786		57
58	MRI				877,899	691,233		58
59	CARDIAC CATHETERIZATION				1,890,858	195,935		59
60	LABORATORY				6,228,404	4,204,326		60
60.01	LAB TISSUE TYPING					72,821		60.01
60.02	LAB OUTREACH					2,021,182		60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.				1,257,109	474,886		63
64	INTRAVENOUS THERAPY					24,920		64
65	RESPIRATORY THERAPY				1,361,002	446,269		65
66	PHYSICAL THERAPY				285,707	280,776		66
67	OCCUPATIONAL THERAPY				150,645	104,013		67
68	SPEECH PATHOLOGY				145,451	22,906		68
69	ELECTROCARDIOLOGY				425,963	68,077		69
70	ELECTROENCEPHALOGRAPHY					92,430		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,802,549	3,123,320		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS				8,233,542	4,017,482		73
74	RENAL DIALYSIS				877,899	499,386		74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



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## COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
76.01	GASTROENTROLOGY					346,442		76.01
76.02	BONE MARROW TRANSPLANT	23,252				40,378		76.02
76.03	CARDIAC SERVICES					318,629		76.03
76.04	TELEMEDICINE PROGRAM					23,362		76.04
76.05	SLEEP LAB WEST HARRISON					61,350		76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	1,623,409			1,449,312	1,388,007		90
91	EMERGENCY	132,032			1,511,648	1,223,992		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI	315,421			301,291	265,151		93.01
93.02	OCC PSYCH				389,600	67,614		93.02
93.03	OCC ADOLESCENTS				535,051	205,646		93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	232,522			249,344	149,784		105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	38,821			228,565	27,314		107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	32,957				27,314		109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION					1,097		111
112	OTHER ORGAN ACQUISITION (SPECIFY)				51,947			112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	6,705,334	657,096	4,802,661	51,307,714	31,815,967	1,609,930	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
192	PHYSICIANS' PRIVATE OFFICES	820,298			290,901			192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	7,525,632	657,096	4,802,661	51,598,615	31,815,967	1,609,930	202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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
2	CAP REL COSTS-MVBLE EQUIP				2
4	EMPLOYEE BENEFITS DEPARTMENT				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN				5.01
5.02	HOSPITAL ADMIN & GENERAL				5.02
5.03	AMBULATORY ADMIN & GENERAL				5.03
6	MAINTENANCE & REPAIRS				6
7	OPERATION OF PLANT				7
8	LAUNDRY & LINEN SERVICE				8
9	HOUSEKEEPING				9
10	DIETARY				10
11	CAFETERIA				11
12	MAINTENANCE OF PERSONNEL				12
13	NURSING ADMINISTRATION				13
14	CENTRAL SERVICES & SUPPLY				14
15	PHARMACY				15
16	MEDICAL RECORDS & LIBRARY				16
17	SOCIAL SERVICE				17
17.01	PALLIATIVE CARE				17.01
18	UTILMGMT / DSCH PLANNING				18
19	NONPHYSICIAN ANESTHETISTS				19
20	NURSING SCHOOL				20
21	I&R SERVICES-SALARY & FRINGES APPRVD				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				22
23	PARAMED ED PRGM-(SPECIFY)				23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>				
30	ADULTS & PEDIATRICS	126,362,887	-7,640,973	118,721,914	30
31	INTENSIVE CARE UNIT	16,609,298	-1,162,759	15,446,539	31
31.01	PEDS ICU	8,384,451	-598,354	7,786,097	31.01
31.02	NEONATAL ICU	26,328,600	-2,177,762	24,150,838	31.02
32	CORONARY CARE UNIT	14,002,918	-1,024,560	12,978,358	32
33	BURN INTENSIVE CARE UNIT				33
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF	16,883,448	-1,081,445	15,802,003	40
41	SUBPROVIDER - IRF	6,191,953		6,191,953	41
42	SUBPROVIDER I				42
43	NURSERY	2,793,747	-176,272	2,617,475	43
44	SKILLED NURSING FACILITY				44
45	NURSING FACILITY				45
46	OTHER LONG TERM CARE				46
	<b>ANCILLARY SERVICE COST CENTERS</b>				
50	OPERATING ROOM	47,483,231	-8,880,815	38,602,416	50
51	RECOVERY ROOM	6,421,579	-164,738	6,256,841	51
52	DELIVERY ROOM & LABOR ROOM	13,406,730	-1,337,937	12,068,793	52
53	ANESTHESIOLOGY	5,923,116	-2,369,245	3,553,871	53
54	RADIOLOGY-DIAGNOSTIC	7,165,464	-434,526	6,730,938	54
54.01	RADIO ULTRASOUND	2,547,907	-368,492	2,179,415	54.01
54.02	RADIO ANGIOGRAPHY	8,285,967	-2,351,276	5,934,691	54.02
54.03	RADIO WEST HARRISON	2,769,730	-176,320	2,593,410	54.03
54.04	RADIO MILE SQUARE	372,915	-8,010	364,905	54.04
55	RADIOLOGY-THERAPEUTIC	12,272,495	-2,296,107	9,976,388	55
56	RADIOISOTOPE	2,335,001	-325,799	2,009,202	56
57	CT SCAN	6,353,385	-1,808,463	4,544,922	57
58	MRI	6,108,991	-1,569,132	4,539,859	58
59	CARDIAC CATHETERIZATION	4,535,581	-2,086,793	2,448,788	59
60	LABORATORY	50,300,719	-10,432,730	39,867,989	60
60.01	LAB TISSUE TYPING	1,990,878	-72,821	1,918,057	60.01
60.02	LAB OUTREACH	14,662,260	-2,021,182	12,641,078	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	9,554,792	-1,731,995	7,822,797	63
64	INTRAVENOUS THERAPY	629,797	-24,920	604,877	64
65	RESPIRATORY THERAPY	8,129,548	-1,807,271	6,322,277	65
66	PHYSICAL THERAPY	8,823,831	-566,483	8,257,348	66
67	OCCUPATIONAL THERAPY	3,596,204	-254,658	3,341,546	67
68	SPEECH PATHOLOGY	1,019,909	-168,357	851,552	68
69	ELECTROCARDIOLOGY	1,018,144	-494,040	524,104	69
70	ELECTROENCEPHALOGRAPHY	783,703	-92,430	691,273	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	69,282,998	-4,925,869	64,357,129	71
72	IMPL. DEV. CHARGED TO PATIENTS				72
73	DRUGS CHARGED TO PATIENTS	79,959,445	-12,251,024	67,708,421	73
74	RENAL DIALYSIS	11,289,494	-1,654,340	9,635,154	74
75	ASC (NON-DISTINCT PART)				75
76	OTHER ANCILLARY SVC				76



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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		
76.01	GASTROENTROLOGY	4,804,233	-346,442	4,457,791		76.01
76.02	BONE MARROW TRANSPLANT	1,698,585	-40,378	1,658,207		76.02
76.03	CARDIAC SERVICES	4,770,136	-318,629	4,451,507		76.03
76.04	TELEMEDICINE PROGRAM	2,125,357	-23,362	2,101,995		76.04
76.05	SLEEP LAB WEST HARRISON	1,614,855	-61,350	1,553,505		76.05
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	RURAL HEALTH CLINIC					88
89	FEDERALLY QUALIFIED HEALTH CENTER					89
90	CLINIC	61,028,964	-2,837,319	58,191,645		90
91	EMERGENCY	19,939,199	-2,735,640	17,203,559		91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
93.01	OCC EEI	8,616,353	-566,442	8,049,911		93.01
93.02	OCC PSYCH	9,111,791	-457,214	8,654,577		93.02
93.03	OCC ADOLESCENTS	7,277,567	-740,697	6,536,870		93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
94	HOME PROGRAM DIALYSIS					94
95	AMBULANCE SERVICES					95
96	DURABLE MEDICAL EQUIP-RENTED					96
97	DURABLE MEDICAL EQUIP-SOLD					97
99	CMHC					99
100	I&R SERVICES-NOT APPRVD PRGM					100
101	HOME HEALTH AGENCY					101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
105	KIDNEY ACQUISITION	6,866,144	-399,128	6,467,016		105
106	HEART ACQUISITION					106
107	LIVER ACQUISITION	1,614,135	-255,879	1,358,256		107
108	LUNG ACQUISITION					108
109	PANCREAS ACQUISITION	1,138,562	-27,314	1,111,248		109
110	INTESTINAL ACQUISITION					110
111	ISLET ACQUISITION	567,619	-1,097	566,522		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	75,749	-51,947	23,802		112
115	AMBULATORY SURGICAL CENTER (D.P.)					115
116	HOSPICE					116
118	SUBTOTALS (sum of lines 1-117)	735,830,365	-83,400,736	652,429,629		118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	162,870		162,870		190
191	RESEARCH	1,355,915		1,355,915		191
192	PHYSICIANS' PRIVATE OFFICES	4,835,235	-290,901	4,544,334		192
193	NONPAID WORKERS					193
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (sum of lines 118-201)	742,184,385	-83,691,637	658,492,748		202



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT		35,211		35,211	35,211		4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	464,690		3,035,168	3,499,858	6,013	3,505,871	5.01
5.02	HOSPITAL ADMIN & GENERAL	65,235		65,539	130,774	771	73,171	5.02
5.03	AMBULATORY ADMIN & GENERAL	28,188		44,528	72,716	402	69,489	5.03
6	MAINTENANCE & REPAIRS	95,572		1,100,591	1,196,163	105	123,164	6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	69,014		5,918	74,932	4	35,312	9
10	DIETARY	156,577		23,867	180,444	342	39,787	10
11	CAFETERIA			2,599	2,599		15	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	25,389		137,045	162,434	566	51,104	13
14	CENTRAL SERVICES & SUPPLY	126,354		310,801	437,155	383	64,606	14
15	PHARMACY	72,234		46,582	118,816	562	53,680	15
16	MEDICAL RECORDS & LIBRARY	84,381		4,570	88,951	332	30,137	16
17	SOCIAL SERVICE	24,310		2,088	26,398	394	33,682	17
17.01	PALLATIVE CARE					38	3,013	17.01
18	UTILMGMT / DSCH PLANNING					271	21,899	18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					2,991	236,584	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		11,428		11,428	596	146,174	22
23	PARAMED ED PRGM-(SPECIFY)					26	7,419	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	664,747		16,617	681,364	5,485	443,762	30
31	INTENSIVE CARE UNIT	57,103		20,847	77,950	762	61,576	31
31.01	PEDS ICU	34,300		6,999	41,299	377	30,597	31.01
31.02	NEONATAL ICU	63,720		75,188	138,908	1,222	98,537	31.02
32	CORONARY CARE UNIT	59,589		35,172	94,761	628	51,225	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	130,661			130,661	718	58,271	40
41	SUBPROVIDER - IRF	51,458			51,458	264	21,233	41
42	SUBPROVIDER I							42
43	NURSERY	18,932			18,932	119	9,834	43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	226,814		2,589,385	2,816,199	1,393	140,189	50
51	RECOVERY ROOM			3,749	3,749	333	27,002	51
52	DELIVERY ROOM & LABOR ROOM	99,657		302,912	402,569	637	48,311	52
53	ANESTHESIOLOGY	36,006		381,264	417,270	163	13,081	53
54	RADIOLOGY-DIAGNOSTIC	34,423		345,104	379,527	332	29,063	54
54.01	RADIO ULTRASOUND	13,968		113,660	127,628	105	9,247	54.01
54.02	RADIO ANGIOGRAPHY	64,049		349,843	413,892	236	21,040	54.02
54.03	RADIO WEST HARRISON	60,959		463,458	524,417	65	9,487	54.03
54.04	RADIO MILE SQUARE	11,145		18,558	29,703	12	1,275	54.04
55	RADIOLOGY-THERAPEUTIC	114,360		388,000	502,360	229	41,080	55
56	RADIOISOTOPE	9,348		61,882	71,230	45	8,711	56
57	CT SCAN	72,081		7,563	79,644	200	17,045	57
58	MRI	54,763		457,169	511,932	181	17,952	58
59	CARDIAC CATHETERIZATION	36,825		123,396	160,221	93	8,665	59
60	LABORATORY	356,748		591,982	948,730	1,174	166,366	60
60.01	LAB TISSUE TYPING	7,519		61,908	69,427	36	8,499	60.01
60.02	LAB OUTREACH	52,032			52,032	352	54,257	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	11,880		8,573	20,453	55	35,181	63
64	INTRAVENOUS THERAPY					34	2,659	64
65	RESPIRATORY THERAPY	15,299		133,462	148,761	331	27,649	65
66	PHYSICAL THERAPY	104,974		16,979	121,953	407	33,938	66
67	OCCUPATIONAL THERAPY	38,890		8,227	47,117	173	13,856	67
68	SPEECH PATHOLOGY	4,804		13,150	17,954	46	3,715	68
69	ELECTROCARDIOLOGY	12,798			12,798	22	1,887	69
70	ELECTROENCEPHALOGRAPHY	5,592		94,199	99,791	27	2,880	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						260,278	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS						267,149	73
74	RENAL DIALYSIS	92,735		51,789	144,524	430	39,867	74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
76.01	GASTROENTROLOGY		46,746	296,483	343,229	176	17,267	76.01
76.02	BONE MARROW TRANSPLANT			19,344	19,344	58	7,461	76.02
76.03	CARDIAC SERVICES		59,880	317,758	377,638	191	16,904	76.03
76.04	TELEMEDICINE PROGRAM		8,606		8,606		4,495	76.04
76.05	SLEEP LAB WEST HARRISON			215	215	30	7,091	76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC		680,936	325,338	1,006,274	2,037	179,259	90
91	EMERGENCY		107,345	28,667	136,012	856	69,991	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI		119,248	3,350	122,598	266	23,992	93.01
93.02	OCC PSYCH		266,485	23,010	289,495	279	24,438	93.02
93.03	OCC ADOLESCENTS		73,236	5,865	79,101	240	21,203	93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION		16,615	1,872	18,487	195	27,545	105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION		2,218		2,218	29	5,911	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION		451		451	8	4,918	109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION		18,611	2,027	20,638	12	1,952	111
112	OTHER ORGAN ACQUISITION (SPECIFY)		61		61	1	105	112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)		5,277,200	12,544,260	17,821,460	34,860	3,487,132	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,395		6,395	15	521	190
191	RESEARCH		24,295	586	24,881	60	5,258	191
192	PHYSICIANS' PRIVATE OFFICES		1,836	23,532	25,368	276	12,960	192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		5,309,726	12,568,378	17,878,104	35,211	3,505,871	202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	204,716						5.02
5.03	AMBULATORY ADMIN & GENERAL	4,472	147,079					5.03
6	MAINTENANCE & REPAIRS	7,927		1,327,359				6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	2,273		19,825	132,346			9
10	DIETARY	2,561		44,978	4,553	272,665		10
11	CAFETERIA	1				92,198	94,813	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,289		7,293	738		1,949	13
14	CENTRAL SERVICES & SUPPLY	4,158		36,296	3,674		1,319	14
15	PHARMACY	3,455		20,750	2,100		1,933	15
16	MEDICAL RECORDS & LIBRARY	1,940		24,239	2,453		1,141	16
17	SOCIAL SERVICE	2,168		6,983	707		1,358	17
17.01	PALLIATIVE CARE	194					129	17.01
18	UTILMGMT / DSCH PLANNING	1,409					932	18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	15,227					10,293	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,408		3,283	332		2,052	22
23	PARAMED ED PRGM-(SPECIFY)	477					91	23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	28,364		190,952	19,328	128,137	18,791	30
31	INTENSIVE CARE UNIT	3,963		16,403	1,660	9,512	2,624	31
31.01	PEDS ICU	1,969		9,853	997	4,355	1,297	31.01
31.02	NEONATAL ICU	6,342		18,304	1,853		4,207	31.02
32	CORONARY CARE UNIT	3,297		17,117	1,733	8,137	2,161	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	3,750		37,533	3,799	22,125	2,471	40
41	SUBPROVIDER - IRF	1,367		14,782	1,496	8,105	909	41
42	SUBPROVIDER I							42
43	NURSERY	633		5,438	550		408	43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	9,023		65,154	6,595		4,795	50
51	RECOVERY ROOM	1,738					1,146	51
52	DELIVERY ROOM & LABOR ROOM	3,109		28,627	2,898		2,193	52
53	ANESTHESIOLOGY	842		10,343	1,047		560	53
54	RADIOLOGY-DIAGNOSTIC	1,871		9,888	1,001		1,143	54
54.01	RADIO ULTRASOUND	595		4,012	406		361	54.01
54.02	RADIO ANGIOGRAPHY	1,354		18,398	1,862		814	54.02
54.03	RADIO WEST HARRISON	611		17,511	1,772		224	54.03
54.04	RADIO MILE SQUARE	82		3,202	324		40	54.04
55	RADIOLOGY-THERAPEUTIC	2,644		32,850	3,325		789	55
56	RADIOISOTOPE	561		2,685	272		155	56
57	CT SCAN	1,097		20,706	2,096		687	57
58	MRI	1,155		15,731	1,592		623	58
59	CARDIAC CATHETERIZATION	558		10,578	1,071		320	59
60	LABORATORY	10,707		102,478	10,373		4,041	60
60.01	LAB TISSUE TYPING	547		2,160	219		123	60.01
60.02	LAB OUTREACH	3,492		14,946	1,513		1,211	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	2,264		3,412	345		189	63
64	INTRAVENOUS THERAPY	171					116	64
65	RESPIRATORY THERAPY	1,780		4,395	445		1,140	65
66	PHYSICAL THERAPY	2,184		30,154	3,052		1,401	66
67	OCCUPATIONAL THERAPY	892		11,171	1,131		596	67
68	SPEECH PATHOLOGY	239		1,380	140		157	68
69	ELECTROCARDIOLOGY	121		3,676	372		76	69
70	ELECTROENCEPHALOGRAPHY	185		1,606	163		93	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,752						71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	17,194						73
74	RENAL DIALYSIS	2,566		26,638	2,696		1,479	74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
76.01	GASTROENTROLOGY	1,111		13,428	1,359		605	76.01
76.02	BONE MARROW TRANSPLANT	480					199	76.02
76.03	CARDIAC SERVICES	1,088		17,201	1,741		658	76.03
76.04	TELEMEDICINE PROGRAM	289		2,472	250			76.04
76.05	SLEEP LAB WEST HARRISON	456					104	76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC		100,574	195,605	19,800		7,010	90
91	EMERGENCY	4,505		30,835	3,121		2,947	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI		13,460	34,255	3,467		914	93.01
93.02	OCC PSYCH		13,711	76,549	7,748		962	93.02
93.03	OCC ADOLESCENTS		11,896	21,037	2,129		827	93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	1,773		4,773	483		673	105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	380		637	64		98	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	317		130	13		26	109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	126		5,346	541		43	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	7		18	2		4	112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	203,510	139,641	1,318,016	131,401	272,569	93,607	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34		1,837	186		51	190
191	RESEARCH	338		6,979	706	96	206	191
192	PHYSICIANS' PRIVATE OFFICES	834	7,438	527	53		949	192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	204,716	147,079	1,327,359	132,346	272,665	94,813	202



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	227,373						13
14	CENTRAL SERVICES & SUPPLY		547,591					14
15	PHARMACY		4,308	205,604				15
16	MEDICAL RECORDS & LIBRARY				149,193			16
17	SOCIAL SERVICE					71,691		17
17.01	PALLATIVE CARE						3,374	17.01
18	UTILMGMT / DSCH PLANNING		996					18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	81,179	9,866	1,547	12,588	29,801	2,028	30
31	INTENSIVE CARE UNIT	12,994	2,842	174	1,753	821	163	31
31.01	PEDS ICU	6,255	931	61	712	1,603	74	31.01
31.02	NEONATAL ICU	20,747	3,334	71	3,275	1,722	341	31.02
32	CORONARY CARE UNIT	10,566	3,041	207	1,518	769	139	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	8,531	148	4	1,883		380	40
41	SUBPROVIDER - IRF	3,474	234	3	709	3,606	138	41
42	SUBPROVIDER I							42
43	NURSERY	1,703			291		111	43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	18,278	179,385	228	10,116	401		50
51	RECOVERY ROOM	5,296	572	59	774	462		51
52	DELIVERY ROOM & LABOR ROOM	8,961	3,747	157	1,941	1,202		52
53	ANESTHESIOLOGY		7,445	446	4,150			53
54	RADIOLOGY-DIAGNOSTIC	415	539	61	2,041			54
54.01	RADIO ULTRASOUND	168	305	37	828			54.01
54.02	RADIO ANGIOGRAPHY	1,001	22,146	469	3,797			54.02
54.03	RADIO WEST HARRISON	168	780	31	828			54.03
54.04	RADIO MILE SQUARE		59		38			54.04
55	RADIOLOGY-THERAPEUTIC	607	79	12	1,855	641		55
56	RADIOISOTOPE	112	72	210	554			56
57	CT SCAN	866	874	230	4,273			57
58	MRI	656	360	315	3,247			58
59	CARDIAC CATHETERIZATION	805	6,791	217	920			59
60	LABORATORY	1,012	235	21	18,795			60
60.01	LAB TISSUE TYPING		1		342			60.01
60.02	LAB OUTREACH	2	1		9,493			60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		4		2,230			63
64	INTRAVENOUS THERAPY		703	1	117			64
65	RESPIRATORY THERAPY		2,728	61	2,096			65
66	PHYSICAL THERAPY		124		1,319			66
67	OCCUPATIONAL THERAPY		113		489			67
68	SPEECH PATHOLOGY				108			68
69	ELECTROCARDIOLOGY		31		320			69
70	ELECTROENCEPHALOGRAPHY		46		434			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		266,034		14,670			71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS			148,847	18,869			73
74	RENAL DIALYSIS	3,394	7,376	721	2,346			74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
76.01	GASTROENTROLOGY	2,552	5,012	37	1,627			76.01
76.02	BONE MARROW TRANSPLANT	47	3	10	190	222		76.02
76.03	CARDIAC SERVICES	1,012	7,066	5	1,497			76.03
76.04	TELEMEDICINE PROGRAM			17,608	110			76.04
76.05	SLEEP LAB WEST HARRISON		10		288			76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	16,165	4,885	28,192	6,519	15,465		90
91	EMERGENCY	12,530	2,942	332	5,749	1,258		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI	467	404	4,202	1,245	3,005		93.01
93.02	OCC PSYCH	385	10		318			93.02
93.03	OCC ADOLESCENTS	2,515	611	1,017	966			93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	1,729	2	1	704	2,215		105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	259			128	370		107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	54			128	314		109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	35			5			111
112	OTHER ORGAN ACQUISITION (SPECIFY)	7						112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	224,947	547,196	205,594	149,193	63,877	3,374	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH	429	54	6				191
192	PHYSICIANS' PRIVATE OFFICES	1,997	341	4		7,814		192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	227,373	547,591	205,604	149,193	71,691	3,374	202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
17.01	PALLATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING	25,507						18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		265,095					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			173,273				22
23	PARAMED ED PRGM-(SPECIFY)				8,013			23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	15,330				1,668,522		30
31	INTENSIVE CARE UNIT	1,229				194,426		31
31.01	PEDS ICU	563				100,943		31.01
31.02	NEONATAL ICU	2,581				301,444		31.02
32	CORONARY CARE UNIT	1,051				196,350		32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	2,870				273,144		40
41	SUBPROVIDER - IRF	1,047				108,825		41
42	SUBPROVIDER I							42
43	NURSERY	836				38,855		43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM					3,251,756		50
51	RECOVERY ROOM					41,131		51
52	DELIVERY ROOM & LABOR ROOM					504,352		52
53	ANESTHESIOLOGY					455,347		53
54	RADIOLOGY-DIAGNOSTIC					425,881		54
54.01	RADIO ULTRASOUND					143,692		54.01
54.02	RADIO ANGIOGRAPHY					485,009		54.02
54.03	RADIO WEST HARRISON					555,894		54.03
54.04	RADIO MILE SQUARE					34,735		54.04
55	RADIOLOGY-THERAPEUTIC					586,471		55
56	RADIOISOTOPE					84,607		56
57	CT SCAN					127,718		57
58	MRI					553,744		58
59	CARDIAC CATHETERIZATION					190,239		59
60	LABORATORY					1,263,932		60
60.01	LAB TISSUE TYPING					81,354		60.01
60.02	LAB OUTREACH					137,299		60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.					64,133		63
64	INTRAVENOUS THERAPY					3,801		64
65	RESPIRATORY THERAPY					189,386		65
66	PHYSICAL THERAPY					194,532		66
67	OCCUPATIONAL THERAPY					75,538		67
68	SPEECH PATHOLOGY					23,739		68
69	ELECTROCARDIOLOGY					19,303		69
70	ELECTROENCEPHALOGRAPHY					105,225		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					557,734		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS					452,059		73
74	RENAL DIALYSIS					232,037		74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76



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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
76.01	GASTROENTROLOGY					386,403		76.01
76.02	BONE MARROW TRANSPLANT					28,014		76.02
76.03	CARDIAC SERVICES					425,001		76.03
76.04	TELEMEDICINE PROGRAM					33,830		76.04
76.05	SLEEP LAB WEST HARRISON					8,194		76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC					1,581,785		90
91	EMERGENCY					271,078		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI					208,275		93.01
93.02	OCC PSYCH					413,895		93.02
93.03	OCC ADOLESCENTS					141,542		93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION					58,580		105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION					10,094		107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION					6,359		109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION					28,698		111
112	OTHER ORGAN ACQUISITION (SPECIFY)					205		112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	25,507				17,325,110		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN					9,039		190
191	RESEARCH					39,013		191
192	PHYSICIANS' PRIVATE OFFICES					58,561		192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS		265,095	173,273	8,013	446,381		200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	25,507	265,095	173,273	8,013	17,878,104		202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	<b>GENERAL SERVICE COST CENTERS</b>						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	PALLIATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS	1,668,522					30
31	INTENSIVE CARE UNIT	194,426					31
31.01	PEDS ICU	100,943					31.01
31.02	NEONATAL ICU	301,444					31.02
32	CORONARY CARE UNIT	196,350					32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	273,144					40
41	SUBPROVIDER - IRF	108,825					41
42	SUBPROVIDER I						42
43	NURSERY	38,855					43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
46	OTHER LONG TERM CARE						46
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM	3,251,756					50
51	RECOVERY ROOM	41,131					51
52	DELIVERY ROOM & LABOR ROOM	504,352					52
53	ANESTHESIOLOGY	455,347					53
54	RADIOLOGY-DIAGNOSTIC	425,881					54
54.01	RADIO ULTRASOUND	143,692					54.01
54.02	RADIO ANGIOGRAPHY	485,009					54.02
54.03	RADIO WEST HARRISON	555,894					54.03
54.04	RADIO MILE SQUARE	34,735					54.04
55	RADIOLOGY-THERAPEUTIC	586,471					55
56	RADIOISOTOPE	84,607					56
57	CT SCAN	127,718					57
58	MRI	553,744					58
59	CARDIAC CATHETERIZATION	190,239					59
60	LABORATORY	1,263,932					60
60.01	LAB TISSUE TYPING	81,354					60.01
60.02	LAB OUTREACH	137,299					60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	64,133					63
64	INTRAVENOUS THERAPY	3,801					64
65	RESPIRATORY THERAPY	189,386					65
66	PHYSICAL THERAPY	194,532					66
67	OCCUPATIONAL THERAPY	75,538					67
68	SPEECH PATHOLOGY	23,739					68
69	ELECTROCARDIOLOGY	19,303					69
70	ELECTROENCEPHALOGRAPHY	105,225					70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	557,734					71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS	452,059					73
74	RENAL DIALYSIS	232,037					74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
PART II

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
76.01	GASTROENTROLOGY	386,403				76.01
76.02	BONE MARROW TRANSPLANT	28,014				76.02
76.03	CARDIAC SERVICES	425,001				76.03
76.04	TELEMEDICINE PROGRAM	33,830				76.04
76.05	SLEEP LAB WEST HARRISON	8,194				76.05
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	RURAL HEALTH CLINIC					88
89	FEDERALLY QUALIFIED HEALTH CENTER					89
90	CLINIC	1,581,785				90
91	EMERGENCY	271,078				91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
93.01	OCC EEI	208,275				93.01
93.02	OCC PSYCH	413,895				93.02
93.03	OCC ADOLESCENTS	141,542				93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>					
94	HOME PROGRAM DIALYSIS					94
95	AMBULANCE SERVICES					95
96	DURABLE MEDICAL EQUIP-RENTED					96
97	DURABLE MEDICAL EQUIP-SOLD					97
99	CMHC					99
100	I&R SERVICES-NOT APPRVD PRGM					100
101	HOME HEALTH AGENCY					101
	<b>SPECIAL PURPOSE COST CENTERS</b>					
105	KIDNEY ACQUISITION	58,580				105
106	HEART ACQUISITION					106
107	LIVER ACQUISITION	10,094				107
108	LUNG ACQUISITION					108
109	PANCREAS ACQUISITION	6,359				109
110	INTESTINAL ACQUISITION					110
111	ISLET ACQUISITION	28,698				111
112	OTHER ORGAN ACQUISITION (SPECIFY)	205				112
115	AMBULATORY SURGICAL CENTER (D.P.)					115
116	HOSPICE					116
118	SUBTOTALS (sum of lines 1-117)	17,325,110				118
	<b>NONREIMBURSABLE COST CENTERS</b>					
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,039				190
191	RESEARCH	39,013				191
192	PHYSICIANS' PRIVATE OFFICES	58,561				192
193	NONPAID WORKERS					193
200	CROSS FOOT ADJUSTMENTS	446,381				200
201	NEGATIVE COST CENTER					201
202	TOTAL (sum of lines 118-201)	17,878,104				202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ALL OTHER ADMIN ACCUM COST	RECON-CILIATION	
		1	2	4	5A.01	5.01		
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT	694,130						1
2	CAP REL COSTS-MVBLE EQUIP		10,125,494					2
4	EMPLOYEE BENEFITS DEPARTMENT	4,603		293,007,195				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	60,748	2,445,231	49,709,226	-123,470,158	618,714,227		5.01
5.02	HOSPITAL ADMIN & GENERAL	8,528	52,800	6,422,112		12,914,119	-15,491,248	5.02
5.03	AMBULATORY ADMIN & GENERAL	3,685	35,873	3,349,322		12,264,281		5.03
6	MAINTENANCE & REPAIRS	12,494	886,672	870,917		21,737,376		6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	9,022	4,768	30,883		6,232,285		9
10	DIETARY	20,469	19,228	2,847,787		7,022,087		10
11	CAFETERIA		2,094			2,599		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	3,319	110,408	4,720,255		9,019,475		13
14	CENTRAL SERVICES & SUPPLY	16,518	250,391	3,193,055		11,402,450		14
15	PHARMACY	9,443	37,528	4,680,365		9,474,026		15
16	MEDICAL RECORDS & LIBRARY	11,031	3,682	2,763,715		5,318,846		16
17	SOCIAL SERVICE	3,178	1,682	3,287,104		5,944,660		17
17.01	PALLIATIVE CARE			313,547		531,786		17.01
18	UTILMGMT / DSCH PLANNING			2,255,715		3,864,985		18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			24,922,827		41,755,106		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,494		4,967,742		25,798,495		22
23	PARAMED ED PRGM-(SPECIFY)			220,000		1,309,360		23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	86,901	13,387	45,708,691		78,277,196		30
31	INTENSIVE CARE UNIT	7,465	16,795	6,353,388		10,867,709		31
31.01	PEDS ICU	4,484	5,639	3,140,620		5,400,071		31.01
31.02	NEONATAL ICU	8,330	60,574	10,186,371		17,390,991		31.02
32	CORONARY CARE UNIT	7,790	28,336	5,231,468		9,040,794		32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	17,081		5,983,400		10,284,322		40
41	SUBPROVIDER - IRF	6,727		2,201,075		3,747,442		41
42	SUBPROVIDER I							42
43	NURSERY	2,475		988,302		1,735,674		43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	29,651	2,086,092	11,609,230		24,742,200		50
51	RECOVERY ROOM		3,020	2,774,723		4,765,689		51
52	DELIVERY ROOM & LABOR ROOM	13,028	244,036	5,309,234		8,526,415		52
53	ANESTHESIOLOGY	4,707	307,159	1,356,299		2,308,694		53
54	RADIOLOGY-DIAGNOSTIC	4,500	278,027	2,766,625		5,129,401		54
54.01	RADIO ULTRASOUND	1,826	91,568	874,488		1,632,096		54.01
54.02	RADIO ANGIOGRAPHY	8,373	281,845	1,969,995		3,713,395		54.02
54.03	RADIO WEST HARRISON	7,969	373,377	542,536		1,674,316		54.03
54.04	RADIO MILE SQUARE	1,457	14,951	96,400		224,951		54.04
55	RADIOLOGY-THERAPEUTIC	14,950	312,585	1,909,966		7,250,343		55
56	RADIOISOTOPE	1,222	49,854	374,512		1,537,362		56
57	CT SCAN	9,423	6,093	1,662,733		3,008,244		57
58	MRI	7,159	368,310	1,509,171		3,168,354		58
59	CARDIAC CATHETERIZATION	4,814	99,412	775,820		1,529,344		59
60	LABORATORY	46,637	476,920	9,784,900		29,362,133		60
60.01	LAB TISSUE TYPING	983	49,875	296,793		1,499,948		60.01
60.02	LAB OUTREACH	6,802		2,931,592		9,575,899		60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	1,553	6,907	458,583		6,209,200		63
64	INTRAVENOUS THERAPY			280,613		469,329		64
65	RESPIRATORY THERAPY	2,000	107,521	2,761,170		4,879,824		65
66	PHYSICAL THERAPY	13,723	13,679	3,391,066		5,989,749		66
67	OCCUPATIONAL THERAPY	5,084	6,628	1,442,316		2,445,505		67
68	SPEECH PATHOLOGY	628	10,594	380,585		655,738		68
69	ELECTROCARDIOLOGY	1,673		185,022		333,098		69
70	ELECTROENCEPHALOGRAPHY	731	75,890	224,184		508,325		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					45,936,867		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS					47,149,515		73
74	RENAL DIALYSIS	12,123	41,723	3,581,531		7,036,200		74
75	ASC (NON-DISTINCT PART)							75



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	RECON- CILIATION	
		1	2	4	5A.01	5.01		
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,111	238,856	1,464,073		3,047,404		76.01
76.02	BONE MARROW TRANSPLANT		15,584	482,695		1,316,803		76.02
76.03	CARDIAC SERVICES	7,828	255,996	1,594,303		2,983,393		76.03
76.04	TELEMEDICINE PROGRAM	1,125				793,283		76.04
76.05	SLEEP LAB WEST HARRISON		173	251,005		1,251,533		76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	89,018	262,103	16,972,671		31,637,688	-37,951,273	90
91	EMERGENCY	14,033	23,095	7,135,330		12,352,878		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI	15,589	2,699	2,213,783		4,234,357	-5,079,361	93.01
93.02	OCC PSYCH	34,837	18,538	2,329,090		4,313,145	-5,173,872	93.02
93.03	OCC ADOLESCENTS	9,574	4,725	2,002,731		3,742,195	-4,488,984	93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	2,172	1,508	1,628,668		4,861,537		105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	290		238,282		1,043,258		107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	59		62,932		868,002		109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	2,433	1,633	103,917		344,460		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	8		10,564		18,613		112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	689,878	10,106,064	290,088,018	-123,470,158	615,406,818	-68,184,738	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	836		122,502		91,989		190
191	RESEARCH	3,176	472	499,418		928,077		191
192	PHYSICIANS' PRIVATE OFFICES	240	18,958	2,297,257		2,287,343		192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	5,309,726	12,568,378	196,552,778		123,470,158		202
203	UNIT COST MULT-WS B PT I	7,649,469	1,241,261	0,670,812		0,199,559		203
204	COST TO BE ALLOC PER B PT II			35,211		3,505,871		204
205	UNIT COST MULT-WS B PT II			0,000,120		0,005,666		205



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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	673,999,647						5.02
5.03	AMBULATORY ADMIN & GENERAL	14,711,729	-15,049,863	55,500,357				5.03
6	MAINTENANCE & REPAIRS	26,075,265	-26,674,579		604,072			6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	7,475,994	-7,647,822		9,022	595,050		9
10	DIETARY	8,423,408	-8,617,012		20,469	20,469	796,454	10
11	CAFETERIA	3,118	-3,190				269,310	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	10,819,392	-11,068,065		3,319	3,319		13
14	CENTRAL SERVICES & SUPPLY	13,677,912	-13,992,285		16,518	16,518		14
15	PHARMACY	11,364,653	-11,625,858		9,443	9,443		15
16	MEDICAL RECORDS & LIBRARY	6,380,270	-6,526,914		11,031	11,031		16
17	SOCIAL SERVICE	7,130,970	-7,294,868		3,178	3,178		17
17.01	PALLATIVE CARE	637,909	-652,571					17.01
18	UTILMGMT / DSCH PLANNING	4,636,278	-4,742,838					18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	50,087,713	-51,238,929					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,946,817	-31,658,099		1,494	1,494		22
23	PARAMED ED PRGM-(SPECIFY)	1,570,655	-1,606,755					23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	93,898,277	-96,056,473		86,901	86,901	374,291	30
31	INTENSIVE CARE UNIT	13,036,458	-13,336,088		7,465	7,465	27,784	31
31.01	PEDS ICU	6,477,704	-6,626,588		4,484	4,484	12,721	31.01
31.02	NEONATAL ICU	20,861,520	-21,341,001		8,330	8,330		31.02
32	CORONARY CARE UNIT	10,844,966	-11,094,227		7,790	7,790	23,768	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	12,336,651	-12,620,197		17,081	17,081	64,626	40
41	SUBPROVIDER - IRF	4,495,278	-4,598,597		6,727	6,727	23,674	41
42	SUBPROVIDER I							42
43	NURSERY	2,082,043	-2,129,897		2,475	2,475		43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	29,679,729	-30,361,888		29,651	29,651		50
51	RECOVERY ROOM	5,716,725	-5,848,118					51
52	DELIVERY ROOM & LABOR ROOM	10,227,938	-10,463,017		13,028	13,028		52
53	ANESTHESIOLOGY	2,769,415	-2,833,067		4,707	4,707		53
54	RADIOLOGY-DIAGNOSTIC	6,153,019	-6,294,440		4,500	4,500		54
54.01	RADIO ULTRASOUND	1,957,795	-2,002,793		1,826	1,826		54.01
54.02	RADIO ANGIOGRAPHY	4,454,436	-4,556,817		8,373	8,373		54.02
54.03	RADIO WEST HARRISON	2,008,441	-2,054,603		7,969	7,969		54.03
54.04	RADIO MILE SQUARE	269,842	-276,044		1,457	1,457		54.04
55	RADIOLOGY-THERAPEUTIC	8,697,214	-8,897,111		14,950	14,950		55
56	RADIOISOTOPE	1,844,156	-1,886,542		1,222	1,222		56
57	CT SCAN	3,608,566	-3,691,505		9,423	9,423		57
58	MRI	3,800,628	-3,887,982		7,159	7,159		58
59	CARDIAC CATHETERIZATION	1,834,538	-1,876,703		4,814	4,814		59
60	LABORATORY	35,221,611	-36,031,145		46,637	46,637		60
60.01	LAB TISSUE TYPING	1,799,276	-1,840,631		983	983		60.01
60.02	LAB OUTREACH	11,486,856	-11,750,870		6,802	6,802		60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,448,302	-7,619,494		1,553	1,553		63
64	INTRAVENOUS THERAPY	562,988	-575,928					64
65	RESPIRATORY THERAPY	5,853,637	-5,988,177		2,000	2,000		65
66	PHYSICAL THERAPY	7,185,057	-7,350,198		13,723	13,723		66
67	OCCUPATIONAL THERAPY	2,933,528	-3,000,952		5,084	5,084		67
68	SPEECH PATHOLOGY	786,596	-804,675		628	628		68
69	ELECTROCARDIOLOGY	399,571	-408,755		1,673	1,673		69
70	ELECTROENCEPHALOGRAPHY	609,766	-623,781		731	731		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,103,982	-56,370,492					71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	56,558,625	-57,858,568					73
74	RENAL DIALYSIS	8,440,337	-8,634,330		12,123	12,123		74
75	ASC (NON-DISTINCT PART)							75



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	3,655,541	-3,739,560		6,111	6,111		76.01
76.02	BONE MARROW TRANSPLANT	1,579,583	-1,615,888					76.02
76.03	CARDIAC SERVICES	3,578,756	-3,661,010		7,828	7,828		76.03
76.04	TELEMEDICINE PROGRAM	951,590	-973,461		1,125	1,125		76.04
76.05	SLEEP LAB WEST HARRISON	1,501,288	-1,535,794					76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC			37,951,273	89,018	89,018		90
91	EMERGENCY	14,818,006	-15,158,583		14,033	14,033		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI			5,079,361	15,589	15,589		93.01
93.02	OCC PSYCH			5,173,872	34,837	34,837		93.02
93.03	OCC ADOLESCENTS			4,488,984	9,574	9,574		93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	5,831,700	-5,965,736		2,172	2,172		105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	1,251,450	-1,280,213		290	290		107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	1,041,220	-1,065,151		59	59		109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	413,200	-422,697		2,433	2,433		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	22,327	-22,840		8	8		112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	670,032,215	-685,432,275	52,693,490	599,820	590,798	796,174	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,346	-112,882		836	836		190
191	RESEARCH	1,113,283	-1,138,871		3,176	3,176	280	191
192	PHYSICIANS' PRIVATE OFFICES	2,743,803		2,806,867	240	240		192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	15,491,248		15,049,863	26,674,579	8,046,215	9,797,661	202
203	UNIT COST MULT-WS B PT I	0.022984		0.271167	44.157946	13.521914	12.301603	203
204	COST TO BE ALLOC PER B PT II	204,716		147,079	1,327,359	132,346	272,665	204
205	UNIT COST MULT-WS B PT II	0.000304		0.002650	2.197352	0.222412	0.342349	205



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
	<b>GENERAL SERVICE COST CENTERS</b>							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA	229,776,948						11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	4,720,255	97,463					13
14	CENTRAL SERVICES & SUPPLY	3,193,055		94,556,808				14
15	PHARMACY	4,680,365		743,955	75,217,161			15
16	MEDICAL RECORDS & LIBRARY	2,763,715				1,949,893,198		16
17	SOCIAL SERVICE	3,287,104		115			37,220	17
17.01	PALLATIVE CARE	313,547						17.01
18	UTILMGMT / DSCH PLANNING	2,255,715		171,998				18
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	24,922,827						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,967,742						22
23	PARAMED ED PRGM-(SPECIFY)	220,000						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	45,708,691	34,798	1,703,600	565,868	163,478,539	15,473	30
31	INTENSIVE CARE UNIT	6,353,388	5,570	490,795	63,568	22,762,616	426	31
31.01	PEDS ICU	3,140,620	2,681	160,761	22,309	9,248,062	832	31.01
31.02	NEONATAL ICU	10,186,371	8,893	575,778	25,992	42,532,780	894	31.02
32	CORONARY CARE UNIT	5,231,468	4,529	525,080	75,787	19,719,411	399	32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	5,983,400	3,657	25,564	1,469	24,456,757		40
41	SUBPROVIDER - IRF	2,201,075	1,489	40,416	1,212	9,203,906	1,872	41
42	SUBPROVIDER I							42
43	NURSERY	988,302	730			3,781,190		43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	11,609,230	7,835	30,976,473	83,456	131,372,637	208	50
51	RECOVERY ROOM	2,774,723	2,270	98,801	21,529	10,048,656	240	51
52	DELIVERY ROOM & LABOR ROOM	5,309,234	3,841	646,985	57,304	25,209,613	624	52
53	ANESTHESIOLOGY	1,356,299		1,285,636	163,225	53,896,003		53
54	RADIOLOGY-DIAGNOSTIC	2,766,625	178	93,135	22,194	26,505,180		54
54.01	RADIO ULTRASOUND	874,488	72	52,721	13,570	10,753,262		54.01
54.02	RADIO ANGIOGRAPHY	1,969,995	429	3,824,192	171,500	49,314,367		54.02
54.03	RADIO WEST HARRISON	542,536	72	134,618	11,487	10,755,124		54.03
54.04	RADIO MILE SQUARE	96,400		10,253		488,615		54.04
55	RADIOLOGY-THERAPEUTIC	1,909,966	260	13,688	4,309	24,085,606	333	55
56	RADIOISOTOPE	374,512	48	12,446	76,864	7,198,511		56
57	CT SCAN	1,662,733	371	151,000	84,282	55,495,062		57
58	MRI	1,509,171	281	62,092	115,123	42,163,796		58
59	CARDIAC CATHETERIZATION	775,820	345	1,172,653	79,486	11,951,607		59
60	LABORATORY	9,784,900	434	40,658	7,833	256,436,418		60
60.01	LAB TISSUE TYPING	296,793		227		4,441,913		60.01
60.02	LAB OUTREACH	2,931,592	1	121		123,287,906		60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	458,583		656		28,967,086		63
64	INTRAVENOUS THERAPY	280,613		121,428	202	1,520,064		64
65	RESPIRATORY THERAPY	2,761,170		471,136	22,164	27,221,506		65
66	PHYSICAL THERAPY	3,391,066		21,375	91	17,126,728		66
67	OCCUPATIONAL THERAPY	1,442,316		19,537		6,344,557		67
68	SPEECH PATHOLOGY	380,585				1,397,218		68
69	ELECTROCARDIOLOGY	185,022		5,302	2	4,152,586		69
70	ELECTROENCEPHALOGRAPHY	224,184		7,985		5,638,059		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			45,936,867		190,516,021		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS				54,450,172	245,058,068		73
74	RENAL DIALYSIS	3,581,531	1,455	1,273,736	263,990	30,461,514		74
75	ASC (NON-DISTINCT PART)							75



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	1,464,073	1,094	865,459	13,372	21,132,218		76.01
76.02	BONE MARROW TRANSPLANT	482,695	20	450	3,701	2,462,971	115	76.02
76.03	CARDIAC SERVICES	1,594,303	434	1,220,116	1,793	19,435,686		76.03
76.04	TELEMEDICINE PROGRAM				6,442,888	1,425,049		76.04
76.05	SLEEP LAB WEST HARRISON	251,005		1,666		3,742,241		76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	16,972,671	6,929	843,551	10,315,376	84,665,559	8,029	90
91	EMERGENCY	7,135,330	5,371	508,036	121,500	74,660,947	653	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI	2,213,783	200	69,819	1,537,665	16,173,677	1,560	93.01
93.02	OCC PSYCH	2,329,090	165	1,809	104	4,124,300		93.02
93.03	OCC ADOLESCENTS	2,002,731	1,078	105,548	372,138	12,543,976		93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION	1,628,668	741	412	209	9,136,504	1,150	105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	238,282	111			1,666,096	192	107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	62,932	23		8	1,666,096	163	109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	103,917	15			66,933		111
112	OTHER ORGAN ACQUISITION (SPECIFY)	10,564	3			1		112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	226,857,771	96,423	94,488,649	75,213,742	1,949,893,198	33,163	118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,502						190
191	RESEARCH	499,418	184	9,241	2,131			191
192	PHYSICIANS' PRIVATE OFFICES	2,297,257	856	58,918	1,288		4,057	192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	3,316,135	11,327,627	14,991,123	12,356,022	7,203,066	7,525,632	202
203	UNIT COST MULT-WS B PT I	0.014432	116.224896	0.158541	0.164271	0.003694	202.193229	203
204	COST TO BE ALLOC PER B PT II	94,813	227,373	547,591	205,604	149,193	71,691	204
205	UNIT COST MULT-WS B PT II	0.000413	2.332916	0.005791	0.002733	0.000077	1.926142	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS
	17.01	18	21	22	23

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	PALLATIVE CARE	117,480					17.01
18	UTILMGMT / DSCH PLANNING		117,480				18
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD			9,933			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				1,940,689,291		22
23	PARAMED ED PRGM-(SPECIFY)					117,480	23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	70,609	70,609	955	163,478,539	70,609	30
31	INTENSIVE CARE UNIT	5,659	5,659	152	22,762,616	5,659	31
31.01	PEDS ICU	2,591	2,591	86	9,248,062	2,591	31.01
31.02	NEONATAL ICU	11,887	11,887	285	42,532,780	11,887	31.02
32	CORONARY CARE UNIT	4,841	4,841	135	19,719,411	4,841	32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	13,220	13,220	131	24,456,757	13,220	40
41	SUBPROVIDER - IRF	4,822	4,822			4,822	41
42	SUBPROVIDER I						42
43	NURSERY	3,851	3,851	22	3,781,190	3,851	43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
46	OTHER LONG TERM CARE						46
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM			1,295	131,372,637		50
51	RECOVERY ROOM				10,048,656		51
52	DELIVERY ROOM & LABOR ROOM			178	25,209,613		52
53	ANESTHESIOLOGY			286	53,896,003		53
54	RADIOLOGY-DIAGNOSTIC				26,505,180		54
54.01	RADIO ULTRASOUND			37	10,753,262		54.01
54.02	RADIO ANGIOGRAPHY			297	49,314,367		54.02
54.03	RADIO WEST HARRISON				10,755,124		54.03
54.04	RADIO MILE SQUARE				488,615		54.04
55	RADIOLOGY-THERAPEUTIC			366	24,085,606		55
56	RADIOISOTOPE			40	7,198,511		56
57	CT SCAN			173	55,495,062		57
58	MRI			169	42,163,796		58
59	CARDIAC CATHETERIZATION			364	11,951,607		59
60	LABORATORY			1,199	256,436,418		60
60.01	LAB TISSUE TYPING				4,441,913		60.01
60.02	LAB OUTREACH				123,287,906		60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.			242	28,967,086		63
64	INTRAVENOUS THERAPY				1,520,064		64
65	RESPIRATORY THERAPY			262	27,221,506		65
66	PHYSICAL THERAPY			55	17,126,728		66
67	OCCUPATIONAL THERAPY			29	6,344,557		67
68	SPEECH PATHOLOGY			28	1,397,218		68
69	ELECTROCARDIOLOGY			82	4,152,586		69
70	ELECTROENCEPHALOGRAPHY				5,638,059		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS			347	190,516,021		71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS			1,585	245,058,068		73



## COMPU-MAX

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## COST ALLOCATION - STATISTICAL BASIS

## WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	22	23		
74	RENAL DIALYSIS			169	30,461,514			74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY				21,132,218			76.01
76.02	BONE MARROW TRANSPLANT				2,462,971			76.02
76.03	CARDIAC SERVICES				19,435,686			76.03
76.04	TELEMEDICINE PROGRAM				1,425,049			76.04
76.05	SLEEP LAB WEST HARRISON				3,742,241			76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC			279	84,665,559			90
91	EMERGENCY			291	74,660,947			91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI			58	16,173,677			93.01
93.02	OCC PSYCH			75	4,124,300			93.02
93.03	OCC ADOLESCENTS			103	12,543,976			93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101
	<b>SPECIAL PURPOSE COST CENTERS</b>							
105	KIDNEY ACQUISITION			48	9,136,504			105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION			44	1,666,096			107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION				1,666,096			109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION				66,933			111
112	OTHER ORGAN ACQUISITION (SPECIFY)			10				112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
118	SUBTOTALS (sum of lines 1-117)	117,480	117,480	9,877	1,940,689,291	117,480		118
	<b>NONREIMBURSABLE COST CENTERS</b>							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
191	RESEARCH							191
192	PHYSICIANS' PRIVATE OFFICES			56				192
193	NONPAID WORKERS							193
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	657,096	4,802,661	51,598,615	31,815,967	1,609,930		202
203	UNIT COST MULT-WS B PT I	5.593258	40.880669	5,194.665761	0.016394	13.703864		203
204	COST TO BE ALLOC PER B PT II	3,374	25,507	265,095	173,273	8,013		204
205	UNIT COST MULT-WS B PT II	0.028720	0.217118	26.688312	0.000089	0.068207		205



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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
DESCRIPTION		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-277,055	5



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST	THERAPY	COSTS			
		(from Wkst. B, Part I, col. 26)	LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW-ANCE	TOTAL COSTS	
		1	2	3	4	5	
<b>INPATIENT ROUTINE SERV COST CENTERS</b>							
30	ADULTS & PEDIATRICS	118,721,914		118,721,914		118,721,914	30
31	INTENSIVE CARE UNIT	15,446,539		15,446,539		15,446,539	31
31.01	PEDS ICU	7,786,097		7,786,097		7,786,097	31.01
31.02	NEONATAL ICU	24,150,838		24,150,838		24,150,838	31.02
32	CORONARY CARE UNIT	12,978,358		12,978,358		12,978,358	32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF	15,802,003		15,802,003		15,802,003	40
41	SUBPROVIDER - IRF	6,191,953		6,191,953		6,191,953	41
42	SUBPROVIDER I						42
43	NURSERY	2,617,475		2,617,475		2,617,475	43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
46	OTHER LONG TERM CARE						46
<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM	38,602,416		38,602,416		38,602,416	50
51	RECOVERY ROOM	6,256,841		6,256,841		6,256,841	51
52	DELIVERY ROOM & LABOR ROOM	12,068,793		12,068,793		12,068,793	52
53	ANESTHESIOLOGY	3,553,871		3,553,871		3,553,871	53
54	RADIOLOGY-DIAGNOSTIC	6,730,938		6,730,938		6,730,938	54
54.01	RADIO ULTRASOUND	2,179,415		2,179,415		2,179,415	54.01
54.02	RADIO ANGIOGRAPHY	5,934,691		5,934,691		5,934,691	54.02
54.03	RADIO WEST HARRISON	2,593,410		2,593,410		2,593,410	54.03
54.04	RADIO MILE SQUARE	364,905		364,905		364,905	54.04
55	RADIOLOGY-THERAPEUTIC	9,976,388		9,976,388		9,976,388	55
56	RADIOISOTOPE	2,009,202		2,009,202		2,009,202	56
57	CT SCAN	4,544,922		4,544,922		4,544,922	57
58	MRI	4,539,859		4,539,859		4,539,859	58
59	CARDIAC CATHETERIZATION	2,448,788		2,448,788		2,448,788	59
60	LABORATORY	39,867,989		39,867,989		39,867,989	60
60.01	LAB TISSUE TYPING	1,918,057		1,918,057		1,918,057	60.01
60.02	LAB OUTREACH	12,641,078		12,641,078		12,641,078	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	7,822,797		7,822,797		7,822,797	63
64	INTRAVENOUS THERAPY	604,877		604,877		604,877	64
65	RESPIRATORY THERAPY	6,322,277		6,322,277		6,322,277	65
66	PHYSICAL THERAPY	8,257,348		8,257,348		8,257,348	66
67	OCCUPATIONAL THERAPY	3,341,546		3,341,546		3,341,546	67
68	SPEECH PATHOLOGY	851,552		851,552		851,552	68
69	ELECTROCARDIOLOGY	524,104		524,104		524,104	69
70	ELECTROENCEPHALOGRAPHY	691,273		691,273		691,273	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	64,357,129		64,357,129		64,357,129	71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS	67,708,421		67,708,421		67,708,421	73
74	RENAL DIALYSIS	9,635,154		9,635,154		9,635,154	74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	4,457,791		4,457,791		4,457,791	76.01
76.02	BONE MARROW TRANSPLANT	1,658,207		1,658,207		1,658,207	76.02
76.03	CARDIAC SERVICES	4,451,507		4,451,507		4,451,507	76.03
76.04	TELEMEDICINE PROGRAM	2,101,995		2,101,995		2,101,995	76.04
76.05	SLEEP LAB WEST HARRISON	1,553,505		1,553,505		1,553,505	76.05
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC						88
89	FEDERALLY QUALIFIED HEALTH CENTER						89
90	CLINIC	58,191,645		58,191,645		58,191,645	90
91	EMERGENCY	17,203,559		17,203,559		17,203,559	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	7,727,755		7,727,755		7,727,755	92
93.01	OCC EEI	8,049,911		8,049,911		8,049,911	93.01
93.02	OCC PSYCH	8,654,577		8,654,577		8,654,577	93.02
93.03	OCC ADOLESCENTS	6,536,870		6,536,870		6,536,870	93.03
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
96	DURABLE MEDICAL EQUIP-RENTED						96
97	DURABLE MEDICAL EQUIP-SOLD						97
99	CMHC						99
100	I&R SERVICES-NOT APPRVD PRGM						100



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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## COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	COSTS			
				TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
101	HOME HEALTH AGENCY						101
105	KIDNEY ACQUISITION	6,467,016		6,467,016		6,467,016	105
106	HEART ACQUISITION						106
107	LIVER ACQUISITION	1,358,256		1,358,256		1,358,256	107
108	LUNG ACQUISITION						108
109	PANCREAS ACQUISITION	1,111,248		1,111,248		1,111,248	109
110	INTESTINAL ACQUISITION						110
111	ISLET ACQUISITION	566,522		566,522		566,522	111
112	OTHER ORGAN ACQUISITION (SPECIFY)	23,802		23,802		23,802	112
115	AMBULATORY SURGICAL CENTER (D.P.)						115
116	HOSPICE						116
200	SUBTOTAL (SEE INSTRUCTIONS)	660,157,384		660,157,384		660,157,384	200
201	LESS OBSERVATION BEDS	7,727,755		7,727,755		7,727,755	201
202	TOTAL (SEE INSTRUCTIONS)	652,429,629		652,429,629		652,429,629	202



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
<b>INPATIENT ROUTINE SERV COST CENTERS</b>								
30	ADULTS & PEDIATRICS	151,110,248		151,110,248				30
31	INTENSIVE CARE UNIT	22,762,616		22,762,616				31
31.01	PEDS ICU	9,248,062		9,248,062				31.01
31.02	NEONATAL ICU	42,532,780		42,532,780				31.02
32	CORONARY CARE UNIT	19,719,411		19,719,411				32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
40	SUBPROVIDER - IPF	24,456,757		24,456,757				40
41	SUBPROVIDER - IRF	9,203,906		9,203,906				41
42	SUBPROVIDER I							42
43	NURSERY	3,781,190		3,781,190				43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
46	OTHER LONG TERM CARE							46
<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	66,416,359	64,956,278	131,372,637	0.293839	0.293839	0.293839	50
51	RECOVERY ROOM	3,828,508	6,220,148	10,048,656	0.622655	0.622655	0.622655	51
52	DELIVERY ROOM & LABOR ROOM	20,616,734	4,592,879	25,209,613	0.478738	0.478738	0.478738	52
53	ANESTHESIOLOGY	30,561,738	23,334,265	53,896,003	0.065939	0.065939	0.065939	53
54	RADIOLOGY-DIAGNOSTIC	7,259,446	19,245,734	26,505,180	0.253948	0.253948	0.253948	54
54.01	RADIO ULTRASOUND	3,992,214	6,761,048	10,753,262	0.202675	0.202675	0.202675	54.01
54.02	RADIO ANGIOGRAPHY	26,312,498	23,001,869	49,314,367	0.120344	0.120344	0.120344	54.02
54.03	RADIO WEST HARRISON	51,216	10,703,908	10,755,124	0.241133	0.241133	0.241133	54.03
54.04	RADIO MILE SQUARE	302	488,313	488,615	0.746815	0.746815	0.746815	54.04
55	RADIOLOGY-THERAPEUTIC	3,325,387	20,760,219	24,085,606	0.414205	0.414205	0.414205	55
56	RADIOISOTOPE	1,600,850	5,597,661	7,198,511	0.279114	0.279114	0.279114	56
57	CT SCAN	23,879,154	31,615,908	55,495,062	0.081898	0.081898	0.081898	57
58	MRI	14,118,258	28,045,538	42,163,796	0.107672	0.107672	0.107672	58
59	CARDIAC CATHETERIZATION	6,358,383	5,593,224	11,951,607	0.204892	0.204892	0.204892	59
60	LABORATORY	103,573,158	152,863,260	256,436,418	0.155469	0.155469	0.155469	60
60.01	LAB TISSUE TYPING	539,131	3,902,782	4,441,913	0.431809	0.431809	0.431809	60.01
60.02	LAB OUTREACH		123,287,906	123,287,906	0.102533	0.102533	0.102533	60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	21,831,836	7,135,250	28,967,086	0.270058	0.270058	0.270058	63
64	INTRAVENOUS THERAPY	1,491,010	29,054	1,520,064	0.397929	0.397929	0.397929	64
65	RESPIRATORY THERAPY	22,933,823	4,287,683	27,221,506	0.232253	0.232253	0.232253	65
66	PHYSICAL THERAPY	5,435,667	11,691,061	17,126,728	0.482132	0.482132	0.482132	66
67	OCCUPATIONAL THERAPY	4,258,242	2,086,315	6,344,557	0.526679	0.526679	0.526679	67
68	SPEECH PATHOLOGY	938,248	458,970	1,397,218	0.609463	0.609463	0.609463	68
69	ELECTROCARDIOLOGY	2,789,015	1,363,571	4,152,586	0.126211	0.126211	0.126211	69
70	ELECTROENCEPHALOGRAPHY	5,069,300	568,759	5,638,059	0.122608	0.122608	0.122608	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	124,451,284	66,064,737	190,516,021	0.337804	0.337804	0.337804	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	148,568,334	96,489,734	245,058,068	0.276295	0.276295	0.276295	73
74	RENAL DIALYSIS	5,168,769	25,292,745	30,461,514	0.316306	0.316306	0.316306	74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	4,865,877	16,266,341	21,132,218	0.210948	0.210948	0.210948	76.01
76.02	BONE MARROW TRANSPLANT	2,198,667	264,304	2,462,971	0.673255	0.673255	0.673255	76.02
76.03	CARDIAC SERVICES	11,344,122	8,091,564	19,435,686	0.229038	0.229038	0.229038	76.03
76.04	TELEMEDICINE PROGRAM		1,425,049	1,425,049	1.475033	1.475033	1.475033	76.04
76.05	SLEEP LAB WEST HARRISON	7,010	3,735,231	3,742,241	0.415127	0.415127	0.415127	76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	780,539	83,885,020	84,665,559	0.687312	0.687312	0.687312	90
91	EMERGENCY	23,930,300	50,730,647	74,660,947	0.230422	0.230422	0.230422	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	305,602	12,062,689	12,368,291	0.624804	0.624804	0.624804	92
93.01	OCC EEI	34,259	16,139,418	16,173,677	0.497717	0.497717	0.497717	93.01
93.02	OCC PSYCH	2,448	4,121,852	4,124,300	2.098435	2.098435	2.098435	93.02
93.03	OCC ADOLESCENTS	35,220	12,508,756	12,543,976	0.521116	0.521116	0.521116	93.03
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
99	CMHC							99
100	I&R SERVICES-NOT APPRVD PRGM							100
101	HOME HEALTH AGENCY							101



COMPU-MAX

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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	
105	KIDNEY ACQUISITION	9,061,555	74,949	9,136,504				105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION	1,666,096		1,666,096				107
108	LUNG ACQUISITION							108
109	PANCREAS ACQUISITION	1,666,096		1,666,096				109
110	INTESTINAL ACQUISITION							110
111	ISLET ACQUISITION	66,933		66,933				111
112	OTHER ORGAN ACQUISITION (SPECIFY)		1	1				112
115	AMBULATORY SURGICAL CENTER (D.P.)							115
116	HOSPICE							116
200	SUBTOTAL (SEE INSTRUCTIONS)	994,148,558	955,744,640	1,949,893,198				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	994,148,558	955,744,640	1,949,893,198				202



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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)	1,668,522		1,668,522	75,525	22.09	19,638	433,803	30
31	INTENSIVE CARE UNIT	194,426		194,426	5,659	34.36	1,590	54,632	31
31.01	PEDS ICU	100,943		100,943	2,591	38.96	32	1,247	31.01
31.02	NEONATAL ICU	301,444		301,444	11,887	25.36			31.02
32	CORONARY CARE UNIT	196,350		196,350	4,841	40.56	1,733	70,290	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	273,144		273,144	13,220	20.66	2,003	41,382	40
41	SUBPROVIDER - IRF	108,825		108,825	4,822	22.57	1,638	36,970	41
42	SUBPROVIDER I								42
43	NURSERY	38,855		38,855	3,851	10.09			43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	2,882,509		2,882,509	122,396		26,634	638,324	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0150

WORKSHEET D  
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	3,251,756	131,372,637	0.024752	13,968,406	345,746	50
51	RECOVERY ROOM	41,131	10,048,656	0.004093	815,030	3,336	51
52	DELIVERY ROOM & LABOR ROOM	504,352	25,209,613	0.020006	89,040	1,781	52
53	ANESTHESIOLOGY	455,347	53,896,003	0.008449	4,710,688	39,801	53
54	RADIOLOGY-DIAGNOSTIC	425,881	26,505,180	0.016068	2,142,321	34,423	54
54.01	RADIO ULTRASOUND	143,692	10,753,262	0.013363	1,065,562	14,239	54.01
54.02	RADIO ANGIOGRAPHY	485,009	49,314,367	0.009835	7,402,739	72,806	54.02
54.03	RADIO WEST HARRISON	555,894	10,755,124	0.051686	32,759	1,693	54.03
54.04	RADIO MILE SQUARE	34,735	488,615	0.071089	302	21	54.04
55	RADIOLOGY-THERAPEUTIC	586,471	24,085,606	0.024349	749,071	18,239	55
56	RADIOISOTOPE	84,607	7,198,511	0.011753	565,244	6,643	56
57	CT SCAN	127,718	55,495,062	0.002301	7,393,160	17,012	57
58	MRI	553,744	42,163,796	0.013133	3,283,352	43,120	58
59	CARDIAC CATHETERIZATION	190,239	11,951,607	0.015917	2,433,133	38,728	59
60	LABORATORY	1,263,932	256,436,418	0.004929	29,742,267	146,600	60
60.01	LAB TISSUE TYPING	81,354	4,441,913	0.018315	334,436	6,125	60.01
60.02	LAB OUTREACH	137,299	123,287,906	0.001114			60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	64,133	28,967,086	0.002214	6,254,805	13,848	63
64	INTRAVENOUS THERAPY	3,801	1,520,064	0.002501	469,307	1,174	64
65	RESPIRATORY THERAPY	189,386	27,221,506	0.006957	5,723,583	39,819	65
66	PHYSICAL THERAPY	194,532	17,126,728	0.011358	816,638	9,275	66
67	OCCUPATIONAL THERAPY	75,538	6,344,557	0.011906	186,553	2,221	67
68	SPEECH PATHOLOGY	23,739	1,397,218	0.016990	216,615	3,680	68
69	ELECTROCARDIOLOGY	19,303	4,152,586	0.004648	952,998	4,430	69
70	ELECTROENCEPHALOGRAPHY	105,225	5,638,059	0.018663	1,331,899	24,857	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	557,734	190,516,021	0.002927	35,062,359	102,628	71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS	452,059	245,058,068	0.001845	39,166,986	72,263	73
74	RENAL DIALYSIS	232,037	30,461,514	0.007617	2,513,169	19,143	74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	386,403	21,132,218	0.018285	1,828,818	33,440	76.01
76.02	BONE MARROW TRANSPLANT	28,014	2,462,971	0.011374	815,314	9,273	76.02
76.03	CARDIAC SERVICES	425,001	19,435,686	0.021867	3,638,476	79,563	76.03
76.04	TELEMEDICINE PROGRAM	33,830	1,425,049	0.023740			76.04
76.05	SLEEP LAB WEST HARRISON	8,194	3,742,241	0.002190	5,378	12	76.05
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
88	RURAL HEALTH CLINIC						88
89	FEDERALLY QUALIFIED HEALTH CENTER						89
90	CLINIC	1,581,785	84,665,559	0.018683	316,666	5,916	90
91	EMERGENCY	271,078	74,660,947	0.003631	6,449,258	23,417	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	108,606	12,368,291	0.008781	141,405	1,242	92
93.01	OCC EEI	208,275	16,173,677	0.012877	27,345	352	93.01
93.02	OCC PSYCH	413,895	4,124,300	0.100355	655	66	93.02
93.03	OCC ADOLESCENTS	141,542	12,543,976	0.011284	2,116	24	93.03
	OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
96	DURABLE MEDICAL EQUIP-RENTED						96
97	DURABLE MEDICAL EQUIP-SOLD						97
200	TOTAL (sum of lines 50-199)	14,447,271	1,654,542,598		180,647,853	1,236,956	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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)		967,616			967,616	30
31	INTENSIVE CARE UNIT		77,550			77,550	31
31.01	PEDS ICU		35,507			35,507	31.01
31.02	NEONATAL ICU		162,898			162,898	31.02
32	CORONARY CARE UNIT		66,340			66,340	32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF		181,165			181,165	40
41	SUBPROVIDER - IRF		66,080			66,080	41
42	SUBPROVIDER I						42
43	NURSERY		52,774			52,774	43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		1,609,930			1,609,930	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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)	75,525	12.81	19,638	251,563	30
31	INTENSIVE CARE UNIT	5,659	13.70	1,590	21,783	31
31.01	PEDS ICU	2,591	13.70	32	438	31.01
31.02	NEONATAL ICU	11,887	13.70			31.02
32	CORONARY CARE UNIT	4,841	13.70	1,733	23,742	32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	13,220	13.70	2,003	27,441	40
41	SUBPROVIDER - IRF	4,822	13.70	1,638	22,441	41
42	SUBPROVIDER I					42
43	NURSERY	3,851	13.70			43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	122,396		26,634	347,408	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0150

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] 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
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)			62,981		62,981	62,981	92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)			62,981		62,981	62,981	200

(A) Worksheet A line numbers



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-0150

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/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)	
7		8		9	10	11	12	13	
	<b>ANCILLARY SERVICE COST CENTERS</b>								
50	OPERATING ROOM	131,372,637			13,968,406		13,115,668		50
51	RECOVERY ROOM	10,048,656			815,030		866,494		51
52	DELIVERY ROOM & LABOR ROOM	25,209,613			89,040		47,092		52
53	ANESTHESIOLOGY	53,896,003			4,710,688		4,272,200		53
54	RADIOLOGY-DIAGNOSTIC	26,505,180			2,142,321		2,827,606		54
54.01	RADIO ULTRASOUND	10,753,262			1,065,562		1,342,587		54.01
54.02	RADIO ANGIOGRAPHY	49,314,367			7,402,739		7,960,958		54.02
54.03	RADIO WEST HARRISON	10,755,124			32,759		2,203,164		54.03
54.04	RADIO MILE SQUARE	488,615			302		12,765		54.04
55	RADIOLOGY-THERAPEUTIC	24,085,606			749,071		4,908,521		55
56	RADIOISOTOPE	7,198,511			565,244		1,247,356		56
57	CT SCAN	55,495,062			7,393,160		8,305,487		57
58	MRI	42,163,796			3,283,352		5,656,216		58
59	CARDIAC CATHETERIZATION	11,951,607			2,433,133		2,339,304		59
60	LABORATORY	256,436,418			29,742,267		11,929,218		60
60.01	LAB TISSUE TYPING	4,441,913			334,436				60.01
60.02	LAB OUTREACH	123,287,906							60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS								62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	28,967,086			6,254,805		1,153,497		63
64	INTRAVENOUS THERAPY	1,520,064			469,307		16,289		64
65	RESPIRATORY THERAPY	27,221,506			5,723,583		1,448,292		65
66	PHYSICAL THERAPY	17,126,728			816,638		1,701		66
67	OCCUPATIONAL THERAPY	6,344,557			186,553		667		67
68	SPEECH PATHOLOGY	1,397,218			216,615		149		68
69	ELECTROCARDIOLOGY	4,152,586			952,998		595,434		69
70	ELECTROENCEPHALOGRAPHY	5,638,059			1,331,899		102,279		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	190,516,021			35,062,359		16,132,001		71
72	IMPL. DEV. CHARGED TO PATIENTS								72
73	DRUGS CHARGED TO PATIENTS	245,058,068			39,166,986		31,389,247		73
74	RENAL DIALYSIS	30,461,514			2,513,169		286,326		74
75	ASC (NON-DISTINCT PART)								75
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	21,132,218			1,828,818		4,072,967		76.01
76.02	BONE MARROW TRANSPLANT	2,462,971			815,314		17,204		76.02
76.03	CARDIAC SERVICES	19,435,686			3,638,476		2,438,328		76.03
76.04	TELEMEDICINE PROGRAM	1,425,049							76.04
76.05	SLEEP LAB WEST HARRISON	3,742,241			5,378		701,783		76.05
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>								
88	RURAL HEALTH CLINIC								88
89	FEDERALLY QUALIFIED HEALTH CENTER								89
90	CLINIC	84,665,559			316,666		18,743,989		90
91	EMERGENCY	74,660,947			6,449,258		7,796,023		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	12,368,291	0.005092	0.005092	141,405	720	3,089,718	15,733	92
93.01	OCC EEI	16,173,677			27,345		5,725,668		93.01
93.02	OCC PSYCH	4,124,300			655		374,802		93.02
93.03	OCC ADOLESCENTS	12,543,976			2,116		40,133		93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>								
94	HOME PROGRAM DIALYSIS								94
95	AMBULANCE SERVICES								95
96	DURABLE MEDICAL EQUIP-RENTED								96
97	DURABLE MEDICAL EQUIP-SOLD								97
200	TOTAL (sum of lines 50-199)	1,654,542,598			180,647,853	720	161,161,133	15,733	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0150

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/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	0.293839	13,115,668			3,853,895		50
51	RECOVERY ROOM	0.622655	866,494			539,527		51
52	DELIVERY ROOM & LABOR ROOM	0.478738	47,092			22,545		52
53	ANESTHESIOLOGY	0.065939	4,272,200			281,705		53
54	RADIOLOGY-DIAGNOSTIC	0.253948	2,827,606			718,065		54
54.01	RADIO ULTRASOUND	0.202675	1,342,587			272,109		54.01
54.02	RADIO ANGIOGRAPHY	0.120344	7,960,958			958,054		54.02
54.03	RADIO WEST HARRISON	0.241133	2,203,164			531,256		54.03
54.04	RADIO MILE SQUARE	0.746815	12,765			9,533		54.04
55	RADIOLOGY-THERAPEUTIC	0.414205	4,908,521			2,033,134		55
56	RADIOISOTOPE	0.279114	1,247,356			348,155		56
57	CT SCAN	0.081898	8,305,487			680,203		57
58	MRI	0.107672	5,656,216			609,016		58
59	CARDIAC CATHETERIZATION	0.204892	2,339,304			479,305		59
60	LABORATORY	0.155469	11,929,218			1,854,624		60
60.01	LAB TISSUE TYPING	0.431809						60.01
60.02	LAB OUTREACH	0.102533						60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.270058	1,153,497			311,511		63
64	INTRAVENOUS THERAPY	0.397929	16,289			6,482		64
65	RESPIRATORY THERAPY	0.232253	1,448,292			336,370		65
66	PHYSICAL THERAPY	0.482132	1,701			820		66
67	OCCUPATIONAL THERAPY	0.526679	667			351		67
68	SPEECH PATHOLOGY	0.609463	149			91		68
69	ELECTROCARDIOLOGY	0.126211	595,434			75,150		69
70	ELECTROENCEPHALOGRAPHY	0.122608	102,279			12,540		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337804	16,132,001			5,449,454		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	0.276295	31,389,247			8,672,692		73
74	RENAL DIALYSIS	0.316306	286,326			90,567		74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	0.210948	4,072,967			859,184		76.01
76.02	BONE MARROW TRANSPLANT	0.673255	17,204			11,583		76.02
76.03	CARDIAC SERVICES	0.229038	2,438,328			558,470		76.03
76.04	TELEMEDICINE PROGRAM	1.475033						76.04
76.05	SLEEP LAB WEST HARRISON	0.415127	701,783			291,329		76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	0.687312	18,743,989			12,882,969		90
91	EMERGENCY	0.230422	7,796,023			1,796,375		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.624804	3,089,718			1,930,468		92
93.01	OCC EEI	0.497717	5,725,668			2,849,762		93.01
93.02	OCC PSYCH	2.098435	374,802			786,498		93.02
93.03	OCC ADOLESCENTS	0.521116	40,133			20,914		93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	SUBTOTAL (see instructions)		161,161,133			50,134,706		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		161,161,133			50,134,706		202



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S150

WORKSHEET D  
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	3,251,756	131,372,637	0.024752	547	14	50
51	RECOVERY ROOM	41,131	10,048,656	0.004093	16,378	67	51
52	DELIVERY ROOM & LABOR ROOM	504,352	25,209,613	0.020006			52
53	ANESTHESIOLOGY	455,347	53,896,003	0.008449	7,049	60	53
54	RADIOLOGY-DIAGNOSTIC	425,881	26,505,180	0.016068	23,786	382	54
54.01	RADIO ULTRASOUND	143,692	10,753,262	0.013363	7,769	104	54.01
54.02	RADIO ANGIOGRAPHY	485,009	49,314,367	0.009835			54.02
54.03	RADIO WEST HARRISON	555,894	10,755,124	0.051686			54.03
54.04	RADIO MILE SQUARE	34,735	488,615	0.071089			54.04
55	RADIOLOGY-THERAPEUTIC	586,471	24,085,606	0.024349			55
56	RADIOISOTOPE	84,607	7,198,511	0.011753	2,400	28	56
57	CT SCAN	127,718	55,495,062	0.002301	85,726	197	57
58	MRI	553,744	42,163,796	0.013133	107,644	1,414	58
59	CARDIAC CATHETERIZATION	190,239	11,951,607	0.015917			59
60	LABORATORY	1,263,932	256,436,418	0.004929	546,640	2,694	60
60.01	LAB TISSUE TYPING	81,354	4,441,913	0.018315			60.01
60.02	LAB OUTREACH	137,299	123,287,906	0.001114			60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	64,133	28,967,086	0.002214	1,363	3	63
64	INTRAVENOUS THERAPY	3,801	1,520,064	0.002501			64
65	RESPIRATORY THERAPY	189,386	27,221,506	0.006957	7,849	55	65
66	PHYSICAL THERAPY	194,532	17,126,728	0.011358	3,802	43	66
67	OCCUPATIONAL THERAPY	75,538	6,344,557	0.011906	153,717	1,830	67
68	SPEECH PATHOLOGY	23,739	1,397,218	0.016990	1,741	30	68
69	ELECTROCARDIOLOGY	19,303	4,152,586	0.004648	20,804	97	69
70	ELECTROENCEPHALOGRAPHY	105,225	5,638,059	0.018663	31,980	597	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	557,734	190,516,021	0.002927	122,292	358	71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS	452,059	245,058,068	0.001845	546,683	1,009	73
74	RENAL DIALYSIS	232,037	30,461,514	0.007617	5,295	40	74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	386,403	21,132,218	0.018285	3,910	71	76.01
76.02	BONE MARROW TRANSPLANT	28,014	2,462,971	0.011374			76.02
76.03	CARDIAC SERVICES	425,001	19,435,686	0.021867	14,426	315	76.03
76.04	TELEMEDICINE PROGRAM	33,830	1,425,049	0.023740			76.04
76.05	SLEEP LAB WEST HARRISON	8,194	3,742,241	0.002190			76.05
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
88	RURAL HEALTH CLINIC						88
89	FEDERALLY QUALIFIED HEALTH CENTER						89
90	CLINIC	1,581,785	84,665,559	0.018683	322	6	90
91	EMERGENCY	271,078	74,660,947	0.003631	318,363	1,156	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		12,368,291				92
93.01	OCC EEI	208,275	16,173,677	0.012877			93.01
93.02	OCC PSYCH	413,895	4,124,300	0.100355	901	90	93.02
93.03	OCC ADOLESCENTS	141,542	12,543,976	0.011284			93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
96	DURABLE MEDICAL EQUIP-RENTED						96
97	DURABLE MEDICAL EQUIP-SOLD						97
200	TOTAL (sum of lines 50-199)	14,338,665	1,654,542,598		2,031,387	10,660	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S150

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S150

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [XX] 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	131,372,637			547			50
51	RECOVERY ROOM	10,048,656			16,378			51
52	DELIVERY ROOM & LABOR ROOM	25,209,613						52
53	ANESTHESIOLOGY	53,896,003			7,049			53
54	RADIOLOGY-DIAGNOSTIC	26,505,180			23,786		456	54
54.01	RADIO ULTRASOUND	10,753,262			7,769			54.01
54.02	RADIO ANGIOGRAPHY	49,314,367						54.02
54.03	RADIO WEST HARRISON	10,755,124						54.03
54.04	RADIO MILE SQUARE	488,615						54.04
55	RADIOLOGY-THERAPEUTIC	24,085,606						55
56	RADIOISOTOPE	7,198,511			2,400			56
57	CT SCAN	55,495,062			85,726		6,533	57
58	MRI	42,163,796			107,644		4,536	58
59	CARDIAC CATHETERIZATION	11,951,607						59
60	LABORATORY	256,436,418			546,640		1,686	60
60.01	LAB TISSUE TYPING	4,441,913						60.01
60.02	LAB OUTREACH	123,287,906						60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	28,967,086			1,363			63
64	INTRAVENOUS THERAPY	1,520,064						64
65	RESPIRATORY THERAPY	27,221,506			7,849		546	65
66	PHYSICAL THERAPY	17,126,728			3,802			66
67	OCCUPATIONAL THERAPY	6,344,557			153,717			67
68	SPEECH PATHOLOGY	1,397,218			1,741			68
69	ELECTROCARDIOLOGY	4,152,586			20,804		1,368	69
70	ELECTROENCEPHALOGRAPHY	5,638,059			31,980		946	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	190,516,021			122,292		202	71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	245,058,068			546,683		1,821	73
74	RENAL DIALYSIS	30,461,514			5,295			74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	21,132,218			3,910			76.01
76.02	BONE MARROW TRANSPLANT	2,462,971						76.02
76.03	CARDIAC SERVICES	19,435,686			14,426			76.03
76.04	TELEMEDICINE PROGRAM	1,425,049						76.04
76.05	SLEEP LAB WEST HARRISON	3,742,241						76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	84,665,559			322			90
91	EMERGENCY	74,660,947			318,363			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	12,368,291						92
93.01	OCC EEI	16,173,677						93.01
93.02	OCC PSYCH	4,124,300			901			93.02
93.03	OCC ADOLESCENTS	12,543,976						93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)	1,654,542,598			2,031,387		18,094	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S150

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [XX] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/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	0.293839						50
51	RECOVERY ROOM	0.622655						51
52	DELIVERY ROOM & LABOR ROOM	0.478738						52
53	ANESTHESIOLOGY	0.065939						53
54	RADIOLOGY-DIAGNOSTIC	0.253948	456			116		54
54.01	RADIO ULTRASOUND	0.202675						54.01
54.02	RADIO ANGIOGRAPHY	0.120344						54.02
54.03	RADIO WEST HARRISON	0.241133						54.03
54.04	RADIO MILE SQUARE	0.746815						54.04
55	RADIOLOGY-THERAPEUTIC	0.414205						55
56	RADIOISOTOPE	0.279114						56
57	CT SCAN	0.081898	6,533			535		57
58	MRI	0.107672	4,536			488		58
59	CARDIAC CATHETERIZATION	0.204892						59
60	LABORATORY	0.155469	1,686			262		60
60.01	LAB TISSUE TYPING	0.431809						60.01
60.02	LAB OUTREACH	0.102533						60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.270058						63
64	INTRAVENOUS THERAPY	0.397929						64
65	RESPIRATORY THERAPY	0.232253	546			127		65
66	PHYSICAL THERAPY	0.482132						66
67	OCCUPATIONAL THERAPY	0.526679						67
68	SPEECH PATHOLOGY	0.609463						68
69	ELECTROCARDIOLOGY	0.126211	1,368			173		69
70	ELECTROENCEPHALOGRAPHY	0.122608	946			116		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337804	202			68		71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	0.276295	1,821			503		73
74	RENAL DIALYSIS	0.316306						74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	0.210948						76.01
76.02	BONE MARROW TRANSPLANT	0.673255						76.02
76.03	CARDIAC SERVICES	0.229038						76.03
76.04	TELEMEDICINE PROGRAM	1.475033						76.04
76.05	SLEEP LAB WEST HARRISON	0.415127						76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	0.687312						90
91	EMERGENCY	0.230422						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.624804						92
93.01	OCC EEI	0.497717						93.01
93.02	OCC PSYCH	2.098435						93.02
93.03	OCC ADOLESCENTS	0.521116						93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	SUBTOTAL (see instructions)		18,094			2,388		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		18,094			2,388		202



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T150

WORKSHEET D  
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
	ANCILLARY SERVICE COST CENTERS	1	2	3	4	5	
50	OPERATING ROOM	3,251,756	131,372,637	0.024752	17,601	436	50
51	RECOVERY ROOM	41,131	10,048,656	0.004093	1,442	6	51
52	DELIVERY ROOM & LABOR ROOM	504,352	25,209,613	0.020006			52
53	ANESTHESIOLOGY	455,347	53,896,003	0.008449	5,914	50	53
54	RADIOLOGY-DIAGNOSTIC	425,881	26,505,180	0.016068	13,012	209	54
54.01	RADIO ULTRASOUND	143,692	10,753,262	0.013363	4,836	65	54.01
54.02	RADIO ANGIOGRAPHY	485,009	49,314,367	0.009835	2,954	29	54.02
54.03	RADIO WEST HARRISON	555,894	10,755,124	0.051686			54.03
54.04	RADIO MILE SQUARE	34,735	488,615	0.071089			54.04
55	RADIOLOGY-THERAPEUTIC	586,471	24,085,606	0.024349	7,314	178	55
56	RADIOISOTOPE	84,607	7,198,511	0.011753			56
57	CT SCAN	127,718	55,495,062	0.002301	42,583	98	57
58	MRI	553,744	42,163,796	0.013133	10,335	136	58
59	CARDIAC CATHETERIZATION	190,239	11,951,607	0.015917			59
60	LABORATORY	1,263,932	256,436,418	0.004929	248,071	1,223	60
60.01	LAB TISSUE TYPING	81,354	4,441,913	0.018315			60.01
60.02	LAB OUTREACH	137,299	123,287,906	0.001114			60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	64,133	28,967,086	0.002214	22,785	50	63
64	INTRAVENOUS THERAPY	3,801	1,520,064	0.002501	3,949	10	64
65	RESPIRATORY THERAPY	189,386	27,221,506	0.006957	86,858	604	65
66	PHYSICAL THERAPY	194,532	17,126,728	0.011358	776,196	8,816	66
67	OCCUPATIONAL THERAPY	75,538	6,344,557	0.011906	622,942	7,417	67
68	SPEECH PATHOLOGY	23,739	1,397,218	0.016990	75,953	1,290	68
69	ELECTROCARDIOLOGY	19,303	4,152,586	0.004648	4,752	22	69
70	ELECTROENCEPHALOGRAPHY	105,225	5,638,059	0.018663	5,805	108	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	557,734	190,516,021	0.002927	201,361	589	71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS	452,059	245,058,068	0.001845	667,597	1,232	73
74	RENAL DIALYSIS	232,037	30,461,514	0.007617	109,428	834	74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTEROLOGY	386,403	21,132,218	0.018285	17,409	318	76.01
76.02	BONE MARROW TRANSPLANT	28,014	2,462,971	0.011374			76.02
76.03	CARDIAC SERVICES	425,001	19,435,686	0.021867	10,388	227	76.03
76.04	TELEMEDICINE PROGRAM	33,830	1,425,049	0.023740			76.04
76.05	SLEEP LAB WEST HARRISON	8,194	3,742,241	0.002190			76.05
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
88	RURAL HEALTH CLINIC						88
89	FEDERALLY QUALIFIED HEALTH CENTER						89
90	CLINIC	1,581,785	84,665,559	0.018683	1,666	31	90
91	EMERGENCY	271,078	74,660,947	0.003631			91
92	OBSERVATION BEDS (NON-DISTINCT PART)		12,368,291				92
93.01	OCC EEI	208,275	16,173,677	0.012877			93.01
93.02	OCC PSYCH	413,895	4,124,300	0.100355			93.02
93.03	OCC ADOLESCENTS	141,542	12,543,976	0.011284			93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
96	DURABLE MEDICAL EQUIP-RENTED						96
97	DURABLE MEDICAL EQUIP-SOLD						97
200	TOTAL (sum of lines 50-199)	14,338,665	1,654,542,598		2,961,151	23,978	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T150

WORKSHEET D  
PART IV

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

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
	<b>ANCILLARY SERVICE COST CENTERS</b>							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
52	DELIVERY ROOM & LABOR ROOM							52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE							56
57	CT SCAN							57
58	MRI							58
59	CARDIAC CATHETERIZATION							59
60	LABORATORY							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
64	INTRAVENOUS THERAPY							64
65	RESPIRATORY THERAPY							65
66	PHYSICAL THERAPY							66
67	OCCUPATIONAL THERAPY							67
68	SPEECH PATHOLOGY							68
69	ELECTROCARDIOLOGY							69
70	ELECTROENCEPHALOGRAPHY							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS							74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC							90
91	EMERGENCY							91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE  
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-T150

WORKSHEET D  
PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] 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	131,372,637			17,601			50
51	RECOVERY ROOM	10,048,656			1,442			51
52	DELIVERY ROOM & LABOR ROOM	25,209,613						52
53	ANESTHESIOLOGY	53,896,003			5,914			53
54	RADIOLOGY-DIAGNOSTIC	26,505,180			13,012		628	54
54.01	RADIO ULTRASOUND	10,753,262			4,836			54.01
54.02	RADIO ANGIOGRAPHY	49,314,367			2,954			54.02
54.03	RADIO WEST HARRISON	10,755,124						54.03
54.04	RADIO MILE SQUARE	488,615						54.04
55	RADIOLOGY-THERAPEUTIC	24,085,606			7,314			55
56	RADIOISOTOPE	7,198,511						56
57	CT SCAN	55,495,062			42,583			57
58	MRI	42,163,796			10,335			58
59	CARDIAC CATHETERIZATION	11,951,607						59
60	LABORATORY	256,436,418			248,071		575	60
60.01	LAB TISSUE TYPING	4,441,913						60.01
60.02	LAB OUTREACH	123,287,906						60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	28,967,086			22,785			63
64	INTRAVENOUS THERAPY	1,520,064			3,949			64
65	RESPIRATORY THERAPY	27,221,506			86,858		14,264	65
66	PHYSICAL THERAPY	17,126,728			776,196			66
67	OCCUPATIONAL THERAPY	6,344,557			622,942			67
68	SPEECH PATHOLOGY	1,397,218			75,953			68
69	ELECTROCARDIOLOGY	4,152,586			4,752		685	69
70	ELECTROENCEPHALOGRAPHY	5,638,059			5,805			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	190,516,021			201,361			71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	245,058,068			667,597		2,716	73
74	RENAL DIALYSIS	30,461,514			109,428		5,295	74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	21,132,218			17,409			76.01
76.02	BONE MARROW TRANSPLANT	2,462,971						76.02
76.03	CARDIAC SERVICES	19,435,686			10,388		896	76.03
76.04	TELEMEDICINE PROGRAM	1,425,049						76.04
76.05	SLEEP LAB WEST HARRISON	3,742,241						76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	84,665,559			1,666			90
91	EMERGENCY	74,660,947						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	12,368,291						92
93.01	OCC EEI	16,173,677						93.01
93.02	OCC PSYCH	4,124,300						93.02
93.03	OCC ADOLESCENTS	12,543,976						93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	TOTAL (sum of lines 50-199)	1,654,542,598			2,961,151		25,059	200

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T150

WORKSHEET D  
PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF  
 APPLICABLE [XX] TITLE XVIII, PART B [ ] IPF [ ] SNF [ ] SWING BED NF  
 BOXES: [ ] TITLE XIX - O/P [XX] IRF [ ] NF [ ] ICF/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	0.293839						50
51	RECOVERY ROOM	0.622655						51
52	DELIVERY ROOM & LABOR ROOM	0.478738						52
53	ANESTHESIOLOGY	0.065939						53
54	RADIOLOGY-DIAGNOSTIC	0.253948	628			159		54
54.01	RADIO ULTRASOUND	0.202675						54.01
54.02	RADIO ANGIOGRAPHY	0.120344						54.02
54.03	RADIO WEST HARRISON	0.241133						54.03
54.04	RADIO MILE SQUARE	0.746815						54.04
55	RADIOLOGY-THERAPEUTIC	0.414205						55
56	RADIOISOTOPE	0.279114						56
57	CT SCAN	0.081898						57
58	MRI	0.107672						58
59	CARDIAC CATHETERIZATION	0.204892						59
60	LABORATORY	0.155469	575			89		60
60.01	LAB TISSUE TYPING	0.431809						60.01
60.02	LAB OUTREACH	0.102533						60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS							62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.270058						63
64	INTRAVENOUS THERAPY	0.397929						64
65	RESPIRATORY THERAPY	0.232253	14,264			3,313		65
66	PHYSICAL THERAPY	0.482132						66
67	OCCUPATIONAL THERAPY	0.526679						67
68	SPEECH PATHOLOGY	0.609463						68
69	ELECTROCARDIOLOGY	0.126211	685			86		69
70	ELECTROENCEPHALOGRAPHY	0.122608						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337804						71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS	0.276295	2,716			750		73
74	RENAL DIALYSIS	0.316306	5,295			1,675		74
75	ASC (NON-DISTINCT PART)							75
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	0.210948						76.01
76.02	BONE MARROW TRANSPLANT	0.673255						76.02
76.03	CARDIAC SERVICES	0.229038	896			205		76.03
76.04	TELEMEDICINE PROGRAM	1.475033						76.04
76.05	SLEEP LAB WEST HARRISON	0.415127						76.05
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>							
88	RURAL HEALTH CLINIC							88
89	FEDERALLY QUALIFIED HEALTH CENTER							89
90	CLINIC	0.687312						90
91	EMERGENCY	0.230422						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.624804						92
93.01	OCC EEI	0.497717						93.01
93.02	OCC PSYCH	2.098435						93.02
93.03	OCC ADOLESCENTS	0.521116						93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>							
94	HOME PROGRAM DIALYSIS							94
95	AMBULANCE SERVICES							95
96	DURABLE MEDICAL EQUIP-RENTED							96
97	DURABLE MEDICAL EQUIP-SOLD							97
200	SUBTOTAL (see instructions)		25,059			6,277		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		25,059			6,277		202



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1  
PART I

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [ ] ICF/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)	75,525	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	75,525	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	70,609	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)	19,638	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)	118,721,914	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	118,721,914	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)	118,721,914	37



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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [XX] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [ ] IRF [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,571.96	38	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					30,870,150	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)					30,870,150	41	
42	NURSERY (Titles V and XIX only)						42	
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS</b>							
43	INTENSIVE CARE UNIT	15,446,539	5,659	2,729.55	1,590	4,339,985	43	
43.01	PEDS ICU	7,786,097	2,591	3,005.05	32	96,162	43.01	
43.02	NEONATAL ICU	24,150,838	11,887	2,031.70			43.02	
44	CORONARY CARE UNIT	12,978,358	4,841	2,680.93	1,733	4,646,052	44	
45	BURN INTENSIVE CARE UNIT						45	
46	SURGICAL INTENSIVE CARE UNIT						46	
47	OTHER SPECIAL CARE (SPECIFY)						47	

							1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					44,470,184	48	
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					84,422,533	49	

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					857,498	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					1,237,676	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					2,095,174	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					82,327,359	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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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1  
PARTS III & IV

CHECK  TITLE V - I/P  HOSPITAL  SUB (OTHER)  ICF/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)					4,916	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,571.96	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					7,727.755	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	1,668,522	118,721,914	0.014054	7,727,755	108,606	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	967,616	118,721,914	0.008150	7,727,755	62,981	92
93	ALL OTHER MEDICAL EDUCATION						93



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S150

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	13,220	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	13,220	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	13,220	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)	2,003	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)	15,802.003	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	15,802.003	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)	15,802.003	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S150

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [ ] IRF [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,195.31	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,394,206	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	2,394,206	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	488,929	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,883,135	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	68,823	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	10,660	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	79,483	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	2,803,652	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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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

WORKSHEET D-1  
PART I

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

PART I - ALL PROVIDER COMPONENTS

**INPATIENT DAYS**

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	4,822	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	4,822	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)	4,822	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)	1,638	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)	6,191,953	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	6,191,953	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)	6,191,953	37



COMPU-MAX

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

WORKSHEET D-1  
PART II

CHECK [ ] TITLE V - I/P [ ] HOSPITAL [ ] SUB (OTHER) [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] TEFRA  
 BOXES: [ ] TITLE XIX - I/P [XX] IRF [ ] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,284.10	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,103,356	39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (line 14 x line 35)		40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 39 + line 40)	2,103,356	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	1,129,398	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	3,232,754	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	59,411	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	23,978	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	83,389	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	3,149,365	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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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/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		43,939,992		30
31	INTENSIVE CARE UNIT		6,617,055		31
31.01	PEDS ICU		73,633		31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT		6,899,851		32
33	BURN INTENSIVE CARE UNIT				33
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF				41
42	SUBPROVIDER I				42
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	0.293839	13,968,406	4,104,462	50
51	RECOVERY ROOM	0.622655	815,030	507,483	51
52	DELIVERY ROOM & LABOR ROOM	0.478738	89,040	42,627	52
53	ANESTHESIOLOGY	0.065939	4,710,688	310,618	53
54	RADIOLOGY-DIAGNOSTIC	0.253948	2,142,321	544,038	54
54.01	RADIO ULTRASOUND	0.202675	1,065,562	215,963	54.01
54.02	RADIO ANGIOGRAPHY	0.120344	7,402,739	890,875	54.02
54.03	RADIO WEST HARRISON	0.241133	32,759	7,899	54.03
54.04	RADIO MILE SQUARE	0.746815	302	226	54.04
55	RADIOLOGY-THERAPEUTIC	0.414205	749,071	310,269	55
56	RADIOISOTOPE	0.279114	565,244	157,768	56
57	CT SCAN	0.081898	7,393,160	605,485	57
58	MRI	0.107672	3,283,352	353,525	58
59	CARDIAC CATHETERIZATION	0.204892	2,433,133	498,529	59
60	LABORATORY	0.155469	29,742,267	4,624,001	60
60.01	LAB TISSUE TYPING	0.431809	334,436	144,412	60.01
60.02	LAB OUTREACH	0.102533			60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.270058	6,254,805	1,689,160	63
64	INTRAVENOUS THERAPY	0.397929	469,307	186,751	64
65	RESPIRATORY THERAPY	0.232253	5,723,583	1,329,319	65
66	PHYSICAL THERAPY	0.482132	816,638	393,727	66
67	OCCUPATIONAL THERAPY	0.526679	186,553	98,254	67
68	SPEECH PATHOLOGY	0.609463	216,615	132,019	68
69	ELECTROCARDIOLOGY	0.126211	952,998	120,279	69
70	ELECTROENCEPHALOGRAPHY	0.122608	1,331,899	163,301	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337804	35,062,359	11,844,205	71
72	IMPL. DEV. CHARGED TO PATIENTS				72
73	DRUGS CHARGED TO PATIENTS	0.276295	39,166,986	10,821,642	73
74	RENAL DIALYSIS	0.316306	2,513,169	794,930	74
75	ASC (NON-DISTINCT PART)				75
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTEROLOGY	0.210948	1,828,818	385,785	76.01
76.02	BONE MARROW TRANSPLANT	0.673255	815,314	548,914	76.02
76.03	CARDIAC SERVICES	0.229038	3,638,476	833,349	76.03
76.04	TELEMEDICINE PROGRAM	1.475033			76.04
76.05	SLEEP LAB WEST HARRISON	0.415127	5,378	2,233	76.05
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	RURAL HEALTH CLINIC				88
89	FEDERALLY QUALIFIED HEALTH CENTER				89
90	CLINIC	0.687312	316,666	217,648	90
91	EMERGENCY	0.230422	6,449,258	1,486,051	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.624804	141,405	88,350	92
93.01	OCC EEI	0.497717	27,345	13,610	93.01
93.02	OCC PSYCH	2.098435	655	1,374	93.02
93.03	OCC ADOLESCENTS	0.521116	2,116	1,103	93.03
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94	HOME PROGRAM DIALYSIS				94
95	AMBULANCE SERVICES				95
96	DURABLE MEDICAL EQUIP-RENTED				96
97	DURABLE MEDICAL EQUIP-SOLD				97
200	TOTAL (sum of lines 50-94, and 96-98)		180,647,853	44,470,184	200



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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

CHECK             TITLE V                             HOSPITAL     SUB (OTHER)                             SWING BED SNF     PPS  
 APPLICABLE  TITLE XVIII, PART A     IPF                             SNF                             SWING BED NF     TEFRA  
 BOXES:             TITLE XIX                             IRF                             NF                             ICF/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	
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		180,647,853		202

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [XX] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/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				30
31	INTENSIVE CARE UNIT				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
33	BURN INTENSIVE CARE UNIT				33
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF		3,718,832		40
41	SUBPROVIDER - IRF				41
42	SUBPROVIDER I				42
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	0.293839	547	161	50
51	RECOVERY ROOM	0.622655	16,378	10,198	51
52	DELIVERY ROOM & LABOR ROOM	0.478738			52
53	ANESTHESIOLOGY	0.065939	7,049	465	53
54	RADIOLOGY-DIAGNOSTIC	0.253948	23,786	6,040	54
54.01	RADIO ULTRASOUND	0.202675	7,769	1,575	54.01
54.02	RADIO ANGIOGRAPHY	0.120344			54.02
54.03	RADIO WEST HARRISON	0.241133			54.03
54.04	RADIO MILE SQUARE	0.746815			54.04
55	RADIOLOGY-THERAPEUTIC	0.414205			55
56	RADIOISOTOPE	0.279114	2,400	670	56
57	CT SCAN	0.081898	85,726	7,021	57
58	MRI	0.107672	107,644	11,590	58
59	CARDIAC CATHETERIZATION	0.204892			59
60	LABORATORY	0.155469	546,640	84,986	60
60.01	LAB TISSUE TYPING	0.431809			60.01
60.02	LAB OUTREACH	0.102533			60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.270058	1,363	368	63
64	INTRAVENOUS THERAPY	0.397929			64
65	RESPIRATORY THERAPY	0.232253	7,849	1,823	65
66	PHYSICAL THERAPY	0.482132	3,802	1,833	66
67	OCCUPATIONAL THERAPY	0.526679	153,717	80,960	67
68	SPEECH PATHOLOGY	0.609463	1,741	1,061	68
69	ELECTROCARDIOLOGY	0.126211	20,804	2,626	69
70	ELECTROENCEPHALOGRAPHY	0.122608	31,980	3,921	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337804	122,292	41,311	71
72	IMPL. DEV. CHARGED TO PATIENTS				72
73	DRUGS CHARGED TO PATIENTS	0.276295	546,683	151,046	73
74	RENAL DIALYSIS	0.316306	5,295	1,675	74
75	ASC (NON-DISTINCT PART)				75
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.210948	3,910	825	76.01
76.02	BONE MARROW TRANSPLANT	0.673255			76.02
76.03	CARDIAC SERVICES	0.229038	14,426	3,304	76.03
76.04	TELEMEDICINE PROGRAM	1.475033			76.04
76.05	SLEEP LAB WEST HARRISON	0.415127			76.05
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	RURAL HEALTH CLINIC				88
89	FEDERALLY QUALIFIED HEALTH CENTER				89
90	CLINIC	0.687312	322	221	90
91	EMERGENCY	0.230422	318,363	73,358	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.624804			92
93.01	OCC EEI	0.497717			93.01
93.02	OCC PSYCH	2.098435	901	1,891	93.02
93.03	OCC ADOLESCENTS	0.521116			93.03
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94	HOME PROGRAM DIALYSIS				94
95	AMBULANCE SERVICES				95
96	DURABLE MEDICAL EQUIP-RENTED				96
97	DURABLE MEDICAL EQUIP-SOLD				97
200	TOTAL (sum of lines 50-94, and 96-98)		2,031,387	488,929	200



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

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

		RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		2,031,387		202

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T150

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] SWING BED SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII, PART A [ ] IPF [ ] SNF [ ] SWING BED NF [ ] TEFRA  
 BOXES: [ ] TITLE XIX [XX] IRF [ ] NF [ ] ICF/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				30
31	INTENSIVE CARE UNIT				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	CORONARY CARE UNIT				32
33	BURN INTENSIVE CARE UNIT				33
34	SURGICAL INTENSIVE CARE UNIT				34
40	SUBPROVIDER - IPF				40
41	SUBPROVIDER - IRF		3,113,517		41
42	SUBPROVIDER I				42
<b>ANCILLARY SERVICE COST CENTERS</b>					
50	OPERATING ROOM	0.293839	17,601	5,172	50
51	RECOVERY ROOM	0.622655	1,442	898	51
52	DELIVERY ROOM & LABOR ROOM	0.478738			52
53	ANESTHESIOLOGY	0.065939	5,914	390	53
54	RADIOLOGY-DIAGNOSTIC	0.253948	13,012	3,304	54
54.01	RADIO ULTRASOUND	0.202675	4,836	980	54.01
54.02	RADIO ANGIOGRAPHY	0.120344	2,954	355	54.02
54.03	RADIO WEST HARRISON	0.241133			54.03
54.04	RADIO MILE SQUARE	0.746815			54.04
55	RADIOLOGY-THERAPEUTIC	0.414205	7,314	3,029	55
56	RADIOISOTOPE	0.279114			56
57	CT SCAN	0.081898	42,583	3,487	57
58	MRI	0.107672	10,335	1,113	58
59	CARDIAC CATHETERIZATION	0.204892			59
60	LABORATORY	0.155469	248,071	38,567	60
60.01	LAB TISSUE TYPING	0.431809			60.01
60.02	LAB OUTREACH	0.102533			60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS				62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.270058	22,785	6,153	63
64	INTRAVENOUS THERAPY	0.397929	3,949	1,571	64
65	RESPIRATORY THERAPY	0.232253	86,858	20,173	65
66	PHYSICAL THERAPY	0.482132	776,196	374,229	66
67	OCCUPATIONAL THERAPY	0.526679	622,942	328,090	67
68	SPEECH PATHOLOGY	0.609463	75,953	46,291	68
69	ELECTROCARDIOLOGY	0.126211	4,752	600	69
70	ELECTROENCEPHALOGRAPHY	0.122608	5,805	712	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337804	201,361	68,021	71
72	IMPL. DEV. CHARGED TO PATIENTS				72
73	DRUGS CHARGED TO PATIENTS	0.276295	667,597	184,454	73
74	RENAL DIALYSIS	0.316306	109,428	34,613	74
75	ASC (NON-DISTINCT PART)				75
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.210948	17,409	3,672	76.01
76.02	BONE MARROW TRANSPLANT	0.673255			76.02
76.03	CARDIAC SERVICES	0.229038	10,388	2,379	76.03
76.04	TELEMEDICINE PROGRAM	1.475033			76.04
76.05	SLEEP LAB WEST HARRISON	0.415127			76.05
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88	RURAL HEALTH CLINIC				88
89	FEDERALLY QUALIFIED HEALTH CENTER				89
90	CLINIC	0.687312	1,666	1,145	90
91	EMERGENCY	0.230422			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.624804			92
93.01	OCC EEI	0.497717			93.01
93.02	OCC PSYCH	2.098435			93.02
93.03	OCC ADOLESCENTS	0.521116			93.03
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94	HOME PROGRAM DIALYSIS				94
95	AMBULANCE SERVICES				95
96	DURABLE MEDICAL EQUIP-RENTED				96
97	DURABLE MEDICAL EQUIP-SOLD				97
200	TOTAL (sum of lines 50-94, and 96-98)		2,961,151	1,129,398	200



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 Version: 2014.10
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T150

WORKSHEET D-3

CHECK  TITLE V  HOSPITAL  SUB (OTHER)  SWING BED SNF  PPS  
 APPLICABLE  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	
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		2,961,151		202

(A) Worksheet A line numbers



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 [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	2			
1	ADULTS & PEDIATRICS	350,095	38	1,571.96	187	293,957	1
2	INTENSIVE CARE UNIT	7,221	43	2,729.55	3	8,189	2
2.01	PEDS ICU		43.01	3,005.05			2.01
2.02	NEONATAL ICU		43.02	2,031.70			2.02
3	CORONARY CARE UNIT		44	2,680.93			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL (sum of lines 1-6)	357,316			190	302,146	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	0.293839	1,926,319	566,028	8
9	RECOVERY ROOM	51	0.622655	94,841	59,053	9
10	DELIVERY ROOM & LABOR ROOM	52	0.478738			10
11	ANESTHESIOLOGY	53	0.065939	333,424	21,986	11
12	RADIOLOGY-DIAGNOSTIC	54	0.253948	128,308	32,584	12
12.01	RADIO ULTRASOUND	54.01	0.202675	207,895	42,135	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.120344	150,508	18,113	12.02
12.03	RADIO WEST HARRISON	54.03	0.241133	6,820	1,645	12.03
12.04	RADIO MILE SQUARE	54.04	0.746815			12.04
13	RADIOLOGY-THERAPEUTIC	55	0.414205			13
14	RADIOISOTOPE	56	0.279114	116,449	32,503	14
15	CT SCAN	57	0.081898	562,863	46,097	15
16	MRI	58	0.107672	32,239	3,471	16
17	CARDIAC CATHETERIZATION	59	0.204892	100,494	20,590	17
18	LABORATORY	60	0.155469	2,851,170	443,269	18
18.01	LAB TISSUE TYPING	60.01	0.431809	1,925,500	831,448	18.01
18.02	LAB OUTREACH	60.02	0.102533			18.02
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.270058	242,104	65,382	21
22	INTRAVENOUS THERAPY	64	0.397929			22
23	RESPIRATORY THERAPY	65	0.232253	29,554	6,864	23
24	PHYSICAL THERAPY	66	0.482132	825	398	24
25	OCCUPATIONAL THERAPY	67	0.526679			25
26	SPEECH PATHOLOGY	68	0.609463			26
27	ELECTROCARDIOLOGY	69	0.126211	42,934	5,419	27
28	ELECTROENCEPHALOGRAPHY	70	0.122608			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.337804	24,916	8,417	29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.276295	332,999	92,006	31
32	RENAL DIALYSIS	74	0.316306	9,676	3,061	32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.210948	142,449	30,049	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.673255			34.02
34.03	CARDIAC SERVICES	76.03	0.229038	235,553	53,951	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.475033			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.415127			34.05
34.97	CARDIAC REHABILITATION	76.97				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	0.687312	783,053	538,202	37
38	EMERGENCY	91	0.230422	21,972	5,063	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.624804			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
40.01	OCC EEI	93.01	0.497717	195	97	40.01
40.02	OCC PSYCH	93.02	2.098435	712	1,494	40.02
40.03	OCC ADOLESCENTS	93.03	0.521116			40.03



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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 BOX:

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

	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	2	3	
41	TOTAL (sum of lines 8-40)			10,303,772	2,929,325	41

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



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 [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		187		42
43	INTENSIVE CARE UNIT	3		3		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	OTHER SPECIAL CARE (SPECIFY)	7				47
48	TOTAL (sum of lines 42-47)			190		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)	
		I	D			
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC	783,053	23			51
52	EMERGENCY	21,972	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
54.01	OCC EEI	195	26.01			54.01
54.02	OCC PSYCH	712	26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	805,932				55

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



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	3,231,471		10,661,088		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	6,467,016		6,467,016		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	9,698,487		17,128,104		61
62	TOTAL USABLE ORGANS (see instructions)		133			62
63	MEDICARE USABLE ORGANS (see instructions)		83			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.624060			64
65	MEDICARE COST/CHARGES (see instructions)	6,052,438		10,688,965		65
66	REVENUE FOR ORGANS SOLD	27,965		99,400		66
67	SUBTOTAL (line 65 minus line 66)	6,024,473		10,589,565		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	6,024,473		10,589,565		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	69	11		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		53		73
74	TOTAL (sum of lines 70 thru 73)	69	64		74
75	ORGANS TRANSPLANTED	69	53	9,339,886	75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		11	99,400	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)	69	64		84

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



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	2			
1	ADULTS & PEDIATRICS	5,267	38	1,571.96	2	3,144	1
2	INTENSIVE CARE UNIT	61,162	43	2,729.55	14	38,214	2
2.01	PEDS ICU		43.01	3,005.05			2.01
2.02	NEONATAL ICU		43.02	2,031.70			2.02
3	CORONARY CARE UNIT	2,483	44	2,680.93	1	2,681	3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL (sum of lines 1-6)		68,912		17	44,039	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	0.293839	132,432	38,914	8
9	RECOVERY ROOM	51	0.622655			9
10	DELIVERY ROOM & LABOR ROOM	52	0.478738			10
11	ANESTHESIOLOGY	53	0.065939	30,515	2,012	11
12	RADIOLOGY-DIAGNOSTIC	54	0.253948	6,746	1,713	12
12.01	RADIO ULTRASOUND	54.01	0.202675	11,599	2,351	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.120344	21,061	2,535	12.02
12.03	RADIO WEST HARRISON	54.03	0.241133	8,746	2,109	12.03
12.04	RADIO MILE SQUARE	54.04	0.746815			12.04
13	RADIOLOGY-THERAPEUTIC	55	0.414205			13
14	RADIOISOTOPE	56	0.279114			14
15	CT SCAN	57	0.081898	46,535	3,811	15
16	MRI	58	0.107672	16,440	1,770	16
17	CARDIAC CATHETERIZATION	59	0.204892	4,170	854	17
18	LABORATORY	60	0.155469	178,563	27,761	18
18.01	LAB TISSUE TYPING	60.01	0.431809	738	319	18.01
18.02	LAB OUTREACH	60.02	0.102533			18.02
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.270058	23,165	6,256	21
22	INTRAVENOUS THERAPY	64	0.397929	16,154	6,428	22
23	RESPIRATORY THERAPY	65	0.232253			23
24	PHYSICAL THERAPY	66	0.482132	333	161	24
25	OCCUPATIONAL THERAPY	67	0.526679			25
26	SPEECH PATHOLOGY	68	0.609463			26
27	ELECTROCARDIOLOGY	69	0.126211	1,183	149	27
28	ELECTROENCEPHALOGRAPHY	70	0.122608			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.337804	5,035	1,701	29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.276295	60,908	16,829	31
32	RENAL DIALYSIS	74	0.316306			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.210948	13,894	2,931	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.673255			34.02
34.03	CARDIAC SERVICES	76.03	0.229038	4,948	1,133	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.475033			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.415127			34.05
34.97	CARDIAC REHABILITATION	76.97				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	0.687312	63,736	43,807	37
38	EMERGENCY	91	0.230422	5,911	1,362	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.624804			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
40.01	OCC EEI	93.01	0.497717	518	258	40.01
40.02	OCC PSYCH	93.02	2.098435			40.02
40.03	OCC ADOLESCENTS	93.03	0.521116			40.03



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 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	2	3	
41	TOTAL (sum of lines 8-40)			653,330	165,164	41

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



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	I			
42	ADULTS & PEDIATRICS	2		2		42
43	INTENSIVE CARE UNIT	3		14		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	CORONARY CARE UNIT	4		1		44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	OTHER SPECIAL CARE (SPECIFY)	7				47
48	TOTAL (sum of lines 42-47)			17		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)	
		I	D			
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC	63,736	23			51
52	EMERGENCY	5,911	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
54.01	OCC EEI	518	26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	70,165				55

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



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	209,203		722,242		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	1,358,256		1,358,256		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	1,567,459		2,080,498		61
62	TOTAL USABLE ORGANS (see instructions)		25			62
63	MEDICARE USABLE ORGANS (see instructions)		10			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.400000			64
65	MEDICARE COST/CHARGES (see instructions)	626,984		832,199		65
66	REVENUE FOR ORGANS SOLD	52,712		152,454		66
67	SUBTOTAL (line 65 minus line 66)	574,272		679,745		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	574,272		679,745		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE		
		1	2	3		
70	ORGANS EXCISED IN PROVIDER (1)		3	9	70	
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71	
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72	
73	ORGANS PURCHASED FROM OPOs			17	73	
74	TOTAL (sum of lines 70 thru 73)		3	26	74	
75	ORGANS TRANSPLANTED		3	17	2,082,620	75
76	ORGANS SOLD TO OTHER HOSPITALS				76	
77	ORGANS SOLD TO OPOs			5	152,454	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			4	83	
84	TOTAL (sum of lines 75 through 83 should equal line 74)		3	26	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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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				
1	ADULTS & PEDIATRICS		38	1,571.96			1
2	INTENSIVE CARE UNIT		373	2,729.55			2
2.01	PEDS ICU		43.01	3,005.05			2.01
2.02	NEONATAL ICU		43.02	2,031.70			2.02
3	CORONARY CARE UNIT		44	2,680.93			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL (sum of lines 1-6)		373				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	0.293839	6,663	1,958	8
9	RECOVERY ROOM	51	0.622655			9
10	DELIVERY ROOM & LABOR ROOM	52	0.478738			10
11	ANESTHESIOLOGY	53	0.065939			11
12	RADIOLOGY-DIAGNOSTIC	54	0.253948	2,470	627	12
12.01	RADIO ULTRASOUND	54.01	0.202675	335	68	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.120344			12.02
12.03	RADIO WEST HARRISON	54.03	0.241133	910	219	12.03
12.04	RADIO MILE SQUARE	54.04	0.746815			12.04
13	RADIOLOGY-THERAPEUTIC	55	0.414205			13
14	RADIOISOTOPE	56	0.279114			14
15	CT SCAN	57	0.081898	1,222	100	15
16	MRI	58	0.107672			16
17	CARDIAC CATHETERIZATION	59	0.204892	4,170	854	17
18	LABORATORY	60	0.155469	23,839	3,706	18
18.01	LAB TISSUE TYPING	60.01	0.431809	4,154	1,794	18.01
18.02	LAB OUTREACH	60.02	0.102533			18.02
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.270058	170	46	21
22	INTRAVENOUS THERAPY	64	0.397929			22
23	RESPIRATORY THERAPY	65	0.232253	805	187	23
24	PHYSICAL THERAPY	66	0.482132			24
25	OCCUPATIONAL THERAPY	67	0.526679			25
26	SPEECH PATHOLOGY	68	0.609463			26
27	ELECTROCARDIOLOGY	69	0.126211	67	8	27
28	ELECTROENCEPHALOGRAPHY	70	0.122608			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.337804	147	50	29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.276295	1,956	540	31
32	RENAL DIALYSIS	74	0.316306			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.210948			34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.673255			34.02
34.03	CARDIAC SERVICES	76.03	0.229038	816	187	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.475033			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.415127			34.05
34.97	CARDIAC REHABILITATION	76.97				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	0.687312	2,065	1,419	37
38	EMERGENCY	91	0.230422			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.624804			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
40.01	OCC EEI	93.01	0.497717			40.01
40.02	OCC PSYCH	93.02	2.098435			40.02
40.03	OCC ADOLESCENTS	93.03	0.521116			40.03



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 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	2	3	
41	TOTAL (sum of lines 8-40)			49,789	11,763	41

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



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	I			
42	ADULTS & PEDIATRICS	2				42
43	INTENSIVE CARE UNIT	3				43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	OTHER SPECIAL CARE (SPECIFY)	7				47
48	TOTAL (sum of lines 42-47)					48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		I	D			
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC	2,065	23			51
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	2,065				55

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



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	11,763		50,162		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	1,111,248		1,111,248		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	1,123,011		1,161,410		61
62	TOTAL USABLE ORGANS (see instructions)		20			62
63	MEDICARE USABLE ORGANS (see instructions)		11			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.550000			64
65	MEDICARE COST/CHARGES (see instructions)	617,656		638,776		65
66	REVENUE FOR ORGANS SOLD	7,627		27,081		66
67	SUBTOTAL (line 65 minus line 66)	610,029		611,695		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	610,029		611,695		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		3		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		17		73
74	TOTAL (sum of lines 70 thru 73)		20		74
75	ORGANS TRANSPLANTED		17	1,770,227	75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		3	27,081	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)		20		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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 [XX] 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	1,571.96			1
2	INTENSIVE CARE UNIT	1,802	43	2,729.55			2
2.01	PEDS ICU		43.01	3,005.05			2.01
2.02	NEONATAL ICU		43.02	2,031.70			2.02
3	CORONARY CARE UNIT		44	2,680.93			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL (sum of lines 1-6)	1,802					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	0.293839	10,391	3,053	8
9	RECOVERY ROOM	51	0.622655			9
10	DELIVERY ROOM & LABOR ROOM	52	0.478738			10
11	ANESTHESIOLOGY	53	0.065939	5,009	330	11
12	RADIOLOGY-DIAGNOSTIC	54	0.253948	250	63	12
12.01	RADIO ULTRASOUND	54.01	0.202675			12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.120344	3,487	420	12.02
12.03	RADIO WEST HARRISON	54.03	0.241133			12.03
12.04	RADIO MILE SQUARE	54.04	0.746815			12.04
13	RADIOLOGY-THERAPEUTIC	55	0.414205			13
14	RADIOISOTOPE	56	0.279114			14
15	CT SCAN	57	0.081898			15
16	MRI	58	0.107672			16
17	CARDIAC CATHETERIZATION	59	0.204892			17
18	LABORATORY	60	0.155469	16,353	2,542	18
18.01	LAB TISSUE TYPING	60.01	0.431809			18.01
18.02	LAB OUTREACH	60.02	0.102533			18.02
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.270058	115	31	21
22	INTRAVENOUS THERAPY	64	0.397929			22
23	RESPIRATORY THERAPY	65	0.232253	2,157	501	23
24	PHYSICAL THERAPY	66	0.482132			24
25	OCCUPATIONAL THERAPY	67	0.526679			25
26	SPEECH PATHOLOGY	68	0.609463			26
27	ELECTROCARDIOLOGY	69	0.126211			27
28	ELECTROENCEPHALOGRAPHY	70	0.122608			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.337804	20	7	29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.276295	4,174	1,153	31
32	RENAL DIALYSIS	74	0.316306			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.210948			34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.673255			34.02
34.03	CARDIAC SERVICES	76.03	0.229038			34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.475033			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.415127			34.05
34.97	CARDIAC REHABILITATION	76.97				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	0.687312			37
38	EMERGENCY	91	0.230422			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.624804			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
40.01	OCC EEI	93.01	0.497717			40.01
40.02	OCC PSYCH	93.02	2.098435			40.02
40.03	OCC ADOLESCENTS	93.03	0.521116			40.03



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 [XX] ISLET  
 APPLICABLE [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)  
 BOX:

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

	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	2	3	
41	TOTAL (sum of lines 8-40)			41,956	8,100	41

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



COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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 [XX] 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				43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	OTHER SPECIAL CARE (SPECIFY)	7				47
48	TOTAL (sum of lines 42-47)					48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		I	D			
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23			51
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)					55

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



## COMPU-MAX

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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                    [XX] 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	8,100		43,758		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	566,522		566,522		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	574,622		610,280		61
62	TOTAL USABLE ORGANS (see instructions)		4			62
63	MEDICARE USABLE ORGANS (see instructions)		4			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		1.000000			64
65	MEDICARE COST/CHARGES (see instructions)	574,622		610,280		65
66	REVENUE FOR ORGANS SOLD	5,085		43,758		66
67	SUBTOTAL (line 65 minus line 66)	569,537		566,522		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	569,537		566,522		69

## PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		2		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		2		73
74	TOTAL (sum of lines 70 thru 73)		4		74
75	ORGANS TRANSPLANTED		2		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		2	43,758	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)		4		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.



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY	4,432,427		200,300				1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	534,839		177,200				2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	236,761		177,200				3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	1,185,033		177,200				4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY	40,231		177,200				5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	593,477		138,700				6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG	377,968		177,200				7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	912,523		208,000				8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	89,544		177,200				9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	177,328		177,200				10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY	69,686		177,200				11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	48,954		177,200				12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	2,479,646		165,600				13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY	8,977		196,400				14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	194,614		177,200				15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	545,451		177,200				16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	391,419		208,000				17
18	5.01	MEDICAL CENTER ALL O OB/GYN	3,338,749		196,400				18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	1,230,702		177,200				19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	61,597		140,600				20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	649,946		208,000				21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	1,926,687		177,200				22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	1,077,608		215,700				23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	177,538		140,600				24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	1,407,822		140,600				25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	1,403,111		154,100				26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,471,836		225,300				27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	149,296		177,200				28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY	10,530		177,200				29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO			208,000				30
31	5.01	MEDICAL CENTER ALL O UROLOGY	750,260		177,200				31
32	5.01	MEDICAL CENTER ALL O ALLERGY	114,769		177,200				32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME	208,677		140,600				33
200		TOTAL	26,298,006						200



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY							1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY							2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY							3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC							4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY							5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE							6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG							7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY							8
9	5.01	MEDICAL CENTER ALL O GERIATRIC							9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO							10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY							11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE							12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI							13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY							14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY							15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY							16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY							17
18	5.01	MEDICAL CENTER ALL O OB/GYN							18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY							19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL							20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS							21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY							22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY							23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI							24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS							25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY							26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY							27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C							28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY							29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO							30
31	5.01	MEDICAL CENTER ALL O UROLOGY							31
32	5.01	MEDICAL CENTER ALL O ALLERGY							32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME							33
200		TOTAL							200



BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form <b>CMS-2552-10</b>	Period : From: 07/01/2013 To: 06/30/2014	Run Date: 11/26/2014 Run Time: 13:48 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)	9,101,814			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	27,601,646			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)	7,509,792			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	1,998,681			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	440.53			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)	353.91			5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)				6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105(f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS				7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2)(iv) 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)	86.06			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)	439.97			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	440.35			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS	27.28			11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	467.25			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	450.75			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	447.70			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	455.23			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	455.23			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	1.033369			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	1.082545			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	1.033369			21
22	IME PAYMENT ADJUSTMENT (see instructions)	17,398,122			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)	0.38			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)	17,398,122			29
	<b>DISPROPORTIONATE SHARE ADJUSTMENT</b>				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.1569			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.4524			31
32	SUM OF LINES 30 AND 31	0.6093			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.3948			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	6,317,678			34
		PRIOR TO OCTOBER 1	ON OR AFTER OCTOBER 1		
	<b>UNCOMPENSATED CARE ADJUSTMENT</b>				
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)		9,046,380,143		35
35.01	FACTOR 3 (see instructions)		0.001277912		35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		11,560,478		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		8,646,602		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	8,646,602			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)	76,575,654			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)	76,575,654			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	4,900,429			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)	6,698,049			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)	7,778,311			55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	297,526			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	720			58
59	TOTAL (sum of amounts on lines 49 through 58)	96,250,689			59
60	PRIMARY PAYER PAYMENTS	46,856			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	96,203,833			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,699,168			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	525,672			63
64	ALLOWABLE BAD DEBTS (see instructions)	877,664			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	570,482			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	851,879			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	93,549,475			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)	93,549,475			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,870,990			71.01
72	INTERIM PAYMENTS	93,189,978			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-1,511,493			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	430,625			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



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0150

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:  HOSPITAL     IPF     IRF     SUB (OTHER)     SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	50,118,973			2
3	PPS PAYMENTS	34,260,258			3
4	OUTLIER PAYMENT (see instructions)	1,119,691			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.823			5
6	LINE 2 TIMES LINE 5	41,247,915			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.8577			7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	15,733			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				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)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				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)	35,395,682			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	7,088,460			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	28,307,222			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	3,417,344			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	31,724,566			30
31	PRIMARY PAYER PAYMENTS	6,187			31
32	SUBTOTAL (line 30 minus line 31)	31,718,379			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)	2,939,049			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,910,382			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	2,604,767			36
37	SUBTOTAL (see instructions)	33,628,761			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	33,628,761			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	672,575			40.01
41	INTERIM PAYMENTS	33,137,862			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-181,676			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

WORKSHEET E  
PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [XX] IPF [ ] IRF [ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	2,388			2
3	PPS PAYMENTS	1,799			3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.937			5
6	LINE 2 TIMES LINE 5	2,238			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.8038			7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				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)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				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)	1,799			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	554			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	1,245			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	1,245			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	1,245			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)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	1,245			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	1,245			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	25			40.01
41	INTERIM PAYMENTS	1,221			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-1			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E  
PART B

CHECK APPLICABLE BOX: [ ] HOSPITAL [ ] IPF [XX] IRF [ ] SUB (OTHER) [ ] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	6,277			2
3	PPS PAYMENTS	2,022			3
4	OUTLIER PAYMENT (see instructions)				4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.823			5
6	LINE 2 TIMES LINE 5	5,166			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	0.3914			7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				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)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				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)	2,022			24
	<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	446			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	1,576			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)				28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	1,576			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	1,576			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)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	1,576			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	1,576			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	32			40.01
41	INTERIM PAYMENTS	1,545			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-1			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



COMPU-MAX

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0150

WORKSHEET E-1  
PART I

CHECK  HOSPITAL  SUB (OTHER)  
 APPLICABLE  IPF  SNF  
 BOXES:  IRF  SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B			
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4		
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		95,280,378		32,834,815	1	
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2	
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT						
		.01	04/09/2014	814,487	02/28/2014	168,611	3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.02			06/25/2014	134,436	3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM					3.03
	TO	TO					3.04
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROVIDER					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50	02/28/2014	544,871			3.50
		.51	06/25/2014	2,360,016			3.51
		PROVIDER					3.52
		TO					3.53
		PROGRAM					3.54
		.55					3.55
		.56					3.56
		.57					3.57
		.58					3.58
		.59					3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		-2,090,400		303,047	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)			93,189,978		33,137,862	4
<b>TO BE COMPLETED BY CONTRACTOR</b>							
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT	.01					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.	.02					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM					5.03
		TO					5.04
		PROVIDER					5.05
		.06					5.06
		.07					5.07
		.08					5.08
		.09					5.09
		.10					5.10
		.51					5.51
		PROVIDER					5.52
		TO					5.53
		PROGRAM					5.54
		.55					5.55
		.56					5.56
		.57					5.57
		.58					5.58
		.59					5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99					5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)	.01		359,497		490,899	6.01
	BASED ON THE COST REPORT (1)	.02					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)			93,549,475		33,628,761	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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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T150

WORKSHEET E-1  
PART I

CHECK [ ] HOSPITAL [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOXES: [XX] IRF [ ] SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,747,866		1,545	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT	.01				3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.02				3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM	.03			3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO	.04			3.04
		PROVIDER	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		PROVIDER	.52			3.52
		TO	.53			3.53
		PROGRAM	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,747,866		1,545	4
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT	.01				5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.	.02				5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM	.03			5.03
		TO	.04			5.04
		PROVIDER	.05			5.05
			.06			5.06
			.07			5.07
			.08			5.08
			.09			5.09
			.10			5.10
			.50			5.50
			.51			5.51
		PROVIDER	.52			5.52
		TO	.53			5.53
		PROGRAM	.54			5.54
			.55			5.55
			.56			5.56
			.57			5.57
			.58			5.58
			.59			5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)	.01	187,023		31	6.01
	BASED ON THE COST REPORT (1)	.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)		2,934,889		1,576	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	19,561	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	22,993	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,409	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	95,587	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,949,893.198	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	61,347,909	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)	1,123,411	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	22,468	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,100,943	10

## INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,104,209	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-3,266	32



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## CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
 APPLICABLE [XX] SUBPROVIDER IPF  
 BOX:

## PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)	1,820,593	1
2	NET IPF PPS OUTLIER PAYMENT	257,158	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004	10.00	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)	7.53	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)	7.53	8
9	AVERAGE DAILY CENSUS (see instructions)	36,219,178	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$	0.102164	10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)	185,999	11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	2,263,750	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		15
16	SUBTOTAL (see instructions)	2,263,750	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	2,263,750	18
19	DEDUCTIBLES	100,971	19
20	SUBTOTAL (line 18 minus line 19)	2,162,779	20
21	COINSURANCE	46,173	21
22	SUBTOTAL (line 20 minus line 21)	2,116,606	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)		23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)		24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)		25
26	SUBTOTAL (sum of lines 22 and 24)	2,116,606	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IPF only)		27
28	OTHER PASS THROUGH COSTS (see instructions)	27,441	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,144,047	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	42,881	31.01
32	INTERIM PAYMENTS	2,043,998	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	57,168	34
35	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

## TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (see instructions)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)		52
53	TIME VALUE OF MONEY (see instructions)		53



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## CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E-3  
PART III

CHECK [ ] HOSPITAL  
 APPLICABLE [XX] SUBPROVIDER IRF  
 BOX:

## PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	NET FEDERAL PPS PAYMENT (see instructions)	2,357,817		1
2	MEDICARE SSI RATIO (see instructions)	0.118700		2
3	INPATIENT REHABILITATION LIP PAYMENTS (see instructions)	479,344		3
4	OUTLIER PAYMENTS	87,916		4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (see instructions)			5
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)			5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (see instructions)			6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (see instructions)			8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)			9
10	AVERAGE DAILY CENSUS (see instructions)	13.210959		10
11	TEACHING ADJUSTMENT FACTOR (see instructions)			11
12	TEACHING ADJUSTMENT (see instructions)			12
13	TOTAL PPS PAYMENT (see instructions)	2,925,077		13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (see instructions)			14
15	ORGAN ACQUISITION			15
16	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)			16
17	SUBTOTAL (see instructions)	2,925,077		17
18	PRIMARY PAYER PAYMENTS			18
19	SUBTOTAL (line 17 less line 18)	2,925,077		19
20	DEDUCTIBLES	9,879		20
21	SUBTOTAL (line 19 minus line 20)	2,915,198		21
22	COINSURANCE	2,750		22
23	SUBTOTAL (line 21 minus line 22)	2,912,448		23
24	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)			24
25	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			26
27	SUBTOTAL (sum of lines 23 and 25)	2,912,448		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49) (for freestanding IRF only)			28
29	OTHER PASS THROUGH COSTS (see instructions)	22,441		29
30	OUTLIER PAYMENTS RECONCILIATION			30
31	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,934,889		32
32.01	SEQUESTRATION ADJUSTMENT (see instructions)	58,698		32.01
33	INTERIM PAYMENTS	2,747,866		33
34	TENTATIVE SETTLEMENT (for contractor use only)			34
35	BALANCE DUE PROVIDER/PROGRAM (line 32 minus lines 32.01, 33 and 34)	128,325		35
36	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	837		36

## TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (see instructions)			50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)			51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)			52
53	TIME VALUE OF MONEY (see instructions)			53



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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			372.01	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(c)(1) (see instructions)				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)			78.41	4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			450.42	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			473.23	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			450.42	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	168.03	257.94	425.97	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	159.93	245.51	405.44	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		27.07		10
11	TOTAL WEIGHTED FTE COUNT	159.93	272.58		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	166.60	263.91		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	158.31	261.33		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	161.61	265.94		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	161.61	265.94		17
18	PER RESIDENT AMOUNT	99,847.83	94,547.10		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	16,136,408	25,143,856	41,280,264	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)			22.81	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)			41,280,264	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	INPATIENT DAYS	26,634	1,409		26
27	TOTAL INPATIENT DAYS (see instructions)	113,629	113,629		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.234394	0.012400		28
29	PROGRAM DIRECT GME AMOUNT	9,675,846	511,875		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		72,328		30
31	NET PROGRAM DIRECT GME AMOUNT			10,115,393	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)			30,461,514	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)			90,538,422	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			7,778,311	38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			46,856	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			98,269,877	41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			50,143,371	42
43	PRIMARY PAYER PAYMENTS (see instructions)			6,187	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			50,137,184	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			148,407,061	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.662164	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.337836	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (line 31)			10,115,393	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			6,698,049	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			3,417,344	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	161,634,663				1
2	TEMPORARY INVESTMENTS	512,900				2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	115,244,807				4
5	OTHER RECEIVABLES	9,363,605				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE					6
7	INVENTORY	5,799,381				7
8	PREPAID EXPENSES	701,512				8
9	OTHER CURRENT ASSETS	13,747,703				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	307,004,571				11
<b>FIXED ASSETS</b>						
12	LAND	770,917				12
13	LAND IMPROVEMENTS					13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	238,229,147				15
16	ACCUMULATED DEPRECIATION	-96,969,270				16
17	LEASEHOLD IMPROVEMENTS	2,177,211				17
18	ACCUMULATED AMORTIZATION	-2,092,524				18
19	FIXED EQUIPMENT	33,085,187				19
20	ACCUMULATED DEPRECIATION	-25,966,296				20
21	AUTOMOBILES AND TRUCKS					21
22	ACCUMULATED DEPRECIATION					22
23	MAJOR MOVABLE EQUIPMENT	158,827,449				23
24	ACCUMULATED DEPRECIATION	-121,938,376				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)	186,123,445				30
<b>OTHER ASSETS</b>						
31	INVESTMENTS	41,014,693				31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	6,686,539				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	47,701,232				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	540,829,248				36
<b>LIABILITIES AND FUND BALANCES</b>						
	(Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
<b>CURRENT LIABILITIES</b>						
37	ACCOUNTS PAYABLE	30,333,751				37
38	SALARIES, WAGES & FEES PAYABLE	20,229,656				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	6,386,039				40
41	DEFERRED INCOME	28,936,396				41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	2,948,322				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	88,834,164				45
<b>LONG TERM LIABILITIES</b>						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE					47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	149,665,630				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	149,665,630				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	238,499,794				51
<b>CAPITAL ACCOUNTS</b>						
52	GENERAL FUND BALANCE	302,329,454				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)	302,329,454				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	540,829,248				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		287,983,812		1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		14,651,339		2
3	TOTAL (sum of line 1 and line 2)		302,635,151		3
4	ADDITIONS (credit adjustments)				4
5	CHANGE IN ACCOUNTING PRINCIPLE				5
6					6
7					7
8					8
9					9
10	TOTAL ADDITIONS (sum of lines 4-9)				10
11	SUBTOTAL (line 3 plus line 10)		302,635,151		11
12	DEDUCTIONS (debit adjustments)				12
13	PRIOR PERILD ADJUSTMENT	305,697			13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		305,697		18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		302,329,454		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	CHANGE IN ACCOUNTING PRINCIPLE				5
6					6
7					7
8					8
9					9
10	TOTAL ADDITIONS (sum of lines 4-9)				10
11	SUBTOTAL (line 3 plus line 10)				11
12	DEDUCTIONS (debit adjustments)				12
13	PRIOR PERILD ADJUSTMENT				13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)				18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)				19



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## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
PARTS I & II

## PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
1	HOSPITAL	154,891,438		154,891,438	1
2	SUBPROVIDER IPF	24,456,757		24,456,757	2
3	SUBPROVIDER IRF	9,203,906		9,203,906	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)	188,552,101		188,552,101	10
	<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
11	INTENSIVE CARE UNIT	22,762,616		22,762,616	11
11.01	PEDS ICU	9,248,062		9,248,062	11.01
11.02	NEONATAL ICU	42,532,780		42,532,780	11.02
12	CORONARY CARE UNIT	19,719,411		19,719,411	12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	94,262,869		94,262,869	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	282,814,970		282,814,970	17
18	ANCILLARY SERVICES	711,418,225		711,418,225	18
19	OUTPATIENT SERVICES		897,160,724	897,160,724	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)	994,233,195	897,160,724	1,891,393,919	28

## PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		619,575,878	29
30	COM PHYSICIAN SALARIES	11,981,000		30
31	PAYMENTS ON BEHALF - BENEFITS	197,707,845		31
32	UTILITIES	5,482,650		32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)		215,171,495	36
37	DEDUCT (SPECIFY)			37
38				38
39	OTHER			39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		834,747,373	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)	1,891,393,919	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,301,915,754	2
3	NET PATIENT REVENUES (line 1 minus line 2)	589,478,165	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	834,747,373	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-245,269,208	5

## OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	75,774	6
7	INCOME FROM INVESTMENTS		7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	1,498,939	11
12	PARKING LOT RECEIPTS	214,445	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,804,381	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	43,283	18
19	TUITION (fees, sale of textbooks, uniforms, etc.)	83,588	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	313,525	20
21	RENTAL OF VENDING MACHINES	317	21
22	RENTAL OF HOSPITAL SPACE	436,380	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER OPERATING)	8,146,026	24
24.01	OTHER (EHR INCENTIVE PAYMENTS STATE & FED)		24.01
24.02	OTHER (PAYMENT ON BEHALF OF)	17,463,650	24.02
24.03	OTHER (CAPITATION REV)	2,906,984	24.03
24.04	OTHER (BERWYN & OUTREACH)	14,980,215	24.04
24.05	OTHER (NET INCREASE IN FMV OF INVESTMENTS)	2,916,616	24.05
24.06	OTHER (HOSP/MED SRVS INCOME & TELEMEDICINE)	9,212,841	24.06
24.07	OTHER (NON-OPER-ON BEHALF PAYMENTS)	197,707,845	24.07
24.08	OTHER (INVESTMENT INCOME)	1,126,421	24.08
24.09	OTHER (NET OTHER NON OPERATING REVENUE)	989,317	24.09
25	TOTAL OTHER INCOME (sum of lines 6-24)	259,920,547	25
26	TOTAL (line 5 plus line 25)	14,651,339	26
27.01	OTHER EXPENSES (INTEREST ON DEBT)		27.01
27.02	OTHER EXPENSES (NET OTHER NON OPERATING EXPENSE)		27.02
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	14,651,339	29



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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT       HOME PROGRAM DIALYSIS

		TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
		1	2	3	4	
1	REGISTERED NURSES	1,179,799	HOURS OF SERVICE	38,842.00	18.67	1
2	LICENSED PRACTICAL NURSES	62,261	HOURS OF SERVICE	2,456.00	1.18	2
3	NURSES AIDES		HOURS OF SERVICE			3
4	TECHNICIANS	1,288,659	HOURS OF SERVICE	96,603.00	46.44	4
5	SOCIAL WORKERS		HOURS OF SERVICE			5
6	DIETICIANS		HOURS OF SERVICE			6
7	PHYSICIANS		ACCUMULATED COST			7
8	NON-PATIENT CARE SALARY	1,050,812	ACCUMULATED COST			8
9	SUBTOTAL (sum of lines 1-8)	3,581,531				9
10	EMPLOYEE BENEFITS		SALARY			10
11	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12	CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13	MACHINES COSTS & REPAIRS	246,457	PERCENTAGE OF TIME			13
14	SUPPLIES	524,355	REQUISITIONS			14
15	DRUGS	368	REQUISITIONS			15
16	OTHER	136,431	ACCUMULATED COST			16
17	SUBTOTAL (sum of lines 9-16)	4,489,142				17
18	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	92,735	SQUARE FEET			18
19	CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	51,789	PERCENTAGE OF TIME			19
20	EMPLOYEE BENEFITS DEPARTMENT	2,402,534	SALARY			20
21	ADMINISTRATIVE AND GENERAL	1,598,130	ACCUMULATED COST			21
22	MAINT./REPAIRS-OPERATION-HOUSEKEEPING	699,253	SQUARE FEET			22
23	MEDICAL EDUCATION PROGRAM COSTS					23
24	CENTRAL SERVICES & SUPPLIES	201,939	REQUISITIONS			24
25	PHARMACY	-233,689	REQUISITIONS			25
26	OTHER ALLOCATED COSTS	333,321	ACCUMULATED COST			26
27	SUBTOTAL (sum of lines 17-26)	9,635,154				27
28	LABORATORY		CHARGES			28
28.01	LAB TISSUE TYPING		CHARGES			28.01
28.02	LAB OUTREACH		CHARGES			28.02
29	RESPIRATORY THERAPY		CHARGES			29
30	OTHER ANCILLARY SVC		CHARGES			30
30.01	GASTROENTROLOGY		CHARGES			30.01
30.02	BONE MARROW TRANSPLANT		CHARGES			30.02
30.03	CARDIAC SERVICES		CHARGES			30.03
30.04	TELEMEDICINE PROGRAM		CHARGES			30.04
30.05	SLEEP LAB WEST HARRISON		CHARGES			30.05
30.97	CARDIAC REHABILITATION		CHARGES			30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99	LITHOTRIPSY		CHARGES			30.99
31	TOTAL COSTS (sum of lines 27-30)	9,635,154				31



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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	TOTAL RENAL DEPARTMENT COSTS	791,988	298,246	1,179,799	1,350,920	2,402,534	-233,321	1
	MAINTENANCE							
2	HEMODIALYSIS	683,019	257,211	750,519	859,388	1,528,347	-148,362	2
3	INTERMITTENT PERITONEAL							3
	TRAINING							
4	HEMODIALYSIS							4
5	INTERMITTENT PERITONEAL							5
6	CAPD	17,508	6,593	19,257	22,039	39,204	-3,804	6
7	CCPD	980	369	1,063	1,231	2,182		7
	HOME							
8	HEMODIALYSIS			154,271	176,607	314,103	-31,067	8
9	INTERMITTENT PERITONEAL							9
10	CAPD			3,554	4,069	7,249	-634	10
11	CCPD			151,750	173,768	309,036	-29,799	11
	OTHER BILLABLE SERVICES							
12	INPATIENT DIALYSIS	90,481	34,073	99,385	113,818	202,413	-19,655	12
13	METHOD II HOME PATIENT							13
14	EPO (included in renal department)						265,776	14
15	ARANESP (included in renal department)						11,279	15
16	OTHER							16
17	TOTAL (sum of lines 2-16)	791,988	298,246	1,179,799	1,350,920	2,402,534	-233,321	17
18	MEDICAL EDUCATION PROGRAM COSTS							18
19	TOTAL RENAL COSTS (line 17 + line 18)							19



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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	726,294		6,516,460	3,118,694	9,635,154	1
2	HEMODIALYSIS	462,028		4,392,150	2,102,027	6,494,177	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	11,851		112,648	53,912	166,560	6
7	CCPD	659		6,484	3,103	9,587	7
8	HOME HEMODIALYSIS	94,953		708,867	339,255	1,048,122	8
9	INTERMITTENT PERITONEAL						9
10	CAPD	2,191		16,429	7,863	24,292	10
11	CCPD	93,422		698,177	334,138	1,032,315	11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS	61,190		581,705	278,396	860,101	12
13	METHOD II HOME PATIENT						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	OTHER						16
17	TOTAL (sum of lines 2-16)	726,294		6,516,460	3,118,694	9,635,154	17
18	MEDICAL EDUCATION PROGRAM COSTS						18
19	TOTAL RENAL COSTS (line 17 + line 18)					9,635,154	19



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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	791,988	298,246	1,179,799	1,350,920	2,402,534	1
	MAINTENANCE						
2	HEMODIALYSIS	10,455	10,455.00	24,709.00	61,454.00	2,278,353	2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	268	268.00	634.00	1,576.00	58,443	6
7	CCPD	15	15.00	35.00	88.00	3,253	7
	HOME						
8	HEMODIALYSIS			5,079.00	12,629.00	468,243	8
9	INTERMITTENT PERITONEAL						9
10	CAPD			117.00	291.00	10,806	10
11	CCPD			4,996.00	12,426.00	460,690	11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	1,385	1,385.00	3,272.00	8,139.00	301,743	12
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	12,123	12,123.00	38,842.00	96,603.00	3,581,531	17
18	UNIT COST MULTIPLIER (line 1 ÷ line 17)	65.329374	24.601666	30.374311	13.984245	0.670812	18



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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	-233,321	726,294				1
	MAINTENANCE						
2	HEMODIALYSIS	234	333,565				2
3	INTERMITTENT PERITONEAL TRAINING						3
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD	6	8,556				6
7	CCPD HOME		476				7
8	HEMODIALYSIS	49	68,552				8
9	INTERMITTENT PERITONEAL						9
10	CAPD	1	1,582				10
11	CCPD	47	67,447				11
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	31	44,177				12
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	368	524,355			6,516,460	17
18	UNIT COST MULTIPLIER (line 1 ÷ line 17)	-634.024457	1.385119			0.478587	18



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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT       HOME PROGRAM DIALYSIS

		NUMBER OF TOTAL TREATMENTS	TOTAL COST (from Wkst. 1-2, col. 11)	AVERAGE COST OF PROGRAM TREATMENTS (col. 2 ÷ col. 1)	NUMBER OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS	TOTAL PROGRAM EXPENSES (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	MAINTENANCE - HEMODIALYSIS	19,609	6,494,177	331.18		7,790	6,954	4,882,918	1
2	MAINTENANCE - PERITONEAL DIALYSIS								2
3	TRAINING - HEMODIALYSIS								3
4	TRAINING - PERITONEAL DIALYSIS								4
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	503	166,560	331.13					5
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	28	9,587	342.39					6
7	HOME PROGRAM - HEMODIALYSIS	4,030	1,048,122	260.08		1,022	974	519,120	7
8	HOME PROGRAM - PERITONEAL DIALYSIS								8
		PATIENT WEEKS			PATIENT WEEKS	PATIENT WEEKS	PATIENT WEEKS		
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS	279	24,292	87.07					9
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	3,965	1,032,315	260.36		1,745	1,322	798,524	10
11	TOTALS (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6)	24,170	8,775,053			10,557	9,250	6,200,562	11
12	TOTAL TREATMENTS (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	36,902							12



## COMPU-MAX

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## COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

CHECK APPLICABLE BOX:  RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

		TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	TOTAL PROGRAM PAYMENT	AVERAGE PAYMENT RATE (col. 6 ÷ col. 4)	AVERAGE PAYMENT RATE (col. 6.01 ÷ col. 4.01)	AVERAGE PAYMENT RATE (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	MAINTENANCE - HEMODIALYSIS		1,983,250	1,761,665		254.59	253.33	1
2	MAINTENANCE - PERITONEAL DIALYSIS							2
3	TRAINING - HEMODIALYSIS							3
4	TRAINING - PERITONEAL DIALYSIS							4
5	TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS							5
6	TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS							6
7	HOME PROGRAM - HEMODIALYSIS		255,668	233,316		250.16	239.54	7
8	HOME PROGRAM - PERITONEAL DIALYSIS							8
9	HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS							9
10	HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS		207,419	144,582		118.86	109.37	10
11	TOTALS (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6)		2,446,337	2,139,563				11
12	TOTAL TREATMENTS (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))							12



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## CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

## WORKSHEET I-5

DESCRIPTION				
1			1	2
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (see instructions)		6,200,562	1
2	TOTAL PAYMENT DUE (FROM I-4, COL. 6, LINE 11) (see instructions)			2
2.01	TOTAL PAYMENT DUE (FROM I-4, COL. 6.01, LINE 11) (see instructions)	2,446,337	2,390,181	2.01
2.02	TOTAL PAYMENT DUE (FROM I-4, COL. 6.02, LINE 11) (see instructions)	2,139,563	2,074,077	2.02
2.03	TOTAL PAYMENT DUE (see instructions)	4,585,900	4,464,258	2.03
2.04	OUTLIER PAYMENTS	13,605		2.04
3	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	588		3
3.01	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			3.01
3.02	DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			3.02
3.03	TOTAL DEDUCTIBLES BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	588		3.03
4	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	934,302		4
4.01	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			4.01
4.02	COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			4.02
4.03	TOTAL COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)	934,302		4.03
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES			5
5.01	TRANSITION PERIOD 1 (75-25%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2011 BUT BEFORE 1/1/2012			5.01
5.02	TRANSITION PERIOD 2 (50-50%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2012 BUT BEFORE 1/1/2013			5.02
5.03	TRANSITION PERIOD 3 (25-75%) BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2013 BUT BEFORE 1/1/2014			5.03
5.04	100% PPS BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE NET OF BAD DEBT RECOVERIES FOR SERVICES RENDERED ON OR AFTER 1/1/2014			5.04
5.05	TOTAL BAD DEBTS (sum of line 5 through line 5.04)			5.05
6	ALLOWABLE BAD DEBTS (see instructions)			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (Part B) PATIENTS (see instructions)			8
9	PROGRAM PAYMENT (see instructions)		3,571,406	9
10	UNRECOVERED FROM MEDICARE (Part B) PATIENTS (see instructions)			10
11	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) (transfer to Worksheet E, Part B, line 33)			11

**PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE**

12	TOTAL ALLOWABLE EXPENSES (see instructions)	9,052,108	12
13	TOTAL COMPOSITE COSTS (from Worksheet I-4, column 2, line 11)	8,775,053	13
14	FACILITY SPECIFIC COMPOSITE COST PERCENTAGE (line 13 divided by line 12)	0.969393	14



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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0150

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	2,929,533	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	42,384	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)	261.88	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	455.23	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	52.70	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	1,543,864	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.1569	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.4524	8
9	SUM OF LINES 7 AND 8	0.6093	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1313	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	384,648	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	4,900,429	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
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE						17
17.01	PALLATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	<b>INPATIENT ROUTINE SERV COST CENTERS</b>						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
31.01	PEDS ICU						31.01
31.02	NEONATAL ICU						31.02
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
46	OTHER LONG TERM CARE						46
	<b>ANCILLARY SERVICE COST CENTERS</b>						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
52	DELIVERY ROOM & LABOR ROOM						52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.01	RADIO ULTRASOUND						54.01
54.02	RADIO ANGIOGRAPHY						54.02
54.03	RADIO WEST HARRISON						54.03
54.04	RADIO MILE SQUARE						54.04
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION						59
60	LABORATORY						60
60.01	LAB TISSUE TYPING						60.01
60.02	LAB OUTREACH						60.02
62	WHOLE BLOOD & PACKED RED BLOOD CELLS						62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
70	ELECTROENCEPHALOGRAPHY						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENTS						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS						74
75	ASC (NON-DISTINCT PART)						75
76	OTHER ANCILLARY SVC						76



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## ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	2A	24	25	26	
76.01	GASTROENTROLOGY						76.01
76.02	BONE MARROW TRANSPLANT						76.02
76.03	CARDIAC SERVICES						76.03
76.04	TELEMEDICINE PROGRAM						76.04
76.05	SLEEP LAB WEST HARRISON						76.05
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	<b>OUTPATIENT SERVICE COST CENTERS</b>						
88	RURAL HEALTH CLINIC						88
89	FEDERALLY QUALIFIED HEALTH CENTER						89
90	CLINIC						90
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
93.01	OCC EEI						93.01
93.02	OCC PSYCH						93.02
93.03	OCC ADOLESCENTS						93.03
	<b>OTHER REIMBURSABLE COST CENTERS</b>						
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
96	DURABLE MEDICAL EQUIP-RENTED						96
97	DURABLE MEDICAL EQUIP-SOLD						97
99	CMHC						99
100	I&R SERVICES-NOT APPRVD PRGM						100
101	HOME HEALTH AGENCY						101
	<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
110	INTESTINAL ACQUISITION						110
111	ISLET ACQUISITION						111
112	OTHER ORGAN ACQUISITION (SPECIFY)						112
115	AMBULATORY SURGICAL CENTER (D.P.)						115
116	HOSPICE						116
118	SUBTOTALS (sum of lines 1-117)						118
	<b>NONREIMBURSABLE COST CENTERS</b>						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
191	RESEARCH						191
192	PHYSICIANS' PRIVATE OFFICES						192
193	NONPAID WORKERS						193
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)						202