



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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: 10/16/2014	TIME: 15:27
	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 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 SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) ((PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2013 AND ENDING 05/31/2014, 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 V	TITLE XVIII		HIT	TITLE XIX	
		1	PART A 2	PART B 3	4	5	
1	HOSPITAL		-2,568,617	2,826,112	-19,098	52,908,198	1
2	SUBPROVIDER - IPF		306,398	19		2,415,107	2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-2,262,219	2,826,131	-19,098	55,323,305	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



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

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: 3635 VISTA AT GRAND BLVD	P.O. Box:								1	
2	City: ST. LOUIS	State: MO	ZIP Code: 63110	County: SAINT LOUIS						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	SAINT LOUIS UNIVERSITY HOSPITAL	26-0105	41180	1	07/01/1966	O	P	O	3	
4	Subprovider - IPF	SAINT LOUIS UNIVERSITY PSYCHIATRIC	26-S105	41180	4	07/01/1984	N	P	O	4	
5	Subprovider - IRF									5	
6	Subprovider - (OTHER)									6	
7	Swing Beds - SNF									7	
8	Swing Beds - NF									8	
9	Hospital-Based SNF									9	
10	Hospital-Based NF									10	
11	Hospital-Based OLTC									11	
12	Hospital-Based HHA									12	
13	Separately Certified ASC									13	
14	Hospital-Based Hospice									14	
15	Hospital-Based Health Clinic - RHC									15	
16	Hospital-Based Health Clinic - FQHC									16	
17	Hospital-Based (CMHC)									17	
18	Renal Dialysis	SAINT LOUIS UNIV DIALYSIS	26-2310	41180		07/01/1966				18	
19	Other									19	
20	Cost Reporting Period (mm/dd/yyyy)	From: 06 / 01 / 2013	To: 05 / 31 / 2014								20
21	Type of control (see instructions)	4								21	
Inpatient PPS Information								1	2		
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR§412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							Y	N	22	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	Y	22.01	
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							3	N	23	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1	2	3	4	5	6				
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	8,683	2,202	4,227	1,030	1,331			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 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.								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			
								1	2		



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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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**WORKSHEET S-2
PART I**

Prospective Payment System (PPS)-Capital		V	XVIII	XIX	
		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
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	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.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63



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WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			10.98	202.30	0.051482	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	INTERNAL MEDICINE	1400		2.61	56.20	0.044380	65
65.01	GERIATRIC MEDICINE	1408		0.41	1.75	0.189815	65.01
65.02	INTERNAL MEDICINE PEDIATRICS	1450		0.64	5.67	0.101426	65.02
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)			11.91	206.54	0.054520	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	INTERNAL MEDICINE	1400		13.71	54.30	0.201588	67
67.01	GERIATRIC MEDICINE	1408		0.91	1.41	0.392241	67.01
67.02	INTERNAL MEDICINE PEDIATRIC	1450		0.57	4.85	0.105166	67.02
67.03	GERIATRIC PSYCH	2202		0.08	0.65	0.109589	67.03
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			Y			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, 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
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, enter 1, 2, or 3 respectively in column 3. If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86



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WORKSHEET S-2
PART I

Title V and XIX Services		V	XIX		
		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	Y	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	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	N			
Miscellaneous Cost Reporting Information					
115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98'	N		115	
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116	
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117	
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118	
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	168,719	1,746,375		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120	
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121	
Transplant Center Information					
125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y		125	
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07/06/1977		126	
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127	
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03/15/1995		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.	07/01/1999		130	
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131	
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132	
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133	
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134	



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WORKSHEET S-2
PART I

All Providers						
		1	2			
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	HB0557		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: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS		Contractor's Number: 04011		
142	Street: 1445 ROSS AVENUE, STE 1400	P.O. Box:				
143	City: DALLAS	State: TX	ZIP Code: 75202-2703			
144	Are provider based physicians' costs included in Worksheet A?	Y			144	
145	If costs for renal services are claimed on Worksheet A, line 74 are they costs for inpatient services only? Enter 'Y' for yes, or 'N' for no.	Y			145	
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, section 4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146	
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147	
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148	
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)						
		Title XVIII				
		Part A	Part B	Title V	Title XIX	
			1	2	3	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N		N	156
157	Subprovider - IRF	N	N			157
158	Surpvodier - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10
Multicampus						
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.		Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
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	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	Y			3
FINANCIAL DATA AND REPORTS					
		Y/N	TYPE	DATE	
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	Y	A	02/24/2014	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N			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?	Y			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			
		1			
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	08/31/2014	Y	08/31/2014
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEVED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.		22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		27
INTEREST EXPENSE			
28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (debt service reserve fund) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.		29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.		30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.		31
PURCHASED SERVICES			
32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.		32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.		33
PROVIDER-BASED PHYSICIANS			
34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.		34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		35
HOME OFFICE COSTS		Y/N	DATE
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: HANK	LAST NAME: IRICK	TITLE: SR DIRECTOR
42	EMPLOYER: TENET HEALTHCARE		
43	PHONE NUMBER: 469-893-6003	E-MAIL ADDRESS: HANK.IRICK@TENETHEALTH.COM	



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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 AVAILABL E	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
						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	230	83,914		20,121	12,470	60,806	1	
2	HMO AND OTHER (see instructions)					7,565	1,331		2	
3	HMO IPF SUBPROVIDER					518	526		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)		230	83,914		20,121	12,470	60,806	7	
8	INTENSIVE CARE UNIT	31	14	5,110		1,339	829	3,507	8	
8.01	6TH ICU	31.01	11	4,015		769	526	3,340	8.01	
8.02	7TH ICU	31.02	15	5,475		1,411	655	3,404	8.02	
8.03	8TH ICU	31.03	11	4,015		1,272	875	3,598	8.03	
8.04	5TH ICU	31.04	14	5,110		1,350	787	4,116	8.04	
9	CORONARY CARE UNIT	32							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							13	
14	TOTAL (see instructions)		295	107,639		26,262	16,142	78,771	14	
15	CAH VISITS								15	
16	SUBPROVIDER - IPF	40	40	14,600		4,689	3,093	11,173	16	
17	SUBPROVIDER - IRF	41							17	
18	SUBPROVIDER I	42							18	
19	SKILLED NURSING FACILITY	44							19	
20	NURSING FACILITY	45							20	
21	OTHER LONG TERM CARE	46							21	
22	HOME HEALTH AGENCY	101							22	
23	ASC (Distinct Part)	115							23	
24	HOSPICE (Distinct Part)	116							24	
24.10	HOSPICE (non-distinct part)	30							24.10	
25	CMHC	99							25	
26	RHC	88							26	
27	TOTAL (sum of lines 14-26)		335						27	
28	OBSERVATION BED DAYS						927	4,287	28	
29	AMBULANCE TRIPS								29	
30	EMPLOYEE DISCOUNT DAYS (see instructions)								30	
31	EMPLOYEE DISCOUNT DAYS-IRF								31	
32	LABOR & DELIVERY DAYS (see instructions)								32	
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32.01	
33	LTCH NON-COVERED DAYS								33	



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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	EMPLOYEE S 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)					4,625	2,631	14,245	1
2	HMO AND OTHER (see instructions)					1,474			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	6TH ICU								8.01
8.02	7TH ICU								8.02
8.03	8TH ICU								8.03
8.04	5TH ICU								8.04
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)	278.98	1,187.00			4,625	2,631	14,245	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF	5.23	42.00			400	467	1,422	16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	284.21	1,229.00						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

PART II - WAGE DATA

	WKST A LINE NO.	AMOUNT REPORTED	RECLASSIF- ICATION OF SALARIES (from Worksheet A-6)	ADJUSTED SALARIES (column 2 ± column 3)	PAID HOURS RELATED TO SALARIES IN COLUMN 4	AVERAGE HOURLY WAGE (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	TOTAL SALARIES (see instructions)	200	92,739,276		92,739,276	3,018,751.00	30.72	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A - ADMINISTRATIVE							4
4.01	PHYSICIAN-PART A - TEACHING							4.01
5	PHYSICIAN-PART B							5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (in an approved program)	21	70,345		70,345	2,090.00	33.66	7
7.01	CONTRACTED INTERNS & RESIDENTS (in an approved program)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44						9
10	EXCLUDED AREA SALARIES (see instructions)		5,524,575	-199,966	5,324,609	185,202.00	28.75	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (see instructions)		4,231,004		4,231,004	76,608.00	55.23	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		552,837		552,837	5,093.00	108.55	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		10,797,461		10,797,461	246,572.00	43.79	14
15	HOME OFFICE: PHYSICIAN PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS PART A - TEACHING							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (core)(see instructions)		18,515,334		18,515,334			17
18	WAGE-RELATED COSTS (other)(see instructions)							18
19	EXCLUDED AREAS		1,143,265		1,143,265			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE							22
22.01	PHYSICIAN PART A - TEACHING							22.01
23	PHYSICIAN PART B							23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (in an approved program)		15,116		15,116			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS DEPARTMENT		571,411		571,411	19,087.00	29.94	26
27	ADMINISTRATIVE & GENERAL		10,450,776	-697,500	9,753,276	278,528.00	35.02	27
28	ADMINISTRATIVE & GENERAL UNDER CONTRACT (see instructions)							28
29	MAINTENANCE & REPAIRS		372,551		372,551	9,552.00	39.00	29
30	OPERATION OF PLANT		907		907	24.00	37.79	30
31	LAUNDRY & LINEN SERVICE		90,127		90,127	6,245.00	14.43	31
32	HOUSEKEEPING							32
33	HOUSEKEEPING UNDER CONTRACT (see instructions)		2,593,703		2,593,703	216,320.00	11.99	33
34	DIETARY							34
35	DIETARY UNDER CONTRACT (see instructions)		2,018,585		2,018,585	153,504.00	13.15	35
36	CAFETERIA							36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		1,432,600		1,432,600	34,429.00	41.61	38
39	CENTRAL SERVICES AND SUPPLY		584,855		584,855	31,701.00	18.45	39
40	PHARMACY		4,435,101	-130,862	4,304,239	106,942.00	40.25	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,560,668		2,560,668	94,544.00	27.08	41
42	SOCIAL SERVICE		1,826,859		1,826,859	55,843.00	32.71	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (see instructions)		97,281,219		97,281,219	3,386,485.00	28.73	1
2	EXCLUDED AREA SALARIES (see instructions)		5,524,575	-199,966	5,324,609	185,202.00	28.75	2
3	SUBTOTAL SALARIES (line 1 minus line 2)		91,756,644	199,966	91,956,610	3,201,283.00	28.72	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (see instructions)		15,581,302		15,581,302	328,273.00	47.46	4
5	SUBTOTAL WAGE-RELATED COSTS (see instructions)		18,515,334		18,515,334		20.13%	5



COMPU-MAX

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

6	TOTAL (sum of lines 3 through 5)		125,853,280	199,966	126,053,246	3,529,556.00	35.71	6
7	TOTAL OVERHEAD COST (see instructions)		26,938,143	-828,362	26,109,781	1,006,719.00	25.94	7



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART IV - WAGE RELATED COST

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	1,050,342	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		3
4	QUALIFIED DEFINED BENEFIT PLAN COST (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (Purchased or Self Funded)	9,602,179	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		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	1,370,469	15
16	RETIREMENT HEALTH CARE COST (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	6,770,874	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE	195,352	19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	311,075	20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	373,424	23
24	TOTAL WAGE RELATED COST (Sum of lines 1-23)	19,673,715	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE REL	634,325	25



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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 2: DETERMINE THE 3-YEAR AVERAGING PERIOD				
1	WAGE INDEX FISCAL YEAR ENDING DATE			1
2	PROVIDER'S COST REPORTING PERIOD USED FOR WAGE INDEX YEAR ON LINE 1 (FYB in Col. 1, FYE in Col. 2)			2
3	MIDPOINT OF PROVIDER'S COST REPORTING PERIOD SHOWN ON LINE 2, ADJUSTED TO FIRST OF MONTH			3
4	DATE BEGINNING THE 3-YEAR AVERAGING PERIOD (subtract 18 months from midpoint shown on Line 3)			4
5	DATE ENDING THE 3-YEAR AVERAGING PERIOD (add 18 months to midpoint shown on Line 3)			5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)				
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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD				
9	BEGINNING DATE OF AVERAGING PERIOD FROM LINE 4 OR LINE 8, AS APPLICABLE			9
10	ENDING DATE OF AVERAGING PERIOD FROM LINE 5			10
11	ENTER PROVIDER CONTRIBUTIONS MADE DURING AVERAGING PERIOD ON LINES 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S)	11
12	TOTAL CALENDAR MONTHS INCLUDED IN AVERAGING PERIOD (36 unless Step 2 completed)			12
13	TOTAL CONTRIBUTIONS MADE DURING AVERAGING PERIOD			13
14	AVERAGE MONTHLY CONTRIBUTION (Line 13 divided by Line 12)			14
15	NUMBER OF MONTHS IN PROVIDER COST REPORTING PERIOD ON LINE 2			15
16	AVERAGE PENSION CONTRIBUTIONS (Line 14 times Line 15)			16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX				
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)			19



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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT	CONTRACT LABOR	BENEFIT COST	
	0	1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	4,231,004	19,673,715	1
2	HOSPITAL	4,231,004	19,000,132	2
3	SUBPROVIDER - IPF		673,583	3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18



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HOSPITAL 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)		0.189178	1
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MEDICAID (see instructions for each line)

2	NET REVENUE FROM MEDICAID		50,658,227	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		243,863,571	6
7	MEDICAID COST (line 1 times line 6)		46,133,623	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (line 7 minus the sum of lines 2 and 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.			8

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

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

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

13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (not included on lines 2, 5, or 9)		4,194,082	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (not included in lines 6 or 10)		22,044,889	14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (line 1 times line 14)		4,170,408	15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (line 15 minus line 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.			16

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (sum of lines 8, 12 and 16)				19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (at full charges excluding non-reimbursable cost centers) FOR THE ENTIRE FACILITY	39,940,213	185,313	40,125,526	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (line 1 times line 20)	7,555,810	35,057	7,590,867	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	19,992	200	20,192	22
23	COST OF CHARITY CARE (line 21 minus line 22)	7,535,818	34,857	7,570,675	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)		29,199,648	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (see instructions)		1,509,286	27
28	NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 26 minus line 27)		27,690,362	28
29	COST OF NON-MEDICARE AND NON-REIMBURSABLE MEDICARE BAD DEBT EXPENSE (line 1 times line 28)		5,238,407	29
30	COST OF UNCOMPENSATED CARE (line 23, column 3 plus line 29)		12,809,082	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (line 19 plus line 30)		12,809,082	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- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		5,053,150	5,053,150	1,310,896	6,364,046	464,494	6,828,540	1
2	00200	CAP REL COSTS-MVBLE EQUIP		10,370,047	10,370,047	3,061,290	13,431,337	-85,105	13,346,232	2
3	00300	OTHER CAP REL COSTS		2,732,910	2,732,910	-2,732,910			-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	571,411	12,090,177	12,661,588	-3,544	12,658,044		12,658,044	4
5	00500	ADMINISTRATIVE & GENERAL	10,450,776	69,764,748	80,215,524	-1,527,570	78,687,954	1,405,508	80,093,462	5
6	00600	MAINTENANCE & REPAIRS	372,551	304,656	677,207	-935	676,272		676,272	6
7	00700	OPERATION OF PLANT	907	12,721,849	12,722,756	-2,346,470	10,376,286	-282,293	10,093,993	7
8	00800	LAUNDRY & LINEN SERVICE	90,127	978,056	1,068,183	-4	1,068,179		1,068,179	8
9	00900	HOUSEKEEPING		3,677,079	3,677,079	-7,873	3,669,206		3,669,206	9
10	01000	DIETARY		3,148,877	3,148,877	-2,544,402	604,475	-15,188	589,287	10
11	01100	CAFETERIA				1,827,560	1,827,560		1,827,560	11
12	01200	MAINTENANCE OF PERSONNEL								12
13	01300	NURSING ADMINISTRATION	1,432,600	329,644	1,762,244	-18,135	1,744,109		1,744,109	13
14	01400	CENTRAL SERVICES & SUPPLY	584,855	1,767,386	2,352,241	-1,558,997	793,244		793,244	14
15	01500	PHARMACY	4,435,101	24,112,072	28,547,173	-22,157,343	6,389,830		6,389,830	15
16	01600	MEDICAL RECORDS & LIBRARY	2,209,661	977,725	3,187,386	-2,575	3,184,811	-351,137	2,833,674	16
16.01	01601	QUALITY ASSURANCE	351,007	233,155	584,162		584,162		584,162	16.01
17	01700	SOCIAL SERVICE	1,826,859	800,317	2,627,176	-994	2,626,182	-283,229	2,342,953	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	70,345		70,345		70,345		70,345	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		36,611,868	36,611,868		36,611,868		36,611,868	22
23	02300	PARAMED ED PRGM-(SPECIFY)				164,186	164,186		164,186	23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	18,533,421	4,877,779	23,411,200	-1,648,311	21,762,889	-9,742	21,753,147	30
31	03100	INTENSIVE CARE UNIT	2,450,147	886,284	3,336,431	-219,130	3,117,301	-3,888	3,113,413	31
31.01	03101	6TH ICU	1,849,040	911,001	2,760,041	-217,123	2,542,918		2,542,918	31.01
31.02	03102	7TH ICU	2,170,894	908,209	3,079,103	-207,555	2,871,548		2,871,548	31.02
31.03	03103	8TH ICU	2,236,301	793,750	3,030,051	-287,812	2,742,239		2,742,239	31.03
31.04	03104	5TH ICU	2,395,711	937,342	3,333,053	-224,575	3,108,478		3,108,478	31.04
40	04000	SUBPROVIDER - IPF	3,113,250	329,827	3,443,077	530,026	3,973,103	-3,872	3,969,231	40
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	6,921,965	23,926,720	30,848,685	-20,214,474	10,634,211	-3,900	10,630,311	50
51	05100	RECOVERY ROOM	2,074,210	464,436	2,538,646	-245,134	2,293,512		2,293,512	51
53	05300	ANESTHESIOLOGY	177,146	1,268,562	1,445,708	-1,056,099	389,609		389,609	53
54	05400	RADIOLOGY-DIAGNOSTIC	5,173,001	7,671,712	12,844,713	-4,604,839	8,239,874	-102	8,239,772	54
54.03	03330	ENDOSCOPY	1,030,425	1,714,205	2,744,630	-1,345,903	1,398,727		1,398,727	54.03
54.05	05401	PET IMAGING	179,958	379,390	559,348	93,410	652,758		652,758	54.05
55	05500	RADIOLOGY-THERAPEUTIC	516,533	1,172,480	1,689,013	-9,797	1,679,216	-592,634	1,086,582	55
56	05600	RADIOISOTOPE	415,921	1,309,233	1,725,154	-108,938	1,616,216		1,616,216	56
60	06000	LABORATORY	4,973,349	12,275,559	17,248,908	-1,579,546	15,669,362	-35,774	15,633,588	60
60.02	06002	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	BLOOD STORING, PROCESSING & TRANS.		4,203,930	4,203,930	17,844	4,221,774	-7,777	4,213,997	63
65	06500	RESPIRATORY THERAPY	1,962,023	1,106,043	3,068,066	-825,439	2,242,627		2,242,627	65
66	06600	PHYSICAL THERAPY	1,939,199	349,389	2,288,588	-34,778	2,253,810		2,253,810	66
69	06900	ELECTROCARDIOLOGY	2,661,241	7,815,614	10,476,855	-6,725,493	3,751,362		3,751,362	69
69.02	03650	CARDIOVASCULAR LAB								69.02
70	07000	ELECTROENCEPHALOGRAPHY	277,031	67,811	344,842	-6,823	338,019		338,019	70
71	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				17,770,881	17,770,881		17,770,881	71
72	07200	IMPL. DEV. CHARGED TO PATIENTS				21,209,764	21,209,764		21,209,764	72
73	07300	DRUGS CHARGED TO PATIENTS				22,787,980	22,787,980	-82,874	22,705,106	73
74	07400	RENAL DIALYSIS		1,267,070	1,267,070	-27,890	1,239,180		1,239,180	74
76	03950	OTHER ANCILLARY SERVICES								76
76.01	03551	PSYCH THERAPY								76.01
76.29	03961	AIR RESCUE								76.29
76.30	03962	BONE MARROW	203,862	948,615	1,152,477	-610	1,151,867		1,151,867	76.30
76.31	03963	CORNEAL TRANSPLANTS		204,400	204,400	14,600	219,000		219,000	76.31
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98



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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- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	482,283	463,077	945,360	-10,589	934,771		934,771	90
90.02	09002	TRANSPLANT CLINIC				1,487,286	1,487,286		1,487,286	90.02
90.03	09003	BONE MARROW CLINIC	776,851	1,201,297	1,978,148	-30,034	1,948,114	-1,410,262	537,852	90.03
90.04	09004	TENETCARE	800,292	170,805	971,097	-42,585	928,512	-246	928,266	90.04
91	09100	EMERGENCY	4,617,697	9,365,907	13,983,604	-1,053,509	12,930,095	-6,992,944	5,937,151	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	KIDNEY ACQUISITION	2,409,326	1,604,724	4,014,050	-1,067,051	2,946,999	-28,250	2,918,749	105
107	10700	LIVER ACQUISITION		610,704	610,704	844,073	1,454,777	-14,200	1,440,577	107
109	10900	PANCREAS ACQUISITION		62,000	62,000	12,096	74,096		74,096	109
113	11300	INTEREST EXPENSE		24,195,754	24,195,754	-195,754	24,000,000	-24,000,000		113
118		SUBTOTALS (sum of lines 1-117)	92,737,277	299,137,345	391,874,622	-3,759,651	388,114,971	-32,333,415	355,781,556	118
		NONREIMBURSABLE COST CENTERS								
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		-79	-79		-79	141,484	141,405	190
194	07950	DOCTORS MEALS				716,313	716,313		716,313	194
194.0 5	07955	PUBLIC RELATIONS				642,636	642,636		642,636	194.0 5
194.1 1	07961	UNIVERSITY SPACE				1,835,654	1,835,654		1,835,654	194.1 1
194.1 2	07962	CANCER CENTER				565,048	565,048		565,048	194.1 2
194.1 3	07963	MARKET SPACE								194.1 3
194.1 4	07964	RENTAL PROPERTIES	1,999	40,810	42,809		42,809		42,809	194.1 4
194.1 5	07965	OP CATH LAB-UNIV								194.1 5
200		TOTAL (sum of lines 118-199)	92,739,276	299,178,076	391,917,352		391,917,352	-32,191,931	359,725,421	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	RECLASS OF OTHER COC COSTS	C	ADMINISTRATIVE & GENERAL	5		71,376
500	TOTAL RECLASSIFICATIONS					71,376
	CODE LETTER - C					
1	OFFEROR REBATES	D	CENTRAL SERVICES & SUPPLY	14		181,299
2	OFFEROR REBATES	D	PHARMACY	15		313,546
500	TOTAL RECLASSIFICATIONS					494,845
	CODE LETTER - D					
1	DIETARY RECLASS - OTHER COSTS	E	CAFETERIA	11		1,827,560
2	DIETARY RECLASS - OTHER COSTS	E	DOCTORS MEALS	194		716,313
500	TOTAL RECLASSIFICATIONS					2,543,873
	CODE LETTER - E					
1	RECLASS OF HIGH COST IMPLANTABLES	F	IMPL. DEV. CHARGED TO PATIENT	72		21,383,768
500	TOTAL RECLASSIFICATIONS					21,383,768
	CODE LETTER - F					
1	RECLASS PARAMED ED	H	PARAMED ED PRGM-(SPECIFY)	23	130,862	33,324
500	TOTAL RECLASSIFICATIONS				130,862	33,324
	CODE LETTER - H					
1	RECLASS FLOAT POOL	I	INTENSIVE CARE UNIT	31	76,906	27,172
2	RECLASS FLOAT POOL	I	6TH ICU	31.01	74,392	26,283
3	RECLASS FLOAT POOL	I	7TH ICU	31.02	75,168	26,557
4	RECLASS FLOAT POOL	I	8TH ICU	31.03	80,053	28,283
5	RECLASS FLOAT POOL	I	5TH ICU	31.04	94,867	33,517
6	RECLASS FLOAT POOL	I	SUBPROVIDER - IPF	40	72,162	42,350
500	TOTAL RECLASSIFICATIONS				473,548	184,162
	CODE LETTER - I					
1	NUCLEAR MEDICINE	K	PET IMAGING	54.05	87,839	8,784
500	TOTAL RECLASSIFICATIONS				87,839	8,784
	CODE LETTER - K					
1	RECLASS OF LEASED HOSPITAL SPACE	L	UNIVERSITY SPACE	194.11		1,835,654
2	RECLASS OF LEASED HOSPITAL SPACE	L	CANCER CENTER	194.12		565,048
500	TOTAL RECLASSIFICATIONS					2,400,702
	CODE LETTER - L					
1	HOSPITAL ADMIN	N	OPERATION OF PLANT	7		255,060
500	TOTAL RECLASSIFICATIONS					255,060
	CODE LETTER - N					
1	RECLASS OF DIRECTORSHIP FEES	O	ADULTS & PEDIATRICS	30		15,450
2	RECLASS OF DIRECTORSHIP FEES	O	INTENSIVE CARE UNIT	31		9,000
3	RECLASS OF DIRECTORSHIP FEES	O	SUBPROVIDER - IPF	40		7,650
4	RECLASS OF DIRECTORSHIP FEES	O	OPERATING ROOM	50		22,500
5	RECLASS OF DIRECTORSHIP FEES	O	LABORATORY	60		82,800
6	RECLASS OF DIRECTORSHIP FEES	O	BLOOD STORING, PROCESSING & T	63		18,000
7	RECLASS OF DIRECTORSHIP FEES	O	EMERGENCY	91		20,100
8	RECLASS OF DIRECTORSHIP FEES	O	KIDNEY ACQUISITION	105		84,750
9	RECLASS OF DIRECTORSHIP FEES	O	LIVER ACQUISITION	107		42,600
500	TOTAL RECLASSIFICATIONS					302,850
	CODE LETTER - O					
1	HLA RECLASS	P	TRANSPLANT CLINIC	90.02		169,516
2	HLA RECLASS	P	KIDNEY ACQUISITION	105		979,538
500	TOTAL RECLASSIFICATIONS					1,149,054
	CODE LETTER - P					
1	POST-TRANSPLANT - DEPT 8613 RECLASS	Q	TRANSPLANT CLINIC	90.02	660,790	125,335
500	TOTAL RECLASSIFICATIONS				660,790	125,335
	CODE LETTER - Q					
1	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	LIVER ACQUISITION	107	280,000	53,109
2	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	PANCREAS ACQUISITION	109	6,768	1,284
500	TOTAL RECLASSIFICATIONS				286,768	54,393
	CODE LETTER - R					



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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	POST-TRANSPLANT - DEPT 7280 RECLASS	S	TRANSPLANT CLINIC	90.02	405,985	125,660
500	TOTAL RECLASSIFICATIONS				405,985	125,660
	CODE LETTER - S					
1	PRE-TRANSPLANT - DEPT 7280 RECLASS	T	LIVER ACQUISITION	107	357,661	110,703
2	PRE-TRANSPLANT - DEPT 7280 RECLASS	T	PANCREAS ACQUISITION	109	3,088	956
500	TOTAL RECLASSIFICATIONS				360,749	111,659
	CODE LETTER - T					
1	PSYCH SITTERS EXPENSE	U	SUBPROVIDER - IPF	40	439,833	
500	TOTAL RECLASSIFICATIONS				439,833	
	CODE LETTER - U					
1	RECLASS OF RENTAL/LEASE EQUIP	W	CAP REL COSTS-MVBLE EQUIP	2		1,536,648
2	RECLASS OF RENTAL/LEASE EQUIP	W				
3	RECLASS OF RENTAL/LEASE EQUIP	W				
4	RECLASS OF RENTAL/LEASE EQUIP	W				
5	RECLASS OF RENTAL/LEASE EQUIP	W				
6	RECLASS OF RENTAL/LEASE EQUIP	W				
7	RECLASS OF RENTAL/LEASE EQUIP	W				
8	RECLASS OF RENTAL/LEASE EQUIP	W				
9	RECLASS OF RENTAL/LEASE EQUIP	W				
10	RECLASS OF RENTAL/LEASE EQUIP	W				
11	RECLASS OF RENTAL/LEASE EQUIP	W				
12	RECLASS OF RENTAL/LEASE EQUIP	W				
13	RECLASS OF RENTAL/LEASE EQUIP	W				
14	RECLASS OF RENTAL/LEASE EQUIP	W				
15	RECLASS OF RENTAL/LEASE EQUIP	W				
16	RECLASS OF RENTAL/LEASE EQUIP	W				
17	RECLASS OF RENTAL/LEASE EQUIP	W				
18	RECLASS OF RENTAL/LEASE EQUIP	W				
19	RECLASS OF RENTAL/LEASE EQUIP	W				
20	RECLASS OF RENTAL/LEASE EQUIP	W				
21	RECLASS OF RENTAL/LEASE EQUIP	W				
22	RECLASS OF RENTAL/LEASE EQUIP	W				
23	RECLASS OF RENTAL/LEASE EQUIP	W				
24	RECLASS OF RENTAL/LEASE EQUIP	W				
25	RECLASS OF RENTAL/LEASE EQUIP	W				
26	RECLASS OF RENTAL/LEASE EQUIP	W				
27	RECLASS OF RENTAL/LEASE EQUIP	W				
28	RECLASS OF RENTAL/LEASE EQUIP	W				
29	RECLASS OF RENTAL/LEASE EQUIP	W				
30	RECLASS OF RENTAL/LEASE EQUIP	W				
31	RECLASS OF RENTAL/LEASE EQUIP	W				
32	RECLASS OF RENTAL/LEASE EQUIP	W				
33	RECLASS OF RENTAL/LEASE EQUIP	W				
34	RECLASS OF RENTAL/LEASE EQUIP	W				
35	RECLASS OF RENTAL/LEASE EQUIP	W				
500	TOTAL RECLASSIFICATIONS					1,536,648
	CODE LETTER - W					
1	CHARGEABLE SUPPLIES	X	ADMINISTRATIVE & GENERAL	5		78,951
2	CHARGEABLE SUPPLIES	X	MEDICAL SUPPLIES CHARGED TO P	71		39,335,948
3	CHARGEABLE SUPPLIES	X	CORNEAL TRANSPLANTS	76.31		14,600
4	CHARGEABLE SUPPLIES	X				
5	CHARGEABLE SUPPLIES	X				
6	CHARGEABLE SUPPLIES	X				
7	CHARGEABLE SUPPLIES	X				
8	CHARGEABLE SUPPLIES	X				
9	CHARGEABLE SUPPLIES	X				
10	CHARGEABLE SUPPLIES	X				
11	CHARGEABLE SUPPLIES	X				
12	CHARGEABLE SUPPLIES	X				
13	CHARGEABLE SUPPLIES	X				
14	CHARGEABLE SUPPLIES	X				
15	CHARGEABLE SUPPLIES	X				
16	CHARGEABLE SUPPLIES	X				
17	CHARGEABLE SUPPLIES	X				
18	CHARGEABLE SUPPLIES	X				
19	CHARGEABLE SUPPLIES	X				



COMPU-MAX

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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	
20	CHARGEABLE SUPPLIES	X					20
21	CHARGEABLE SUPPLIES	X					21
22	CHARGEABLE SUPPLIES	X					22
23	CHARGEABLE SUPPLIES	X					23
24	CHARGEABLE SUPPLIES	X					24
25	CHARGEABLE SUPPLIES	X					25
26	CHARGEABLE SUPPLIES	X					26
27	CHARGEABLE SUPPLIES	X					27
28	CHARGEABLE SUPPLIES	X					28
29	CHARGEABLE SUPPLIES	X					29
30	CHARGEABLE SUPPLIES	X					30
31	CHARGEABLE SUPPLIES	X					31
32	CHARGEABLE SUPPLIES	X					32
33	CHARGEABLE SUPPLIES	X					33
34	CHARGEABLE SUPPLIES	X					34
35	CHARGEABLE SUPPLIES	X					35
36	CHARGEABLE SUPPLIES	X					36
500	TOTAL RECLASSIFICATIONS					39,429,499	500
	CODE LETTER - X						
1	CHARGEABLE DRUGS PER G/L	Y	DRUGS CHARGED TO PATIENTS	73		21,329,119	1
2	CHARGEABLE DRUGS PER G/L	Y					2
3	CHARGEABLE DRUGS PER G/L	Y					3
4	CHARGEABLE DRUGS PER G/L	Y					4
5	CHARGEABLE DRUGS PER G/L	Y					5
6	CHARGEABLE DRUGS PER G/L	Y					6
7	CHARGEABLE DRUGS PER G/L	Y					7
8	CHARGEABLE DRUGS PER G/L	Y					8
9	CHARGEABLE DRUGS PER G/L	Y					9
10	CHARGEABLE DRUGS PER G/L	Y					10
11	CHARGEABLE DRUGS PER G/L	Y					11
12	CHARGEABLE DRUGS PER G/L	Y					12
13	CHARGEABLE DRUGS PER G/L	Y					13
14	CHARGEABLE DRUGS PER G/L	Y					14
15	CHARGEABLE DRUGS PER G/L	Y					15
16	CHARGEABLE DRUGS PER G/L	Y					16
17	CHARGEABLE DRUGS PER G/L	Y					17
18	CHARGEABLE DRUGS PER G/L	Y					18
500	TOTAL RECLASSIFICATIONS					21,329,119	500
	CODE LETTER - Y						
1	CHARGEABLE IV SOLUTIONS PER G/L	Z	ADMINISTRATIVE & GENERAL	5		13,847	1
2	CHARGEABLE IV SOLUTIONS PER G/L	Z	DRUGS CHARGED TO PATIENTS	73		1,772,407	2
3	CHARGEABLE IV SOLUTIONS PER G/L	Z					3
4	CHARGEABLE IV SOLUTIONS PER G/L	Z					4
5	CHARGEABLE IV SOLUTIONS PER G/L	Z					5
6	CHARGEABLE IV SOLUTIONS PER G/L	Z					6
7	CHARGEABLE IV SOLUTIONS PER G/L	Z					7
8	CHARGEABLE IV SOLUTIONS PER G/L	Z					8
9	CHARGEABLE IV SOLUTIONS PER G/L	Z					9
10	CHARGEABLE IV SOLUTIONS PER G/L	Z					10
11	CHARGEABLE IV SOLUTIONS PER G/L	Z					11
12	CHARGEABLE IV SOLUTIONS PER G/L	Z					12
13	CHARGEABLE IV SOLUTIONS PER G/L	Z					13
14	CHARGEABLE IV SOLUTIONS PER G/L	Z					14
15	CHARGEABLE IV SOLUTIONS PER G/L	Z					15
16	CHARGEABLE IV SOLUTIONS PER G/L	Z					16
17	CHARGEABLE IV SOLUTIONS PER G/L	Z					17
18	CHARGEABLE IV SOLUTIONS PER G/L	Z					18
19	CHARGEABLE IV SOLUTIONS PER G/L	Z					19
20	CHARGEABLE IV SOLUTIONS PER G/L	Z					20
21	CHARGEABLE IV SOLUTIONS PER G/L	Z					21
22	CHARGEABLE IV SOLUTIONS PER G/L	Z					22
23	CHARGEABLE IV SOLUTIONS PER G/L	Z					23
24	CHARGEABLE IV SOLUTIONS PER G/L	Z					24
500	TOTAL RECLASSIFICATIONS					1,786,254	500
	CODE LETTER - Z						
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	ADMINISTRATIVE & GENERAL	5		195,754	1
500	TOTAL RECLASSIFICATIONS					195,754	500



COMPU-MAX

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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	
	CODE LETTER - DD						
1	RECLASS OF IMPLANTABLE DEVICES EQUIP	FF	CAP REL COSTS-MVBLE EQUIP	2		174,004	1
500	TOTAL RECLASSIFICATIONS					174,004	500
	CODE LETTER - FF						
1	PUBLIC RELATIONS OTHER EXPENSE	PR	PUBLIC RELATIONS	194.05		418,684	1
2			PUBLIC RELATIONS	194.05	223,952		2
500	TOTAL RECLASSIFICATIONS				223,952	418,684	500
	CODE LETTER - PR						
	GRAND TOTAL (INCREASES)				3,070,326	94,114,807	

(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. 10	
1	RECLASS OF OTHER COC COSTS	C	OTHER CAP REL COSTS	3		71,376	1	
500	TOTAL RECLASSIFICATIONS					71,376	500	
	CODE LETTER - C							
1	OFFEROR REBATES	D	MEDICAL SUPPLIES CHARGED TO P	71		181,299	1	
2	OFFEROR REBATES	D	DRUGS CHARGED TO PATIENTS	73		313,546	2	
500	TOTAL RECLASSIFICATIONS					494,845	500	
	CODE LETTER - D							
1	DIETARY RECLASS - OTHER COSTS	E	DIETARY	10		2,543,873	1	
2	DIETARY RECLASS - OTHER COSTS	E					2	
500	TOTAL RECLASSIFICATIONS					2,543,873	500	
	CODE LETTER - E							
1	RECLASS OF HIGH COST IMPLANTABLES	F	MEDICAL SUPPLIES CHARGED TO P	71		21,383,768	1	
500	TOTAL RECLASSIFICATIONS					21,383,768	500	
	CODE LETTER - F							
1	RECLASS PARAMED ED	H	PHARMACY	15	130,862	33,324	1	
500	TOTAL RECLASSIFICATIONS				130,862	33,324	500	
	CODE LETTER - H							
1	RECLASS FLOAT POOL	I	ADMINISTRATIVE & GENERAL	5	473,548	184,162	1	
2	RECLASS FLOAT POOL	I					2	
3	RECLASS FLOAT POOL	I					3	
4	RECLASS FLOAT POOL	I					4	
5	RECLASS FLOAT POOL	I					5	
6	RECLASS FLOAT POOL	I					6	
500	TOTAL RECLASSIFICATIONS				473,548	184,162	500	
	CODE LETTER - I							
1	NUCLEAR MEDICINE	K	RADIOISOTOPE	56	87,839	8,784	1	
500	TOTAL RECLASSIFICATIONS				87,839	8,784	500	
	CODE LETTER - K							
1	RECLASS OF LEASED HOSPITAL SPACE	L	OPERATION OF PLANT	7		2,400,702	1	
2	RECLASS OF LEASED HOSPITAL SPACE	L					2	
500	TOTAL RECLASSIFICATIONS					2,400,702	500	
	CODE LETTER - L							
1	HOSPITAL ADMIN	N	ADMINISTRATIVE & GENERAL	5		255,060	1	
500	TOTAL RECLASSIFICATIONS					255,060	500	
	CODE LETTER - N							
1	RECLASS OF DIRECTORSHIP FEES	O	ADMINISTRATIVE & GENERAL	5		302,850	1	
2	RECLASS OF DIRECTORSHIP FEES	O					2	
3	RECLASS OF DIRECTORSHIP FEES	O					3	
4	RECLASS OF DIRECTORSHIP FEES	O					4	
5	RECLASS OF DIRECTORSHIP FEES	O					5	
6	RECLASS OF DIRECTORSHIP FEES	O					6	
7	RECLASS OF DIRECTORSHIP FEES	O					7	
8	RECLASS OF DIRECTORSHIP FEES	O					8	
9	RECLASS OF DIRECTORSHIP FEES	O					9	
500	TOTAL RECLASSIFICATIONS					302,850	500	
	CODE LETTER - O							
1	HLA RECLASS	P	LABORATORY	60		1,149,054	1	
2	HLA RECLASS	P					2	
500	TOTAL RECLASSIFICATIONS					1,149,054	500	
	CODE LETTER - P							
1	POST-TRANSPLANT - DEPT 8613 RECLASS	Q	KIDNEY ACQUISITION	105	660,790	125,335	1	
500	TOTAL RECLASSIFICATIONS				660,790	125,335	500	
	CODE LETTER - Q							
1	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	KIDNEY ACQUISITION	105	286,768	54,393	1	
2	PRE-TRANSPLANT - DEPT 8613 RECLASS	R					2	
500	TOTAL RECLASSIFICATIONS				286,768	54,393	500	
	CODE LETTER - R							



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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	POST-TRANSPLANT - DEPT 7280 RECLASS	S	KIDNEY ACQUISITION	105	405,985	125,660	1	
500	TOTAL RECLASSIFICATIONS				405,985	125,660	500	
	CODE LETTER - S							
1	PRE-TRANSPLANT - DEPT 7280 RECLASS	T	KIDNEY ACQUISITION	105	360,749	111,659	1	
2	PRE-TRANSPLANT - DEPT 7280 RECLASS	T					2	
500	TOTAL RECLASSIFICATIONS				360,749	111,659	500	
	CODE LETTER - T							
1	PSYCH SITTERS EXPENSE	U	ADULTS & PEDIATRICS	30	439,833		1	
500	TOTAL RECLASSIFICATIONS				439,833		500	
	CODE LETTER - U							
1	RECLASS OF RENTAL/LEASE EQUIP	W	EMPLOYEE BENEFITS DEPARTMENT	4		106	10	
2	RECLASS OF RENTAL/LEASE EQUIP	W	ADMINISTRATIVE & GENERAL	5		29,242	2	
3	RECLASS OF RENTAL/LEASE EQUIP	W	MAINTENANCE & REPAIRS	6		506	3	
4	RECLASS OF RENTAL/LEASE EQUIP	W	OPERATION OF PLANT	7		200,799	4	
5	RECLASS OF RENTAL/LEASE EQUIP	W	HOUSEKEEPING	9		6,397	5	
6	RECLASS OF RENTAL/LEASE EQUIP	W	DIETARY	10		529	6	
7	RECLASS OF RENTAL/LEASE EQUIP	W	NURSING ADMINISTRATION	13		8,945	7	
8	RECLASS OF RENTAL/LEASE EQUIP	W	CENTRAL SERVICES & SUPPLY	14		617,025	8	
9	RECLASS OF RENTAL/LEASE EQUIP	W	PHARMACY	15		438,145	9	
10	RECLASS OF RENTAL/LEASE EQUIP	W	MEDICAL RECORDS & LIBRARY	16		2,566	10	
11	RECLASS OF RENTAL/LEASE EQUIP	W	SOCIAL SERVICE	17		960	11	
12	RECLASS OF RENTAL/LEASE EQUIP	W	ADULTS & PEDIATRICS	30		8,368	12	
13	RECLASS OF RENTAL/LEASE EQUIP	W	INTENSIVE CARE UNIT	31		2,246	13	
14	RECLASS OF RENTAL/LEASE EQUIP	W	6TH ICU	31.01		2,080	14	
15	RECLASS OF RENTAL/LEASE EQUIP	W	7TH ICU	31.02		2,086	15	
16	RECLASS OF RENTAL/LEASE EQUIP	W	8TH ICU	31.03		2,031	16	
17	RECLASS OF RENTAL/LEASE EQUIP	W	5TH ICU	31.04		2,156	17	
18	RECLASS OF RENTAL/LEASE EQUIP	W	SUBPROVIDER - IPF	40		1,118	18	
19	RECLASS OF RENTAL/LEASE EQUIP	W	OPERATING ROOM	50		51,556	19	
20	RECLASS OF RENTAL/LEASE EQUIP	W	RECOVERY ROOM	51		2,931	20	
21	RECLASS OF RENTAL/LEASE EQUIP	W	ANESTHESIOLOGY	53		1,578	21	
22	RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-DIAGNOSTIC	54		33,707	22	
23	RECLASS OF RENTAL/LEASE EQUIP	W	ENDOSCOPY	54.03		200	23	
24	RECLASS OF RENTAL/LEASE EQUIP	W	RADIOLOGY-THERAPEUTIC	55		3,223	24	
25	RECLASS OF RENTAL/LEASE EQUIP	W	RADIOISOTOPE	56		227	25	
26	RECLASS OF RENTAL/LEASE EQUIP	W	LABORATORY	60		7,652	26	
27	RECLASS OF RENTAL/LEASE EQUIP	W	BLOOD STORING, PROCESSING & T	63		156	27	
28	RECLASS OF RENTAL/LEASE EQUIP	W	RESPIRATORY THERAPY	65		80,485	28	
29	RECLASS OF RENTAL/LEASE EQUIP	W	PHYSICAL THERAPY	66		2,682	29	
30	RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROCARDIOLOGY	69		14,756	30	
31	RECLASS OF RENTAL/LEASE EQUIP	W	ELECTROENCEPHALOGRAPHY	70		140	31	
32	RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW	76.30		170	32	
33	RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW CLINIC	90.03		233	33	
34	RECLASS OF RENTAL/LEASE EQUIP	W	TENETCARE	90.04		2,513	34	
35	RECLASS OF RENTAL/LEASE EQUIP	W	EMERGENCY	91		9,134	35	
500	TOTAL RECLASSIFICATIONS					1,536,648	500	
	CODE LETTER - W							
1	CHARGEABLE SUPPLIES	X	EMPLOYEE BENEFITS DEPARTMENT	4		3,434	1	
2	CHARGEABLE SUPPLIES	X	MAINTENANCE & REPAIRS	6		429	2	
3	CHARGEABLE SUPPLIES	X	OPERATION OF PLANT	7		29	3	
4	CHARGEABLE SUPPLIES	X	LAUNDRY & LINEN SERVICE	8		4	4	
5	CHARGEABLE SUPPLIES	X	HOUSEKEEPING	9		1,476	5	
6	CHARGEABLE SUPPLIES	X	NURSING ADMINISTRATION	13		9,190	6	
7	CHARGEABLE SUPPLIES	X	CENTRAL SERVICES & SUPPLY	14		1,089,184	7	
8	CHARGEABLE SUPPLIES	X	PHARMACY	15		42,250	8	
9	CHARGEABLE SUPPLIES	X	MEDICAL RECORDS & LIBRARY	16		9	9	
10	CHARGEABLE SUPPLIES	X	SOCIAL SERVICE	17		34	10	
11	CHARGEABLE SUPPLIES	X	ADULTS & PEDIATRICS	30		963,084	11	
12	CHARGEABLE SUPPLIES	X	INTENSIVE CARE UNIT	31		291,894	12	
13	CHARGEABLE SUPPLIES	X	6TH ICU	31.01		272,160	13	
14	CHARGEABLE SUPPLIES	X	7TH ICU	31.02		262,307	14	
15	CHARGEABLE SUPPLIES	X	8TH ICU	31.03		348,135	15	
16	CHARGEABLE SUPPLIES	X	5TH ICU	31.04		310,253	16	
17	CHARGEABLE SUPPLIES	X	SUBPROVIDER - IPF	40		29,799	17	



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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	
18	CHARGEABLE SUPPLIES	X	OPERATING ROOM	50		20,096,681	18	
19	CHARGEABLE SUPPLIES	X	RECOVERY ROOM	51		190,651	19	
20	CHARGEABLE SUPPLIES	X	ANESTHESIOLOGY	53		826,499	20	
21	CHARGEABLE SUPPLIES	X	RADIOLOGY-DIAGNOSTIC	54		4,513,774	21	
22	CHARGEABLE SUPPLIES	X	ENDOSCOPY	54.03		1,305,642	22	
23	CHARGEABLE SUPPLIES	X	PET IMAGING	54.05		3,057	23	
24	CHARGEABLE SUPPLIES	X	RADIOLOGY-THERAPEUTIC	55		6,574	24	
25	CHARGEABLE SUPPLIES	X	RADIOISOTOPE	56		5,659	25	
26	CHARGEABLE SUPPLIES	X	LABORATORY	60		400,034	26	
27	CHARGEABLE SUPPLIES	X	RESPIRATORY THERAPY	65		741,358	27	
28	CHARGEABLE SUPPLIES	X	PHYSICAL THERAPY	66		32,096	28	
29	CHARGEABLE SUPPLIES	X	ELECTROCARDIOLOGY	69		6,686,985	29	
30	CHARGEABLE SUPPLIES	X	ELECTROENCEPHALOGRAPHY	70		6,683	30	
31	CHARGEABLE SUPPLIES	X	RENAL DIALYSIS	74		22,227	31	
32	CHARGEABLE SUPPLIES	X	BONE MARROW	76.30		440	32	
33	CHARGEABLE SUPPLIES	X	CLINIC	90		10,449	33	
34	CHARGEABLE SUPPLIES	X	BONE MARROW CLINIC	90.03		24,913	34	
35	CHARGEABLE SUPPLIES	X	TENETCARE	90.04		34,619	35	
36	CHARGEABLE SUPPLIES	X	EMERGENCY	91		897,487	36	
500	TOTAL RECLASSIFICATIONS					39,429,499	500	
	CODE LETTER - X							
1	CHARGEABLE DRUGS PER G/L	Y	EMPLOYEE BENEFITS DEPARTMENT	4		4	1	
2	CHARGEABLE DRUGS PER G/L	Y	CENTRAL SERVICES & SUPPLY	14		518	2	
3	CHARGEABLE DRUGS PER G/L	Y	PHARMACY	15		21,285,910	3	
4	CHARGEABLE DRUGS PER G/L	Y	ADULTS & PEDIATRICS	30		248	4	
5	CHARGEABLE DRUGS PER G/L	Y	INTENSIVE CARE UNIT	31		470	5	
6	CHARGEABLE DRUGS PER G/L	Y	6TH ICU	31.01		760	6	
7	CHARGEABLE DRUGS PER G/L	Y	7TH ICU	31.02		158	7	
8	CHARGEABLE DRUGS PER G/L	Y	8TH ICU	31.03		205	8	
9	CHARGEABLE DRUGS PER G/L	Y	5TH ICU	31.04		623	9	
10	CHARGEABLE DRUGS PER G/L	Y	OPERATING ROOM	50		1,134	10	
11	CHARGEABLE DRUGS PER G/L	Y	RADIOLOGY-DIAGNOSTIC	54		4,931	11	
12	CHARGEABLE DRUGS PER G/L	Y	RADIOISOTOPE	56		5,527	12	
13	CHARGEABLE DRUGS PER G/L	Y	LABORATORY	60		26,345	13	
14	CHARGEABLE DRUGS PER G/L	Y	RENAL DIALYSIS	74		3	14	
15	CHARGEABLE DRUGS PER G/L	Y	CLINIC	90		26	15	
16	CHARGEABLE DRUGS PER G/L	Y	BONE MARROW CLINIC	90.03		254	16	
17	CHARGEABLE DRUGS PER G/L	Y	TENETCARE	90.04		985	17	
18	CHARGEABLE DRUGS PER G/L	Y	EMERGENCY	91		1,018	18	
500	TOTAL RECLASSIFICATIONS					21,329,119	500	
	CODE LETTER - Y							
1	CHARGEABLE IV SOLUTIONS PER G/L	Z	CENTRAL SERVICES & SUPPLY	14		33,569	1	
2	CHARGEABLE IV SOLUTIONS PER G/L	Z	PHARMACY	15		540,398	2	
3	CHARGEABLE IV SOLUTIONS PER G/L	Z	ADULTS & PEDIATRICS	30		252,228	3	
4	CHARGEABLE IV SOLUTIONS PER G/L	Z	INTENSIVE CARE UNIT	31		37,598	4	
5	CHARGEABLE IV SOLUTIONS PER G/L	Z	6TH ICU	31.01		42,798	5	
6	CHARGEABLE IV SOLUTIONS PER G/L	Z	7TH ICU	31.02		44,729	6	
7	CHARGEABLE IV SOLUTIONS PER G/L	Z	8TH ICU	31.03		45,777	7	
8	CHARGEABLE IV SOLUTIONS PER G/L	Z	5TH ICU	31.04		39,927	8	
9	CHARGEABLE IV SOLUTIONS PER G/L	Z	SUBPROVIDER - IPF	40		1,052	9	
10	CHARGEABLE IV SOLUTIONS PER G/L	Z	OPERATING ROOM	50		87,603	10	
11	CHARGEABLE IV SOLUTIONS PER G/L	Z	RECOVERY ROOM	51		51,552	11	
12	CHARGEABLE IV SOLUTIONS PER G/L	Z	ANESTHESIOLOGY	53		228,022	12	
13	CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOLOGY-DIAGNOSTIC	54		52,427	13	
14	CHARGEABLE IV SOLUTIONS PER G/L	Z	ENDOSCOPY	54.03		40,061	14	
15	CHARGEABLE IV SOLUTIONS PER G/L	Z	PET IMAGING	54.05		156	15	
16	CHARGEABLE IV SOLUTIONS PER G/L	Z	RADIOISOTOPE	56		902	16	
17	CHARGEABLE IV SOLUTIONS PER G/L	Z	LABORATORY	60		79,261	17	
18	CHARGEABLE IV SOLUTIONS PER G/L	Z	RESPIRATORY THERAPY	65		3,596	18	
19	CHARGEABLE IV SOLUTIONS PER G/L	Z	ELECTROCARDIOLOGY	69		23,752	19	
20	CHARGEABLE IV SOLUTIONS PER G/L	Z	RENAL DIALYSIS	74		5,660	20	
21	CHARGEABLE IV SOLUTIONS PER G/L	Z	CLINIC	90		114	21	
22	CHARGEABLE IV SOLUTIONS PER G/L	Z	BONE MARROW CLINIC	90.03		4,634	22	
23	CHARGEABLE IV SOLUTIONS PER G/L	Z	TENETCARE	90.04		4,468	23	
24	CHARGEABLE IV SOLUTIONS PER G/L	Z	EMERGENCY	91		165,970	24	
500	TOTAL RECLASSIFICATIONS					1,786,254	500	
	CODE LETTER - Z							



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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF. 10	
		1	6	7	8	9	10	
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	INTEREST EXPENSE	113		195,754		1
500	TOTAL RECLASSIFICATIONS					195,754		500
	CODE LETTER - DD							
1	RECLASS OF IMPLANTABLE DEVICES EQUIP	FF	IMPL. DEV. CHARGED TO PATIENT	72		174,004	10	1
500	TOTAL RECLASSIFICATIONS					174,004		500
	CODE LETTER - FF							
1	PUBLIC RELATIONS OTHER EXPENSE	PR	ADMINISTRATIVE & GENERAL	5		418,684		1
2			ADMINISTRATIVE & GENERAL	5	223,952			2
500	TOTAL RECLASSIFICATIONS				223,952	418,684		500
	CODE LETTER - PR							
	GRAND TOTAL (DECREASES)				3,070,326	94,114,807		

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



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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND								1
2	LAND IMPROVEMENTS	3,483,620					3,483,620		2
3	BUILDINGS AND FIXTURES	138,245,002	5,561,905		5,561,905		143,806,907	3,833,530	3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT	5,519,878	3,793,665		3,793,665		9,313,543	867	5
6	MOVABLE EQUIPMENT	140,497,549	5,362,567		5,362,567	381,192	145,478,924	62,845,749	6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	287,746,049	14,718,137		14,718,137	381,192	302,082,994	66,680,146	8
9	RECONCILING ITEMS								9
10	TOTAL (line 7 minus line 9)	287,746,049	14,718,137		14,718,137	381,192	302,082,994	66,680,146	10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	5,053,150						5,053,150	1	
2	CAP REL COSTS-MVBLE EQUIP	10,370,047						10,370,047	2	
3	TOTAL (sum of lines 1-2)	15,423,197						15,423,197	3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see 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	150,237,646		150,237,646	0.492534	33,862	1,277,034		1,310,896	1
2	CAP REL COSTS-MVBLE EQUIP	154,792,468		154,792,468	0.507466	34,888	1,315,750		1,350,638	2
3	TOTAL (sum of lines 1-2)	305,030,114		305,030,114	1.000000	68,750	2,592,784		2,661,534	3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRECIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL-RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	5,517,644			33,862	1,277,034		6,828,540	1	
2	CAP REL COSTS-MVBLE EQUIP	10,284,942	1,710,652		34,888	1,315,750		13,346,232	2	
3	TOTAL (sum of lines 1-2)	15,802,586	1,710,652		68,750	2,592,784		20,174,772	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		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (chapter 2)			CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-OTHER (chapter 2)	B	-647,348	ADMINISTRATIVE & GENERAL	5	3
4	TRADE, QUANTITY, AND TIME DISCOUNTS (chapter 8)	B	-183,798	ADMINISTRATIVE & GENERAL	5	4
5	REFUNDS AND REBATES OF EXPENSES (chapter 8)	B	-4,961	CAP REL COSTS-MVBLE EQUIP	2	9 5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (chapter 8)					6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (chapter 21)	A	-21,203	ADMINISTRATIVE & GENERAL	5	7
8	TELEVISION AND RADIO SERVICE (chapter 21)	A	-46,711	OPERATION OF PLANT	7	8
9	PARKING LOT (chapter 21)	B	-235,582	OPERATION OF PLANT	7	9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8,734,282			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1	-30,010,445			12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS					14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17	SALE OF DRUGS TO OTHER THAN PATIENTS					17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-27,404	MEDICAL RECORDS & LIBRARY	16	18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES	B	-15,188	DIETARY	10	20
21	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (chapter 21)					21
22	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT	A	-80,144	CAP REL COSTS-MVBLE EQUIP	2	9 27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33						33
33.01	8176.XXXX LITIGATION & INVESTIGATI	A	-5,612	ADMINISTRATIVE & GENERAL	5	33.01
33.03	5270.XXXX OTHER EDUCATIONAL REVENU	B	-78,707	EMERGENCY	91	33.03
33.04	5675.XXXX SILVER RECOVERY	B	-102	RADIOLOGY-DIAGNOSTIC	54	33.04
33.09	8770.XXXX CENSUS DEVELOPMENT	A	-1,948,845	ADMINISTRATIVE & GENERAL	5	33.09
33.16	5753.XXXX COST RECOVERY ITEMS	B	-114,639	ADMINISTRATIVE & GENERAL	5	33.16
33.21	5753.XXXX COST RECOVERY ITEMS	B	-82,874	DRUGS CHARGED TO PATIENTS	73	33.21
33.32	MOB REV. 5140,5141,5142,5143,5144,	B	-14,513	ADMINISTRATIVE & GENERAL	5	33.32
33.35	8610.6760 8610.6765 CONTRIBUTION	A	-11,859,495	ADMINISTRATIVE & GENERAL	5	33.35
33.38	ASSOCIATION FEES	A	-41,998	ADMINISTRATIVE & GENERAL	5	33.38
34						34
34.05	TELEPHONE SERVICES	A	-250	CAP REL COSTS-BLDG & FIXT	1	9 34.05
34.06	TELEVISION SERVICE	A	-46,810	ADMINISTRATIVE & GENERAL	5	34.06
34.07	TELEVISION SERVICE	A	-246	TENETCARE	90.04	34.07
34.11	ADMIN COSTS-NON-PATIENT CARE	A	-167,000	ADMINISTRATIVE & GENERAL	5	34.11
34.12	LEGAL FEES	A	-395	ADMINISTRATIVE & GENERAL	5	34.12
34.13	COMPLIMENTARY LOCAL TRANSPORTATION	A	-133,812	ADMINISTRATIVE & GENERAL	5	34.13
34.14	COMPLEMENTARY LOCAL TRANSPORTTION	A	-132,514	SOCIAL SERVICE	17	34.14
34.17	NURSE PRACTITIONERS	A	-336,687	BONE MARROW CLINIC	90.03	34.17
34.19	NON-ALLOWABLE PATIENT ASSISTANCE	A	-110,504	SOCIAL SERVICE	17	34.19
34.20	FUSZ PAVILLION EXP	A	-17,397	ADMINISTRATIVE & GENERAL	5	34.20
34.21	CHAIFETZ ARENA EXP	A	-155,960	ADMINISTRATIVE & GENERAL	5	34.21
34.22	PPM EXPENSE	A	-323,733	MEDICAL RECORDS & LIBRARY	16	34.22
34.23	GIFT SHOP SALARIES	A	141,484	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190	34.23



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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED					
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	WKST A-7 REF.	
		1	2	3	4	5	
34.25	FRA TAX ADD-ON	A	23,419,098	ADMINISTRATIVE & GENERAL	5		34.25
34.26	FRA RELATED EXPENSES	A	-168,733	ADMINISTRATIVE & GENERAL	5		34.26
34.28	5290.XXXX RESEARCH/IRB	B	-4,621	ADMINISTRATIVE & GENERAL	5		34.28
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-32,191,931				50

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

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



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

WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST A-7 REF.	
	1	2	3	4	5	6	7	
1	113	INTEREST EXPENSE	INTERCOMPANY INTEREST		24,000,000	-24,000,000		1
2	5	ADMINISTRATIVE & GENERAL	HOME OFFICE	4,638,115	11,113,304	-6,475,189		2
3	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - DIRECT COC	464,744		464,744	9	3
4	5	ADMINISTRATIVE & GENERAL	INTERCOMPANY JOURNAL ENTRIES	23,111,699	23,111,699			4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12			28,214,558	58,225,003	-30,010,445		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		TYPE OF BUSINESS	
				NAME	PERCENTAGE OF OWNERSHIP		
	1	2	3	4	5	6	
6	B		100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY	6
7	B		100.00	CONIFER		CREDIT AND COLLECTION	7
8	C			CONCENTRA HEALTH SERVICES INC		OCCUP HEALTH SERVICES	8
9	C			SAINT LOUIS UNIVERSITY		CARDIAC CATH LAB JOINT VENTURE	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:



COMPU-MAX

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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	31	INTENSIVE CARE UNIT	9,000		9,000	177,200	60	5,112	256	1
2	30	ADULTS & PEDIATRICS	15,450		15,450	177,200	67	5,708	285	2
3	40	SUBPROVIDER - IPF	7,650		7,650	154,100	51	3,778	189	3
4	50	OPERATING ROOM	22,500		22,500	208,000	186	18,600	930	4
5	107	LIVER ACQUISITION	42,600		42,600	208,000	284	28,400	1,420	5
6	105	KIDNEY ACQUISITION	84,750		84,750	208,000	565	56,500	2,825	6
7	60	LABORATORY	82,800		82,800	177,200	552	47,026	2,351	7
8	63	BLOOD STORING, PROCE	18,000		18,000	177,200	120	10,223	511	8
9	55	RADIOLOGY-THERAPEUTI AGGREGATE	592,634	592,634						9
10	91	EMERGENCY AGGREGATE	5,692,317	5,672,217	20,100	177,200	134	11,416	571	10
11	91	EMERGENCY AGGREGATE	1,233,336	1,233,336						11
12	90.03	BONE MARROW CLINIC AGGREGATE	1,073,575	1,073,575						12
13	5	ADMINISTRATIVE & GEN	14,400		14,400	177,200	96	8,178	409	13
14	17	SOCIAL SERVICE	370,587		370,587	177,200	3,878	330,376	16,519	14
200		TOTAL	9,259,599	8,571,762	687,837		5,993	525,317	26,266	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 EDUCATIO N	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT - ICE INSURANC E	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	31	INTENSIVE CARE UNIT					5,112	3,888	3,888	1
2	30	ADULTS & PEDIATRICS					5,708	9,742	9,742	2
3	40	SUBPROVIDER - IPF					3,778	3,872	3,872	3
4	50	OPERATING ROOM					18,600	3,900	3,900	4
5	107	LIVER ACQUISITION					28,400	14,200	14,200	5
6	105	KIDNEY ACQUISITION					56,500	28,250	28,250	6
7	60	LABORATORY					47,026	35,774	35,774	7
8	63	BLOOD STORING, PROCE					10,223	7,777	7,777	8
9	55	RADIOLOGY-THERAPEUTI AGGREGATE							592,634	9
10	91	EMERGENCY AGGREGATE					11,416	8,684	5,680,901	10
11	91	EMERGENCY AGGREGATE							1,233,336	11
12	90.03	BONE MARROW CLINIC AGGREGATE							1,073,575	12
13	5	ADMINISTRATIVE & GEN					8,178	6,222	6,222	13
14	17	SOCIAL SERVICE					330,376	40,211	40,211	14
200		TOTAL					525,317	162,520	8,734,282	200

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	6,828,540	6,828,540					1
2	CAP REL COSTS-MVBLE EQUIP	13,346,232		13,346,232				2
4	EMPLOYEE BENEFITS DEPARTMENT	12,658,044	60,909	139,236	12,858,189			4
5	ADMINISTRATIVE & GENERAL	80,093,462	662,462	2,227,672	1,360,660	84,344,256	84,344,256	5
6	MAINTENANCE & REPAIRS	676,272	18,481	42,247	51,974	788,974	241,649	6
7	OPERATION OF PLANT	10,093,993	993,724	2,271,639	127	13,359,483	4,091,769	7
8	LAUNDRY & LINEN SERVICE	1,068,179	18,816	43,014	12,573	1,142,582	349,952	8
9	HOUSEKEEPING	3,669,206	78,489	179,424		3,927,119	1,202,806	9
10	DIETARY	589,287	119,115	272,295		980,697	300,370	10
11	CAFETERIA	1,827,560	35,902	82,072		1,945,534	595,882	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,744,109	10,799	24,686	199,859	1,979,453	606,271	13
14	CENTRAL SERVICES & SUPPLY	793,244	61,624	140,871	81,592	1,077,331	329,967	14
15	PHARMACY	6,389,830	54,295	124,117	600,476	7,168,718	2,195,649	15
16	MEDICAL RECORDS & LIBRARY	2,833,674	57,394	131,202	308,265	3,330,535	1,020,083	16
16.01	QUALITY ASSURANCE	584,162			48,968	633,130	193,916	16.01
17	SOCIAL SERVICE	2,342,953	9,589	21,921	254,861	2,629,324	805,315	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	70,345			9,814	80,159	24,551	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,611,868				36,611,868	11,213,522	22
23	PARAMED ED PRGM-(SPECIFY)	164,186			18,256	182,442	55,879	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	21,753,147	820,402	1,875,425	2,524,235	26,973,209	8,261,408	30
31	INTENSIVE CARE UNIT	3,113,413	57,447	131,323	352,544	3,654,727	1,119,377	31
31.01	6TH ICU	2,542,918	53,677	122,704	268,334	2,987,633	915,058	31.01
31.02	7TH ICU	2,871,548	55,575	127,044	313,344	3,367,511	1,031,408	31.02
31.03	8TH ICU	2,742,239	57,783	132,090	323,150	3,255,262	997,028	31.03
31.04	5TH ICU	3,108,478	67,981	155,404	347,456	3,679,319	1,126,909	31.04
40	SUBPROVIDER - IPF	3,969,231	163,671	374,148	505,751	5,012,801	1,535,331	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,630,311	422,828	966,577	965,669	12,985,385	3,977,190	50
51	RECOVERY ROOM	2,293,512	83,760	191,474	289,369	2,858,115	875,389	51
53	ANESTHESIOLOGY	389,609	57,959	132,494	24,713	604,775	185,232	53
54	RADIOLOGY-DIAGNOSTIC	8,239,772	255,767	584,677	721,675	9,801,891	3,002,143	54
54.03	ENDOSCOPY	1,398,727	55,858	127,690	143,753	1,726,028	528,651	54.03
54.05	PET IMAGING	652,758			37,360	690,118	211,371	54.05
55	RADIOLOGY-THERAPEUTIC	1,086,582	60,008	137,177	72,060	1,355,827	415,265	55
56	RADIOISOTOPE	1,616,216	45,465	103,932	45,770	1,811,383	554,794	56
60	LABORATORY	15,633,588	192,712	440,537	693,822	16,960,659	5,194,745	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	4,213,997	26,755	61,160		4,301,912	1,317,598	63
65	RESPIRATORY THERAPY	2,242,627	30,481	69,678	273,718	2,616,504	801,388	65
66	PHYSICAL THERAPY	2,253,810	81,420	186,125	270,534	2,791,889	855,105	66
69	ELECTROCARDIOLOGY	3,751,362	136,395	311,797	371,264	4,570,818	1,399,959	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	338,019			38,648	376,667	115,366	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,770,881				17,770,881	5,442,901	71
72	IMPL. DEV. CHARGED TO PATIENTS	21,209,764				21,209,764	6,496,169	72
73	DRUGS CHARGED TO PATIENTS	22,705,106				22,705,106	6,954,165	73
74	RENAL DIALYSIS	1,239,180	32,273	73,776		1,345,229	412,019	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,151,867	22,287	50,947	28,440	1,253,541	383,937	76.30
76.31	CORNEAL TRANSPLANTS	219,000				219,000	67,076	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	934,771	66,206	151,347	67,282	1,219,606	373,543	90
90.02	TRANSPLANT CLINIC	1,487,286	23,364	111,320	148,824	1,770,794	542,362	90.02
90.03	BONE MARROW CLINIC	537,852	78,568	179,606	108,377	904,403	277,002	90.03
90.04	TENETCARE	928,266	130,241	297,728	111,647	1,467,882	449,586	90.04
91	EMERGENCY	5,937,151	160,660	367,265	644,206	7,109,282	2,177,445	91



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMEN T	SUBTOTAL (cols.0-4)	ADMINI- STRATIVE & GENERAL	
		0	1	2	4	4A	5	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	2,918,749	18,516	66,772	96,963	3,101,000	949,780	105
107	LIVER ACQUISITION	1,440,577	9,898	73,655	88,959	1,613,089	494,060	107
109	PANCREAS ACQUISITION	74,096	238	989	1,375	76,698	23,491	109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	355,781,556	5,449,794	13,305,257	12,826,667	354,330,313	82,691,832	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,405	17,448	39,885		198,738	60,870	190
194	DOCTORS MEALS	716,313				716,313	219,394	194
194.0 5	PUBLIC RELATIONS	642,636	477	1,090	31,243	675,446	206,877	194.0 5
194.1 1	UNIVERSITY SPACE	1,835,654	1,037,621			2,873,275	880,032	194.1 1
194.1 2	CANCER CENTER	565,048	323,200			888,248	272,054	194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES	42,809			279	43,088	13,197	194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	359,725,421	6,828,540	13,346,232	12,858,189	359,725,421	84,344,256	202

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS	1,030,623						6
7	OPERATION OF PLANT	216,712	17,667,964					7
8	LAUNDRY & LINEN SERVICE	4,104	89,077	1,585,715				8
9	HOUSEKEEPING	17,117	371,566		5,518,608			9
10	DIETARY	25,977	563,891		131,584	2,002,519		10
11	CAFETERIA	7,830	169,961		39,661		2,758,868	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,355	51,122		11,929		48,228	13
14	CENTRAL SERVICES & SUPPLY	13,439	291,727		68,075		19,689	14
15	PHARMACY	11,841	257,032		59,979		144,902	15
16	MEDICAL RECORDS & LIBRARY	12,517	271,704		63,402		74,388	16
16.01	QUALITY ASSURANCE						11,817	16.01
17	SOCIAL SERVICE	2,091	45,396		10,593		61,501	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						2,368	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)						4,405	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	178,914	3,883,781	1,072,012	906,283	1,353,789	609,110	30
31	INTENSIVE CARE UNIT	12,528	271,955	61,828	63,461	78,080	85,073	31
31.01	6TH ICU	11,706	254,106	58,884	59,296	74,362	64,752	31.01
31.02	7TH ICU	12,120	263,093	60,013	61,393	75,787	75,614	31.02
31.03	8TH ICU	12,601	273,543	63,433	63,832	80,106	77,980	31.03
31.04	5TH ICU	14,825	321,823	72,565	75,098	91,639	83,845	31.04
40	SUBPROVIDER - IPF	35,693	774,817	196,980	180,804	248,756	122,044	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	92,211	2,001,666		467,090		233,028	50
51	RECOVERY ROOM	18,267	396,521		92,528		69,828	51
53	ANESTHESIOLOGY	12,640	274,379		64,027		5,964	53
54	RADIOLOGY-DIAGNOSTIC	55,778	1,210,798		282,540		174,149	54
54.03	ENDOSCOPY	12,182	264,431		61,705		34,689	54.03
54.05	PET IMAGING						9,015	54.05
55	RADIOLOGY-THERAPEUTIC	13,087	284,077		66,290		17,389	55
56	RADIOISOTOPE	9,915	215,232		50,224		11,045	56
60	LABORATORY	42,027	912,299		212,886		167,428	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	5,835	126,656		29,555			63
65	RESPIRATORY THERAPY	6,647	144,296		33,672		66,052	65
66	PHYSICAL THERAPY	17,756	385,444		89,944		65,283	66
69	ELECTROCARDIOLOGY	29,745	645,695		150,673		89,591	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY						9,326	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	7,038	152,781		35,652			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	4,860	105,505		24,620		6,863	76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	14,438	313,421		73,137		16,236	90
90.02	TRANSPLANT CLINIC	5,095	110,605		25,810		35,913	90.02
90.03	BONE MARROW CLINIC	17,134	371,942		86,793		26,153	90.03
90.04	TENETCARE	28,403	616,560		143,875		26,942	90.04
91	EMERGENCY	35,037	760,563		177,478		155,455	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							



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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	4,038	87,656		20,455		23,398	105
107	LIVER ACQUISITION	2,159	46,859		10,934		21,467	107
109	PANCREAS ACQUISITION	52	1,129		263		332	109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	1,026,714	17,583,109	1,585,715	3,995,541	2,002,519	2,751,262	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,805	82,598		19,274			190
194	DOCTORS MEALS							194
194.0 5	PUBLIC RELATIONS	104	2,257		527		7,539	194.0 5
194.1 1	UNIVERSITY SPACE				1,146,233			194.1 1
194.1 2	CANCER CENTER				357,033			194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES						67	194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,030,623	17,667,964	1,585,715	5,518,608	2,002,519	2,758,868	202



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS 16	QUALITY ASSURANCE 16.01	SOCIAL SERVICE 17	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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	2,699,358						13
14	CENTRAL SERVICES & SUPPLY		1,800,228					14
15	PHARMACY		191	9,838,312				15
16	MEDICAL RECORDS & LIBRARY				4,772,629			16
16.01	QUALITY ASSURANCE					838,863		16.01
17	SOCIAL SERVICE	9		8,813			3,563,042	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	973,604	6,284	3,608	274,011	83,886	2,408,770	30
31	INTENSIVE CARE UNIT	156,957	2,546		34,969	25,166	138,926	31
31.01	6TH ICU	121,718	2,465		33,825	25,166	132,311	31.01
31.02	7TH ICU	135,821	2,439	24	34,178	25,166	134,846	31.02
31.03	8TH ICU	144,994	3,179	23	36,399	25,166	142,531	31.03
31.04	5TH ICU	148,923	1,838		43,135	25,166	163,051	31.04
40	SUBPROVIDER - IPF	157,849	907		58,890	125,830	442,607	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	238,687	3,449		315,570	125,829		50
51	RECOVERY ROOM	135,019	557		41,620	31,457		51
53	ANESTHESIOLOGY		1,802		57,581	31,457		53
54	RADIOLOGY-DIAGNOSTIC	43,085	1,873		561,078	20,972		54
54.03	ENDOSCOPY	60,739	926	2	43,082			54.03
54.05	PET IMAGING	107			61,340			54.05
55	RADIOLOGY-THERAPEUTIC	11,543	23		53,516	20,972		55
56	RADIOISOTOPE	1,431	54	29	4,560			56
60	LABORATORY	16,348	731	1,669	654,110	41,943		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.				66,822			63
65	RESPIRATORY THERAPY		241		70,974			65
66	PHYSICAL THERAPY	12	28	47	51,850			66
69	ELECTROCARDIOLOGY	41,338	936	173	208,777	31,457		69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY		9	46	5,096	31,457		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		806,107		349,954			71
72	IMPL. DEV. CHARGED TO PATIENTS		960,197		263,467			72
73	DRUGS CHARGED TO PATIENTS			9,823,585	1,009,628			73
74	RENAL DIALYSIS		461		14,341			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,408			4,574	20,972		76.30
76.31	CORNEAL TRANSPLANTS				3,254			76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	14,996	89		8,218	20,972		90
90.02	TRANSPLANT CLINIC	17,783	22	80	6,975			90.02
90.03	BONE MARROW CLINIC	12,451	213	108	4,127			90.03
90.04	TENETCARE	3,176			94,796			90.04
91	EMERGENCY	238,054	2,632		271,252	125,829		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	7,503	9	34	22,402			105
107	LIVER ACQUISITION	15,667	20	71	7,817			107
109	PANCREAS ACQUISITION	136			441			109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	2,699,358	1,800,228	9,838,312	4,772,629	838,863	3,563,042	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,699,358	1,800,228	9,838,312	4,772,629	838,863	3,563,042	202



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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
16.01	QUALITY ASSURANCE							16.01
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	107,078						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		47,825,390					22
23	PARAMED ED PRGM-(SPECIFY)			242,726				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	46,102	20,591,365	76,197	67,702,333	-20,637,467	47,064,866	30
31	INTENSIVE CARE UNIT	3,613	1,613,661	3,313	7,326,180	-1,617,274	5,708,906	31
31.01	6TH ICU	3,613	1,613,661	3,313	6,361,869	-1,617,274	4,744,595	31.01
31.02	7TH ICU	3,613	1,613,661	3,313	6,900,000	-1,617,274	5,282,726	31.02
31.03	8TH ICU	3,613	1,613,661	3,313	6,796,664	-1,617,274	5,179,390	31.03
31.04	5TH ICU	3,613	1,613,661	3,313	7,468,723	-1,617,274	5,851,449	31.04
40	SUBPROVIDER - IPF	2,660	1,187,989	39,756	10,123,714	-1,190,649	8,933,065	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,969	5,345,795		25,797,869	-5,357,764	20,440,105	50
51	RECOVERY ROOM	887	396,023		4,916,211	-396,910	4,519,301	51
53	ANESTHESIOLOGY	7,447	3,326,307		4,571,611	-3,333,754	1,237,857	53
54	RADIOLOGY-DIAGNOSTIC	6,871	3,068,881	25,261	18,255,320	-3,075,752	15,179,568	54
54.03	ENDOSCOPY				2,732,435		2,732,435	54.03
54.05	PET IMAGING			2,416	974,367		974,367	54.05
55	RADIOLOGY-THERAPEUTIC	1,330	593,995		2,833,314	-595,325	2,237,989	55
56	RADIOISOTOPE			2,416	2,661,083		2,661,083	56
60	LABORATORY	4,876	2,177,928		26,387,649	-2,182,804	24,204,845	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.				5,848,378		5,848,378	63
65	RESPIRATORY THERAPY			6,212	3,745,986		3,745,986	65
66	PHYSICAL THERAPY			67,605	4,324,963		4,324,963	66
69	ELECTROCARDIOLOGY			4,573	7,173,735		7,173,735	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	2,216	989,939		1,530,122	-992,155	537,967	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				24,369,843		24,369,843	71
72	IMPL. DEV. CHARGED TO PATIENTS				28,929,597		28,929,597	72
73	DRUGS CHARGED TO PATIENTS				40,492,484		40,492,484	73
74	RENAL DIALYSIS				1,967,521		1,967,521	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	665	296,958		2,103,903	-297,623	1,806,280	76.30
76.31	CORNEAL TRANSPLANTS				289,330		289,330	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	665	296,958		2,352,279	-297,623	2,054,656	90
90.02	TRANSPLANT CLINIC				2,515,439		2,515,439	90.02
90.03	BONE MARROW CLINIC				1,700,326		1,700,326	90.03
90.04	TENETCARE				2,831,220		2,831,220	90.04
91	EMERGENCY	3,325	1,484,947	1,725	12,543,024	-1,488,272	11,054,752	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							



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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION				4,216,275		4,216,275	105
107	LIVER ACQUISITION				2,212,143		2,212,143	107
109	PANCREAS ACQUISITION				102,542		102,542	109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	107,078	47,825,390	242,726	351,058,452	-47,932,468	303,125,984	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				365,285		365,285	190
194	DOCTORS MEALS				935,707		935,707	194
194.05	PUBLIC RELATIONS				892,750		892,750	194.05
194.11	UNIVERSITY SPACE				4,899,540		4,899,540	194.11
194.12	CANCER CENTER				1,517,335		1,517,335	194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES				56,352		56,352	194.14
194.15	OP CATH LAB-UNIV							194.15
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	107,078	47,825,390	242,726	359,725,421	-47,932,468	311,792,953	202

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT	3,744	60,909	139,236	203,889	203,889		4
5	ADMINISTRATIVE & GENERAL	2,157,074	662,462	2,227,672	5,047,208	21,574	5,068,782	5
6	MAINTENANCE & REPAIRS		18,481	42,247	60,728	824	14,522	6
7	OPERATION OF PLANT	234,408	993,724	2,271,639	3,499,771	2	245,895	7
8	LAUNDRY & LINEN SERVICE		18,816	43,014	61,830	199	21,030	8
9	HOUSEKEEPING		78,489	179,424	257,913		72,283	9
10	DIETARY		119,115	272,295	391,410		18,051	10
11	CAFETERIA		35,902	82,072	117,974		35,809	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION		10,799	24,686	35,485	3,169	36,434	13
14	CENTRAL SERVICES & SUPPLY		61,624	140,871	202,495	1,294	19,829	14
15	PHARMACY		54,295	124,117	178,412	9,521	131,947	15
16	MEDICAL RECORDS & LIBRARY		57,394	131,202	188,596	4,888	61,302	16
16.01	QUALITY ASSURANCE					776	11,653	16.01
17	SOCIAL SERVICE		9,589	21,921	31,510	4,041	48,395	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					156	1,475	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						673,999	22
23	PARAMED ED PRGM-(SPECIFY)					289	3,358	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		820,402	1,875,425	2,695,827	40,037	496,469	30
31	INTENSIVE CARE UNIT		57,447	131,323	188,770	5,590	67,269	31
31.01	6TH ICU		53,677	122,704	176,381	4,255	54,990	31.01
31.02	7TH ICU		55,575	127,044	182,619	4,968	61,982	31.02
31.03	8TH ICU		57,783	132,090	189,873	5,124	59,916	31.03
31.04	5TH ICU		67,981	155,404	223,385	5,509	67,722	31.04
40	SUBPROVIDER - IPF		163,671	374,148	537,819	8,019	92,266	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		422,828	966,577	1,389,405	15,311	239,009	50
51	RECOVERY ROOM		83,760	191,474	275,234	4,588	52,606	51
53	ANESTHESIOLOGY		57,959	132,494	190,453	392	11,131	53
54	RADIOLOGY-DIAGNOSTIC		255,767	584,677	840,444	11,443	180,414	54
54.03	ENDOSCOPY		55,858	127,690	183,548	2,279	31,769	54.03
54.05	PET IMAGING					592	12,702	54.05
55	RADIOLOGY-THERAPEUTIC		60,008	137,177	197,185	1,143	24,955	55
56	RADIOISOTOPE		45,465	103,932	149,397	726	33,340	56
60	LABORATORY		192,712	440,537	633,249	11,001	312,178	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.		26,755	61,160	87,915		79,181	63
65	RESPIRATORY THERAPY		30,481	69,678	100,159	4,340	48,159	65
66	PHYSICAL THERAPY		81,420	186,125	267,545	4,290	51,388	66
69	ELECTROCARDIOLOGY		136,395	311,797	448,192	5,887	84,130	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY					613	6,933	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS						327,091	71
72	IMPL. DEV. CHARGED TO PATIENTS						390,387	72
73	DRUGS CHARGED TO PATIENTS						417,910	73
74	RENAL DIALYSIS		32,273	73,776	106,049		24,760	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW		22,287	50,947	73,234	451	23,073	76.30
76.31	CORNEAL TRANSPLANTS						4,031	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		66,206	151,347	217,553	1,067	22,448	90
90.02	TRANSPLANT CLINIC	59,219	23,364	111,320	193,903	2,360	32,593	90.02
90.03	BONE MARROW CLINIC		78,568	179,606	258,174	1,718	16,646	90.03
90.04	TENETCARE		130,241	297,728	427,969	1,770	27,018	90.04
91	EMERGENCY		160,660	367,265	527,925	10,214	130,853	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	24,996	18,516	66,772	110,284	1,537	57,077	105
107	LIVER ACQUISITION	52,181	9,898	73,655	135,734	1,411	29,691	107
109	PANCREAS ACQUISITION	454	238	989	1,681	22	1,412	109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	2,532,076	5,449,794	13,305,257	21,287,127	203,390	4,969,481	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,448	39,885	57,333		3,658	190
194	DOCTORS MEALS						13,184	194
194.0 5	PUBLIC RELATIONS		477	1,090	1,567	495	12,432	194.0 5
194.1 1	UNIVERSITY SPACE		1,037,621		1,037,621		52,885	194.1 1
194.1 2	CANCER CENTER		323,200		323,200		16,349	194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES					4	793	194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	2,532,076	6,828,540	13,346,232	22,706,848	203,889	5,068,782	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS	76,074						6
7	OPERATION OF PLANT	15,995	3,761,663					7
8	LAUNDRY & LINEN SERVICE	303	18,965	102,327				8
9	HOUSEKEEPING	1,263	79,110		410,569			9
10	DIETARY	1,917	120,057		9,790	541,225		10
11	CAFETERIA	578	36,186		2,951		193,498	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	174	10,884		888		3,382	13
14	CENTRAL SERVICES & SUPPLY	992	62,111		5,065		1,381	14
15	PHARMACY	874	54,724		4,462		10,162	15
16	MEDICAL RECORDS & LIBRARY	924	57,848		4,717		5,217	16
16.01	QUALITY ASSURANCE						829	16.01
17	SOCIAL SERVICE	154	9,665		788		4,313	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						166	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)						309	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	13,206	826,891	69,177	67,425	365,892	42,733	30
31	INTENSIVE CARE UNIT	925	57,902	3,990	4,721	21,103	5,966	31
31.01	6TH ICU	864	54,101	3,800	4,411	20,098	4,541	31.01
31.02	7TH ICU	895	56,015	3,873	4,567	20,483	5,303	31.02
31.03	8TH ICU	930	58,240	4,093	4,749	21,650	5,469	31.03
31.04	5TH ICU	1,094	68,519	4,683	5,587	24,767	5,880	31.04
40	SUBPROVIDER - IPF	2,635	164,965	12,711	13,451	67,232	8,559	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	6,806	426,172		34,750		16,343	50
51	RECOVERY ROOM	1,348	84,423		6,884		4,897	51
53	ANESTHESIOLOGY	933	58,418		4,763		418	53
54	RADIOLOGY-DIAGNOSTIC	4,117	257,789		21,020		12,213	54
54.03	ENDOSCOPY	899	56,300		4,591		2,433	54.03
54.05	PET IMAGING						632	54.05
55	RADIOLOGY-THERAPEUTIC	966	60,483		4,932		1,220	55
56	RADIOISOTOPE	732	45,825		3,737		775	56
60	LABORATORY	3,102	194,236		15,838		11,742	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	431	26,966		2,199			63
65	RESPIRATORY THERAPY	491	30,722		2,505		4,632	65
66	PHYSICAL THERAPY	1,311	82,064		6,692		4,578	66
69	ELECTROCARDIOLOGY	2,196	137,474		11,210		6,283	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY						654	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	520	32,528		2,652			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	359	22,463		1,832		481	76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,066	66,730		5,441		1,139	90
90.02	TRANSPLANT CLINIC	376	23,549		1,920		2,519	90.02
90.03	BONE MARROW CLINIC	1,265	79,190		6,457		1,834	90.03
90.04	TENETCARE	2,097	131,271		10,704		1,889	90.04
91	EMERGENCY	2,586	161,930		13,204		10,902	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	298	18,663		1,522		1,641	105
107	LIVER ACQUISITION	159	9,977		813		1,506	107
109	PANCREAS ACQUISITION	4	240		20		23	109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	75,785	3,743,596	102,327	297,258	541,225	192,964	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	281	17,586		1,434			190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS	8	481		39		529	194.0
5								5
194.1	UNIVERSITY SPACE				85,276			194.1
1								1
194.1	CANCER CENTER				26,562			194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES						5	194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	76,074	3,761,663	102,327	410,569	541,225	193,498	202



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS 16	QUALITY ASSURANCE 16.01	SOCIAL SERVICE 17	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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	90,416						13
14	CENTRAL SERVICES & SUPPLY		293,167					14
15	PHARMACY		31	390,133				15
16	MEDICAL RECORDS & LIBRARY				323,492			16
16.01	QUALITY ASSURANCE					13,258		16.01
17	SOCIAL SERVICE			349			99,215	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	32,603	1,023	143	18,557	1,326	67,074	30
31	INTENSIVE CARE UNIT	5,258	415		2,368	398	3,868	31
31.01	6TH ICU	4,078	401		2,291	398	3,684	31.01
31.02	7TH ICU	4,550	397	1	2,315	398	3,755	31.02
31.03	8TH ICU	4,857	518	1	2,465	398	3,969	31.03
31.04	5TH ICU	4,989	299		2,921	398	4,540	31.04
40	SUBPROVIDER - IPF	5,288	148		3,988	1,989	12,325	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,996	562		21,372	1,989		50
51	RECOVERY ROOM	4,523	91		2,819	497		51
53	ANESTHESIOLOGY		293		3,900	497		53
54	RADIOLOGY-DIAGNOSTIC	1,443	305		37,998	331		54
54.03	ENDOSCOPY	2,035	151		2,918			54.03
54.05	PET IMAGING	4			4,154			54.05
55	RADIOLOGY-THERAPEUTIC	387	4		3,624	331		55
56	RADIOISOTOPE	48	9	1	309			56
60	LABORATORY	548	119	66	44,299	663		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.				4,525			63
65	RESPIRATORY THERAPY		39		4,807			65
66	PHYSICAL THERAPY		5	2	3,511			66
69	ELECTROCARDIOLOGY	1,385	152	7	14,139	497		69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY		1	2	345	497		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS		131,266		23,700			71
72	IMPL. DEV. CHARGED TO PATIENTS		156,376		17,843			72
73	DRUGS CHARGED TO PATIENTS			389,550	68,648			73
74	RENAL DIALYSIS		75		971			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	47			310	331		76.30
76.31	CORNEAL TRANSPLANTS				220			76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	502	14		557	331		90
90.02	TRANSPLANT CLINIC	596	4	3	472			90.02
90.03	BONE MARROW CLINIC	417	35	4	280			90.03
90.04	TENETCARE	106			6,420			90.04
91	EMERGENCY	7,975	429		18,370	1,989		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	251	2	1	1,517			105
107	LIVER ACQUISITION	525	3	3	529			107
109	PANCREAS ACQUISITION	5			30			109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)	90,416	293,167	390,133	323,492	13,258	99,215	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	90,416	293,167	390,133	323,492	13,258	99,215	202



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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
16.01	QUALITY ASSURANCE							16.01
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	1,797						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		673,999					22
23	PARAMED ED PRGM-(SPECIFY)			3,956				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS				4,738,383		4,738,383	30
31	INTENSIVE CARE UNIT				368,543		368,543	31
31.01	6TH ICU				334,293		334,293	31.01
31.02	7TH ICU				352,121		352,121	31.02
31.03	8TH ICU				362,252		362,252	31.03
31.04	5TH ICU				420,293		420,293	31.04
40	SUBPROVIDER - IPF				931,395		931,395	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM				2,159,715		2,159,715	50
51	RECOVERY ROOM				437,910		437,910	51
53	ANESTHESIOLOGY				271,198		271,198	53
54	RADIOLOGY-DIAGNOSTIC				1,367,517		1,367,517	54
54.03	ENDOSCOPY				286,923		286,923	54.03
54.05	PET IMAGING				18,084		18,084	54.05
55	RADIOLOGY-THERAPEUTIC				295,230		295,230	55
56	RADIOISOTOPE				234,899		234,899	56
60	LABORATORY				1,227,041		1,227,041	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.				201,217		201,217	63
65	RESPIRATORY THERAPY				195,854		195,854	65
66	PHYSICAL THERAPY				421,386		421,386	66
69	ELECTROCARDIOLOGY				711,552		711,552	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY				9,045		9,045	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS				482,057		482,057	71
72	IMPL. DEV. CHARGED TO PATIENTS				564,606		564,606	72
73	DRUGS CHARGED TO PATIENTS				876,108		876,108	73
74	RENAL DIALYSIS				167,555		167,555	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW				122,581		122,581	76.30
76.31	CORNEAL TRANSPLANTS				4,251		4,251	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC				316,848		316,848	90
90.02	TRANSPLANT CLINIC				258,295		258,295	90.02
90.03	BONE MARROW CLINIC				366,020		366,020	90.03
90.04	TENETCARE				609,244		609,244	90.04
91	EMERGENCY				886,377		886,377	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							



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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION				192,793		192,793	105
107	LIVER ACQUISITION				180,351		180,351	107
109	PANCREAS ACQUISITION				3,437		3,437	109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)				20,375,374		20,375,374	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN				80,292		80,292	190
194	DOCTORS MEALS				13,184		13,184	194
194.0 5	PUBLIC RELATIONS				15,551		15,551	194.0 5
194.1 1	UNIVERSITY SPACE				1,175,782		1,175,782	194.1 1
194.1 2	CANCER CENTER				366,111		366,111	194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES				802		802	194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	CROSS FOOT ADJUSTMENTS	1,797	673,999	3,956	679,752		679,752	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,797	673,999	3,956	22,706,848		22,706,848	202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	773,344						1
2	CAP REL COSTS-MVBLE EQUIP		661,197					2
4	EMPLOYEE BENEFITS DEPARTMENT	6,898	6,898	92,167,865				4
5	ADMINISTRATIVE & GENERAL	75,025	110,363	9,753,276	-84,344,256	275,381,165		5
6	MAINTENANCE & REPAIRS	2,093	2,093	372,551		788,974	535,213	6
7	OPERATION OF PLANT	112,541	112,541	907		13,359,483	112,541	7
8	LAUNDRY & LINEN SERVICE	2,131	2,131	90,127		1,142,582	2,131	8
9	HOUSEKEEPING	8,889	8,889			3,927,119	8,889	9
10	DIETARY	13,490	13,490			980,697	13,490	10
11	CAFETERIA	4,066	4,066			1,945,534	4,066	11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,223	1,223	1,432,600		1,979,453	1,223	13
14	CENTRAL SERVICES & SUPPLY	6,979	6,979	584,855		1,077,331	6,979	14
15	PHARMACY	6,149	6,149	4,304,239		7,168,718	6,149	15
16	MEDICAL RECORDS & LIBRARY	6,500	6,500	2,209,661		3,330,535	6,500	16
16.01	QUALITY ASSURANCE			351,007		633,130		16.01
17	SOCIAL SERVICE	1,086	1,086	1,826,859		2,629,324	1,086	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			70,345		80,159		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					36,611,868		22
23	PARAMED ED PRGM-(SPECIFY)			130,862		182,442		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	92,912	92,912	18,093,588		26,973,209	92,912	30
31	INTENSIVE CARE UNIT	6,506	6,506	2,527,053		3,654,727	6,506	31
31.01	6TH ICU	6,079	6,079	1,923,432		2,987,633	6,079	31.01
31.02	7TH ICU	6,294	6,294	2,246,062		3,367,511	6,294	31.02
31.03	8TH ICU	6,544	6,544	2,316,354		3,255,262	6,544	31.03
31.04	5TH ICU	7,699	7,699	2,490,578		3,679,319	7,699	31.04
40	SUBPROVIDER - IPF	18,536	18,536	3,625,245		5,012,801	18,536	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	47,886	47,886	6,921,965		12,985,385	47,886	50
51	RECOVERY ROOM	9,486	9,486	2,074,210		2,858,115	9,486	51
53	ANESTHESIOLOGY	6,564	6,564	177,146		604,775	6,564	53
54	RADIOLOGY-DIAGNOSTIC	28,966	28,966	5,173,001		9,801,891	28,966	54
54.03	ENDOSCOPY	6,326	6,326	1,030,425		1,726,028	6,326	54.03
54.05	PET IMAGING			267,797		690,118		54.05
55	RADIOLOGY-THERAPEUTIC	6,796	6,796	516,533		1,355,827	6,796	55
56	RADIOISOTOPE	5,149	5,149	328,082		1,811,383	5,149	56
60	LABORATORY	21,825	21,825	4,973,349		16,960,659	21,825	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	3,030	3,030			4,301,912	3,030	63
65	RESPIRATORY THERAPY	3,452	3,452	1,962,023		2,616,504	3,452	65
66	PHYSICAL THERAPY	9,221	9,221	1,939,199		2,791,889	9,221	66
69	ELECTROCARDIOLOGY	15,447	15,447	2,661,241		4,570,818	15,447	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY			277,031		376,667		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS					17,770,881		71
72	IMPL. DEV. CHARGED TO PATIENTS					21,209,764		72
73	DRUGS CHARGED TO PATIENTS					22,705,106		73
74	RENAL DIALYSIS	3,655	3,655			1,345,229	3,655	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,524	2,524	203,862		1,253,541	2,524	76.30
76.31	CORNEAL TRANSPLANTS					219,000		76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	7,498	7,498	482,283		1,219,606	7,498	90
90.02	TRANSPLANT CLINIC	2,646	5,515	1,066,775		1,770,794	2,646	90.02
90.03	BONE MARROW CLINIC	8,898	8,898	776,851		904,403	8,898	90.03
90.04	TENETCARE	14,750	14,750	800,292		1,467,882	14,750	90.04
91	EMERGENCY	18,195	18,195	4,617,697		7,109,282	18,195	91



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	2,097	3,308	695,034		3,101,000	2,097	105
107	LIVER ACQUISITION	1,121	3,649	637,661		1,613,089	1,121	107
109	PANCREAS ACQUISITION	27	49	9,856		76,698	27	109
118	SUBTOTALS (sum of lines 1-117)	617,199	659,167	91,941,914	-84,344,256	269,986,057	533,183	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976	1,976			198,738	1,976	190
194	DOCTORS MEALS					716,313		194
194.0 5	PUBLIC RELATIONS	54	54	223,952		675,446	54	194.0 5
194.1 1	UNIVERSITY SPACE	117,512				2,873,275		194.1 1
194.1 2	CANCER CENTER	36,603				888,248		194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES			1,999		43,088		194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	6,828,540	13,346,232	12,858,189		84,344,256	1,030,623	202
203	UNIT COST MULT-WS B PT I	8,829,887	20,184,955	0,139,508		0,306,282	1,925,631	203
204	COST TO BE ALLOC PER B PT II			203,889		5,068,782	76,074	204
205	UNIT COST MULT-WS B PT II			0,002,212		0,018,406	0,142,138	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE-KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION (NURSING SALARIES)	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	422,672						7
8	LAUNDRY & LINEN SERVICE	2,131	89,944					8
9	HOUSEKEEPING	8,889		565,767				9
10	DIETARY	13,490		13,490	89,944			10
11	CAFETERIA	4,066		4,066		81,951,004		11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,223		1,223		1,432,600	38,793,639	13
14	CENTRAL SERVICES & SUPPLY	6,979		6,979		584,855		14
15	PHARMACY	6,149		6,149		4,304,239		15
16	MEDICAL RECORDS & LIBRARY	6,500		6,500		2,209,661		16
16.01	QUALITY ASSURANCE					351,007		16.01
17	SOCIAL SERVICE	1,086		1,086		1,826,859	123	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					70,345		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)					130,862		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	92,912	60,806	92,912	60,806	18,093,588	13,991,911	30
31	INTENSIVE CARE UNIT	6,506	3,507	6,506	3,507	2,527,053	2,255,708	31
31.01	6TH ICU	6,079	3,340	6,079	3,340	1,923,432	1,749,276	31.01
31.02	7TH ICU	6,294	3,404	6,294	3,404	2,246,062	1,951,962	31.02
31.03	8TH ICU	6,544	3,598	6,544	3,598	2,316,354	2,083,783	31.03
31.04	5TH ICU	7,699	4,116	7,699	4,116	2,490,578	2,140,247	31.04
40	SUBPROVIDER - IPF	18,536	11,173	18,536	11,173	3,625,245	2,268,539	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	47,886		47,886		6,921,965	3,430,295	50
51	RECOVERY ROOM	9,486		9,486		2,074,210	1,940,430	51
53	ANESTHESIOLOGY	6,564		6,564		177,146		53
54	RADIOLOGY-DIAGNOSTIC	28,966		28,966		5,173,001	619,202	54
54.03	ENDOSCOPY	6,326		6,326		1,030,425	872,917	54.03
54.05	PET IMAGING					267,797	1,540	54.05
55	RADIOLOGY-THERAPEUTIC	6,796		6,796		516,533	165,897	55
56	RADIOISOTOPE	5,149		5,149		328,082	20,571	56
60	LABORATORY	21,825		21,825		4,973,349	234,952	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	3,030		3,030				63
65	RESPIRATORY THERAPY	3,452		3,452		1,962,023		65
66	PHYSICAL THERAPY	9,221		9,221		1,939,199	167	66
69	ELECTROCARDIOLOGY	15,447		15,447		2,661,241	594,086	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY					277,031		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS							71
72	IMPL. DEV. CHARGED TO PATIENTS							72
73	DRUGS CHARGED TO PATIENTS							73
74	RENAL DIALYSIS	3,655		3,655				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,524		2,524		203,862	20,239	76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	7,498		7,498		482,283	215,518	90
90.02	TRANSPLANT CLINIC	2,646		2,646		1,066,775	255,568	90.02
90.03	BONE MARROW CLINIC	8,898		8,898		776,851	178,936	90.03
90.04	TENETCARE	14,750		14,750		800,292	45,641	90.04
91	EMERGENCY	18,195		18,195		4,617,697	3,421,199	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE- KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINI- STRATION (NURSING SALARIES)	
		7	8	9	10	11	13	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	2,097		2,097		695,034	107,825	105
107	LIVER ACQUISITION	1,121		1,121		637,661	225,158	107
109	PANCREAS ACQUISITION	27		27		9,856	1,949	109
118	SUBTOTALS (sum of lines 1-117)	420,642	89,944	409,622	89,944	81,725,053	38,793,639	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,976		1,976				190
194	DOCTORS MEALS							194
194.0 5	PUBLIC RELATIONS	54		54		223,952		194.0 5
194.1 1	UNIVERSITY SPACE			117,512				194.1 1
194.1 2	CANCER CENTER			36,603				194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES					1,999		194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	17,667,964	1,585,715	5,518,608	2,002,519	2,758,868	2,699,358	202
203	UNIT COST MULT-WS B PT I	41.800649	17.630025	9.754206	22.264064	0.033665	0.069582	203
204	COST TO BE ALLOC PER B PT II	3,761,663	102,327	410,569	541,225	193,498	90,416	204
205	UNIT COST MULT-WS B PT II	8.899721	1.137675	0.725686	6.017355	0.002361	0.002331	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (GROSS REVENUE)	QUALITY ASSURANCE (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		14	15	16	16.01	17	21	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
5	ADMINISTRATIVE & GENERAL							5
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	40,091,498						14
15	PHARMACY	4,259	23,135,976					15
16	MEDICAL RECORDS & LIBRARY			1,576,776,355				16
16.01	QUALITY ASSURANCE				10,000			16.01
17	SOCIAL SERVICE		20,725			89,944		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						609,739	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	139,949	8,484	90,522,166	1,000	60,806	262,525	30
31	INTENSIVE CARE UNIT	56,696		11,552,223	300	3,507	20,573	31
31.01	6TH ICU	54,902		11,174,465	300	3,340	20,573	31.01
31.02	7TH ICU	54,326	56	11,291,066	300	3,404	20,573	31.02
31.03	8TH ICU	70,804	54	12,024,915	300	3,598	20,573	31.03
31.04	5TH ICU	40,928		14,250,156	300	4,116	20,573	31.04
40	SUBPROVIDER - IPF	20,195		19,454,928	1,500	11,173	15,146	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	76,801		104,251,764	1,500		68,155	50
51	RECOVERY ROOM	12,414		13,749,674	375		5,049	51
53	ANESTHESIOLOGY	40,125		19,022,348	375		42,408	53
54	RADIOLOGY-DIAGNOSTIC	41,717		185,357,749	250		39,126	54
54.03	ENDOSCOPY	20,630	5	14,232,607				54.03
54.05	PET IMAGING			20,264,257				54.05
55	RADIOLOGY-THERAPEUTIC	517		17,679,623	250		7,573	55
56	RADIOISOTOPE	1,206	69	1,506,576				56
60	LABORATORY	16,279	3,925	216,091,758	500		27,767	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.			22,075,340				63
65	RESPIRATORY THERAPY	5,366		23,447,037				65
66	PHYSICAL THERAPY	626	110	17,129,099				66
69	ELECTROCARDIOLOGY	20,856	408	68,971,431	375			69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	196	109	1,683,476	375		12,621	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,952,180		115,610,941				71
72	IMPL. DEV. CHARGED TO PATIENTS	21,383,768		87,038,911				72
73	DRUGS CHARGED TO PATIENTS		23,101,344	333,630,896				73
74	RENAL DIALYSIS	10,259		4,737,832				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW			1,511,013	250		3,786	76.30
76.31	CORNEAL TRANSPLANTS			1,074,848				76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,982		2,714,769	250		3,786	90
90.02	TRANSPLANT CLINIC	498	187	2,304,323				90.02
90.03	BONE MARROW CLINIC	4,741	254	1,363,430				90.03
90.04	TENETCARE			31,316,916				90.04
91	EMERGENCY	58,625		89,610,871	1,500		18,932	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (GROSS REVENUE)	QUALITY ASSURANCE (TIME SPENT)	SOCIAL SERVICE (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		14	15	16	16.01	17	21	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION	210	79	7,400,759				105
107	LIVER ACQUISITION	439	166	2,582,468				107
109	PANCREAS ACQUISITION	4	1	145,720				109
118	SUBTOTALS (sum of lines 1-117)	40,091,498	23,135,976	1,576,776,355	10,000	89,944	609,739	118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS							194.05
194.11	UNIVERSITY SPACE							194.11
194.12	CANCER CENTER							194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES							194.14
194.15	OP CATH LAB-UNIV							194.15
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,800,228	9,838,312	4,772,629	838,863	3,563,042	107,078	202
203	UNIT COST MULT-WS B PT I	0.044903	0.425239	0.003027	83.886300	39.614004	0.175613	203
204	COST TO BE ALLOC PER B PT II	293,167	390,133	323,492	13,258	99,215	1,797	204
205	UNIT COST MULT-WS B PT II	0.007312	0.016863	0.000205	1.325800	1.103075	0.002947	205



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED (ASSIGNED TIME)
	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	ADMINISTRATIVE & GENERAL		5	
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	
16.01	QUALITY ASSURANCE		16.01	
17	SOCIAL SERVICE		17	
19	NONPHYSICIAN ANESTHETISTS		19	
20	NURSING SCHOOL		20	
21	I&R SERVICES-SALARY & FRINGES APPRVD		21	
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	609,739	22	
23	PARAMED ED PRGM-(SPECIFY)	14,067	23	
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	262,525	4,416	30
31	INTENSIVE CARE UNIT	20,573	192	31
31.01	6TH ICU	20,573	192	31.01
31.02	7TH ICU	20,573	192	31.02
31.03	8TH ICU	20,573	192	31.03
31.04	5TH ICU	20,573	192	31.04
40	SUBPROVIDER - IPF	15,146	2,304	40
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	68,155		50
51	RECOVERY ROOM	5,049		51
53	ANESTHESIOLOGY	42,408		53
54	RADIOLOGY-DIAGNOSTIC	39,126	1,464	54
54.03	ENDOSCOPY			54.03
54.05	PET IMAGING		140	54.05
55	RADIOLOGY-THERAPEUTIC	7,573		55
56	RADIOISOTOPE		140	56
60	LABORATORY	27,767		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63	BLOOD STORING, PROCESSING & TRANS.			63
65	RESPIRATORY THERAPY		360	65
66	PHYSICAL THERAPY		3,918	66
69	ELECTROCARDIOLOGY		265	69
69.02	CARDIOVASCULAR LAB			69.02
70	ELECTROENCEPHALOGRAPHY	12,621		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
76	OTHER ANCILLARY SERVICES			76
76.01	PSYCH THERAPY			76.01
76.29	AIR RESCUE			76.29
76.30	BONE MARROW	3,786		76.30
76.31	CORNEAL TRANSPLANTS			76.31
76.97	CARDIAC REHABILITATION			76.97
76.98	HYPERBARIC OXYGEN THERAPY			76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	3,786		90
90.02	TRANSPLANT CLINIC			90.02
90.03	BONE MARROW CLINIC			90.03
90.04	TENETCARE			90.04



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED (ASSIGNED TIME)					
		22	23					
91	EMERGENCY	18,932	100					91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
107	LIVER ACQUISITION							107
109	PANCREAS ACQUISITION							109
118	SUBTOTALS (sum of lines 1-117)	609,739	14,067					118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS							194.05
194.11	UNIVERSITY SPACE							194.11
194.12	CANCER CENTER							194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES							194.14
194.15	OP CATH LAB-UNIV							194.15
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	47,825,390	242,726					202
203	UNIT COST MULT-WS B PT I	78,435,839	17,254,994					203
204	COST TO BE ALLOC PER B PT II	673,999	3,956					204
205	UNIT COST MULT-WS B PT II	1,105,389	0,281,226					205



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	47,064,866		47,064,866	9,742	47,074,608	30
31	INTENSIVE CARE UNIT	5,708,906		5,708,906	3,888	5,712,794	31
31.01	6TH ICU	4,744,595		4,744,595		4,744,595	31.01
31.02	7TH ICU	5,282,726		5,282,726		5,282,726	31.02
31.03	8TH ICU	5,179,390		5,179,390		5,179,390	31.03
31.04	5TH ICU	5,851,449		5,851,449		5,851,449	31.04
40	SUBPROVIDER - IPF	8,933,065		8,933,065	3,872	8,936,937	40
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	20,440,105		20,440,105	3,900	20,444,005	50
51	RECOVERY ROOM	4,519,301		4,519,301		4,519,301	51
53	ANESTHESIOLOGY	1,237,857		1,237,857		1,237,857	53
54	RADIOLOGY-DIAGNOSTIC	15,179,568		15,179,568		15,179,568	54
54.03	ENDOSCOPY	2,732,435		2,732,435		2,732,435	54.03
54.05	PET IMAGING	974,367		974,367		974,367	54.05
55	RADIOLOGY-THERAPEUTIC	2,237,989		2,237,989		2,237,989	55
56	RADIOISOTOPE	2,661,083		2,661,083		2,661,083	56
60	LABORATORY	24,204,845		24,204,845	35,774	24,240,619	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	5,848,378		5,848,378	7,777	5,856,155	63
65	RESPIRATORY THERAPY	3,745,986		3,745,986		3,745,986	65
66	PHYSICAL THERAPY	4,324,963		4,324,963		4,324,963	66
69	ELECTROCARDIOLOGY	7,173,735		7,173,735		7,173,735	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	537,967		537,967		537,967	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,369,843		24,369,843		24,369,843	71
72	IMPL. DEV. CHARGED TO PATIENTS	28,929,597		28,929,597		28,929,597	72
73	DRUGS CHARGED TO PATIENTS	40,492,484		40,492,484		40,492,484	73
74	RENAL DIALYSIS	1,967,521		1,967,521		1,967,521	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	1,806,280		1,806,280		1,806,280	76.30
76.31	CORNEAL TRANSPLANTS	289,330		289,330		289,330	76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	2,054,656		2,054,656		2,054,656	90
90.02	TRANSPLANT CLINIC	2,515,439		2,515,439		2,515,439	90.02
90.03	BONE MARROW CLINIC	1,700,326		1,700,326		1,700,326	90.03
90.04	TENECARE	2,831,220		2,831,220		2,831,220	90.04
91	EMERGENCY	11,054,752		11,054,752	8,684	11,063,436	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	3,100,316		3,100,316		3,100,316	92
	OTHER REIMBURSABLE COST CENTERS						
105	KIDNEY ACQUISITION	4,216,275		4,216,275		4,216,275	105
107	LIVER ACQUISITION	2,212,143		2,212,143		2,212,143	107
109	PANCREAS ACQUISITION	102,542		102,542		102,542	109
113	INTEREST EXPENSE						113
200	SUBTOTAL (SEE INSTRUCTIONS)	306,226,300		306,226,300	73,637	306,299,937	200
201	LESS OBSERVATION BEDS	3,100,316		3,100,316		3,100,316	201
202	TOTAL (SEE INSTRUCTIONS)	303,125,984		303,125,984		303,199,621	202



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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	85,230,165		85,230,165				30
31	INTENSIVE CARE UNIT	11,552,223		11,552,223				31
31.01	6TH ICU	11,174,465		11,174,465				31.01
31.02	7TH ICU	11,291,066		11,291,066				31.02
31.03	8TH ICU	12,024,915		12,024,915				31.03
31.04	5TH ICU	14,250,156		14,250,156				31.04
40	SUBPROVIDER - IPF	19,454,928		19,454,928				40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	67,101,449	37,150,315	104,251,764	0.196065	0.196065	0.196102	50
51	RECOVERY ROOM	7,120,049	6,629,625	13,749,674	0.328684	0.328684	0.328684	51
53	ANESTHESIOLOGY	12,874,971	6,147,377	19,022,348	0.065074	0.065074	0.065074	53
54	RADIOLOGY-DIAGNOSTIC	101,269,742	86,590,801	187,860,543	0.080802	0.080802	0.080802	54
54.03	ENDOSCOPY	4,421,078	10,024,764	14,445,842	0.189150	0.189150	0.189150	54.03
54.05	PET IMAGING	3,702,134	16,562,123	20,264,257	0.048083	0.048083	0.048083	54.05
55	RADIOLOGY-THERAPEUTIC	1,000,887	16,678,736	17,679,623	0.126586	0.126586	0.126586	55
56	RADIOISOTOPE	1,164,705	395,189	1,559,894	1.705938	1.705938	1.705938	56
60	LABORATORY	149,587,935	88,919,864	238,507,799	0.101485	0.101485	0.101634	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	19,669,418	2,405,922	22,075,340	0.264928	0.264928	0.265280	63
65	RESPIRATORY THERAPY	22,743,991	791,912	23,535,903	0.159160	0.159160	0.159160	65
66	PHYSICAL THERAPY	14,500,374	2,909,384	17,409,758	0.248422	0.248422	0.248422	66
69	ELECTROCARDIOLOGY	41,871,931	27,107,353	68,979,284	0.103998	0.103998	0.103998	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	1,076,028	607,448	1,683,476	0.319557	0.319557	0.319557	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,640,493	34,963,027	115,603,520	0.210805	0.210805	0.210805	71
72	IMPL. DEV. CHARGED TO PATIENTS	60,948,329	26,090,582	87,038,911	0.332375	0.332375	0.332375	72
73	DRUGS CHARGED TO PATIENTS	279,535,113	54,095,783	333,630,896	0.121369	0.121369	0.121369	73
74	RENAL DIALYSIS	4,467,973	269,859	4,737,832	0.415279	0.415279	0.415279	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	744,245	766,768	1,511,013	1.195410	1.195410	1.195410	76.30
76.31	CORNEAL TRANSPLANTS		1,074,848	1,074,848	0.269182	0.269182	0.269182	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,814	2,710,955	2,714,769	0.756844	0.756844	0.756844	90
90.02	TRANSPLANT CLINIC	176,183	2,128,139	2,304,322	1.091618	1.091618	1.091618	90.02
90.03	BONE MARROW CLINIC	75,528	1,287,902	1,363,430	1.247094	1.247094	1.247094	90.03
90.04	TENETCARE		31,316,916	31,316,916	0.090405	0.090405	0.090405	90.04
91	EMERGENCY	32,450,923	57,159,948	89,610,871	0.123364	0.123364	0.123461	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,869,085	3,422,916	5,292,001	0.585849	0.585849	0.585849	92
	OTHER REIMBURSABLE COST CENTERS							
105	KIDNEY ACQUISITION	3,200,105	4,200,655	7,400,760				105
107	LIVER ACQUISITION	1,250,658	1,331,810	2,582,468				107
109	PANCREAS ACQUISITION	134,194	11,526	145,720				109
113	INTEREST EXPENSE							113
200	SUBTOTAL (SEE INSTRUCTIONS)	1,078,579,253	523,752,447	1,602,331,700				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	1,078,579,253	523,752,447	1,602,331,700				202



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(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)
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS (General Routine Care)	4,738,383		4,738,383	65,093	72.79		30
31	INTENSIVE CARE UNIT	368,543		368,543	3,507	105.09		31
31.01	6TH ICU	334,293		334,293	3,340	100.09		31.01
31.02	7TH ICU	352,121		352,121	3,404	103.44		31.02
31.03	8TH ICU	362,252		362,252	3,598	100.68		31.03
31.04	5TH ICU	420,293		420,293	4,116	102.11		31.04
32	CORONARY CARE UNIT							32
33	BURN INTENSIVE CARE UNIT							33
34	SURGICAL INTENSIVE CARE UNIT							34
35	OTHER SPECIAL CARE (SPECIFY)							35
40	SUBPROVIDER - IPF	931,395		931,395	11,173	83.36		40
41	SUBPROVIDER - IRF							41
42	SUBPROVIDER I							42
43	NURSERY							43
44	SKILLED NURSING FACILITY							44
45	NURSING FACILITY							45
200	TOTAL (lines 30-199)	7,507,280		7,507,280	94,231			200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
1		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,159,715	104,251,764	0.020716		50
51	RECOVERY ROOM	437,910	13,749,674	0.031849		51
53	ANESTHESIOLOGY	271,198	19,022,348	0.014257		53
54	RADIOLOGY-DIAGNOSTIC	1,367,517	187,860,543	0.007279		54
54.03	ENDOSCOPY	286,923	14,445,842	0.019862		54.03
54.05	PET IMAGING	18,084	20,264,257	0.000892		54.05
55	RADIOLOGY-THERAPEUTIC	295,230	17,679,623	0.016699		55
56	RADIOISOTOPE	234,899	1,559,894	0.150587		56
60	LABORATORY	1,227,041	238,507,799	0.005145		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	201,217	22,075,340	0.009115		63
65	RESPIRATORY THERAPY	195,854	23,535,903	0.008321		65
66	PHYSICAL THERAPY	421,386	17,409,758	0.024204		66
69	ELECTROCARDIOLOGY	711,552	68,979,284	0.010315		69
69.02	CARDIOVASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY	9,045	1,683,476	0.005373		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,057	115,603,520	0.004170		71
72	IMPL. DEV. CHARGED TO PATIENTS	564,606	87,038,911	0.006487		72
73	DRUGS CHARGED TO PATIENTS	876,108	333,630,896	0.002626		73
74	RENAL DIALYSIS	167,555	4,737,832	0.035365		74
76	OTHER ANCILLARY SERVICES					76
76.01	PSYCH THERAPY					76.01
76.29	AIR RESCUE					76.29
76.30	BONE MARROW	122,581	1,511,013	0.081125		76.30
76.31	CORNEAL TRANSPLANTS	4,251	1,074,848	0.003955		76.31
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	316,848	2,714,769	0.116713		90
90.02	TRANSPLANT CLINIC	258,295	2,304,322	0.112092		90.02
90.03	BONE MARROW CLINIC	366,020	1,363,430	0.268455		90.03
90.04	TENETCARE	609,244	31,316,916	0.019454		90.04
91	EMERGENCY	886,377	89,610,871	0.009891		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	312,069	5,292,001	0.058970		92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	12,803,582	1,427,224,834			200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		76,197			76,197	30
31	INTENSIVE CARE UNIT		3,313			3,313	31
31.01	6TH ICU		3,313			3,313	31.01
31.02	7TH ICU		3,313			3,313	31.02
31.03	8TH ICU		3,313			3,313	31.03
31.04	5TH ICU		3,313			3,313	31.04
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF		39,756			39,756	40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		132,518			132,518	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(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	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	65,093	1.17			30
31	INTENSIVE CARE UNIT	3,507	0.94			31
31.01	6TH ICU	3,340	0.99			31.01
31.02	7TH ICU	3,404	0.97			31.02
31.03	8TH ICU	3,598	0.92			31.03
31.04	5TH ICU	4,116	0.80			31.04
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	11,173	3.56			40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	94,231				200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0105

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			25,261		25,261	25,261	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			2,416		2,416	2,416	54.05
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			2,416		2,416	2,416	56
60	LABORATORY							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY			6,212		6,212	6,212	65
66	PHYSICAL THERAPY			67,605		67,605	67,605	66
69	ELECTROCARDIOLOGY			4,573		4,573	4,573	69
69.02	CARDIOVASCULAR LAB							69.02
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
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENECARE							90.04
91	EMERGENCY			1,725		1,725	1,725	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			110,208		110,208	110,208	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	104,251,764						50
51	RECOVERY ROOM	13,749,674						51
53	ANESTHESIOLOGY	19,022,348						53
54	RADIOLOGY-DIAGNOSTIC	187,860,543	0.000134	0.000134				54
54.03	ENDOSCOPY	14,445,842						54.03
54.05	PET IMAGING	20,264,257	0.000119	0.000119				54.05
55	RADIOLOGY-THERAPEUTIC	17,679,623						55
56	RADIOISOTOPE	1,559,894	0.001549	0.001549				56
60	LABORATORY	238,507,799						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	22,075,340						63
65	RESPIRATORY THERAPY	23,535,903	0.000264	0.000264				65
66	PHYSICAL THERAPY	17,409,758	0.003883	0.003883				66
69	ELECTROCARDIOLOGY	68,979,284	0.000066	0.000066				69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	1,683,476						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,603,520						71
72	IMPL. DEV. CHARGED TO PATIENTS	87,038,911						72
73	DRUGS CHARGED TO PATIENTS	333,630,896						73
74	RENAL DIALYSIS	4,737,832						74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,511,013						76.30
76.31	CORNEAL TRANSPLANTS	1,074,848						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,714,769						90
90.02	TRANSPLANT CLINIC	2,304,322						90.02
90.03	BONE MARROW CLINIC	1,363,430						90.03
90.04	TENETCARE	31,316,916						90.04
91	EMERGENCY	89,610,871	0.000019	0.000019				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,292,001						92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	1,427,224,834						200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.196065						50
51	RECOVERY ROOM	0.328684						51
53	ANESTHESIOLOGY	0.065074						53
54	RADIOLOGY-DIAGNOSTIC	0.080802						54
54.03	ENDOSCOPY	0.189150						54.03
54.05	PET IMAGING	0.048083						54.05
55	RADIOLOGY-THERAPEUTIC	0.126586						55
56	RADIOISOTOPE	1.705938						56
60	LABORATORY	0.101485						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928						63
65	RESPIRATORY THERAPY	0.159160						65
66	PHYSICAL THERAPY	0.248422						66
69	ELECTROCARDIOLOGY	0.103998						69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	0.319557						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375						72
73	DRUGS CHARGED TO PATIENTS	0.121369						73
74	RENAL DIALYSIS	0.415279						74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1.195410						76.30
76.31	CORNEAL TRANSPLANTS	0.269182						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	0.756844						90
90.02	TRANSPLANT CLINIC	1.091618						90.02
90.03	BONE MARROW CLINIC	1.247094						90.03
90.04	TENETCARE	0.090405						90.04
91	EMERGENCY	0.123364						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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)	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	4,738,383		4,738,383	65,093	72.79	20,121	1,464,608	30
31	INTENSIVE CARE UNIT	368,543		368,543	3,507	105.09	1,339	140,716	31
31.01	6TH ICU	334,293		334,293	3,340	100.09	769	76,969	31.01
31.02	7TH ICU	352,121		352,121	3,404	103.44	1,411	145,954	31.02
31.03	8TH ICU	362,252		362,252	3,598	100.68	1,272	128,065	31.03
31.04	5TH ICU	420,293		420,293	4,116	102.11	1,350	137,849	31.04
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	931,395		931,395	11,173	83.36	4,689	390,875	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY								43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	7,507,280		7,507,280	94,231		30,951	2,485,036	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,159,715	104,251,764	0.020716	17,500,807	362,547	50
51	RECOVERY ROOM	437,910	13,749,674	0.031849	1,940,851	61,814	51
53	ANESTHESIOLOGY	271,198	19,022,348	0.014257	3,432,834	48,942	53
54	RADIOLOGY-DIAGNOSTIC	1,367,517	187,860,543	0.007279	29,871,255	217,433	54
54.03	ENDOSCOPY	286,923	14,445,842	0.019862	1,630,153	32,378	54.03
54.05	PET IMAGING	18,084	20,264,257	0.000892	1,367,480	1,220	54.05
55	RADIOLOGY-THERAPEUTIC	295,230	17,679,623	0.016699	263,950	4,408	55
56	RADIOISOTOPE	234,899	1,559,894	0.150587	474,772	71,494	56
60	LABORATORY	1,227,041	238,507,799	0.005145	47,592,443	244,863	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	201,217	22,075,340	0.009115	6,339,581	57,785	63
65	RESPIRATORY THERAPY	195,854	23,535,903	0.008321	7,811,734	65,001	65
66	PHYSICAL THERAPY	421,386	17,409,758	0.024204	5,181,817	125,421	66
69	ELECTROCARDIOLOGY	711,552	68,979,284	0.010315	14,440,884	148,958	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	9,045	1,683,476	0.005373	388,249	2,086	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,057	115,603,520	0.004170	24,986,570	104,194	71
72	IMPL. DEV. CHARGED TO PATIENTS	564,606	87,038,911	0.006487	16,464,848	106,807	72
73	DRUGS CHARGED TO PATIENTS	876,108	333,630,896	0.002626	79,430,175	208,584	73
74	RENAL DIALYSIS	167,555	4,737,832	0.035365	2,541,143	89,868	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	122,581	1,511,013	0.081125	208,996	16,955	76.30
76.31	CORNEAL TRANSPLANTS	4,251	1,074,848	0.003955			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	316,848	2,714,769	0.116713	3,142	367	90
90.02	TRANSPLANT CLINIC	258,295	2,304,322	0.112092	58,195	6,523	90.02
90.03	BONE MARROW CLINIC	366,020	1,363,430	0.268455	57,577	15,457	90.03
90.04	TENETCARE	609,244	31,316,916	0.019454			90.04
91	EMERGENCY	886,377	89,610,871	0.009891	9,461,460	93,583	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	312,069	5,292,001	0.058970	790,049	46,589	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	12,803,582	1,427,224,834		272,238,965	2,133,277	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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 NURSING SCHOOL	2 ALLIED HEALTH COST	3 ALL OTHER MEDICAL EDUCATION COST	4 SWING-BED ADJUSTMENT AMOUNT (see instructions)	5 TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		76,197			76,197	30
31	INTENSIVE CARE UNIT		3,313			3,313	31
31.01	6TH ICU		3,313			3,313	31.01
31.02	7TH ICU		3,313			3,313	31.02
31.03	8TH ICU		3,313			3,313	31.03
31.04	5TH ICU		3,313			3,313	31.04
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF		39,756			39,756	40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		132,518			132,518	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	65,093	1.17	20,121	23,542	30
31	INTENSIVE CARE UNIT	3,507	0.94	1,339	1,259	31
31.01	6TH ICU	3,340	0.99	769	761	31.01
31.02	7TH ICU	3,404	0.97	1,411	1,369	31.02
31.03	8TH ICU	3,598	0.92	1,272	1,170	31.03
31.04	5TH ICU	4,116	0.80	1,350	1,080	31.04
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	11,173	3.56	4,689	16,693	40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	94,231		30,951	45,874	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0105

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	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			25,261		25,261	25,261	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			2,416		2,416	2,416	54.05
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			2,416		2,416	2,416	56
60	LABORATORY							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY			6,212		6,212	6,212	65
66	PHYSICAL THERAPY			67,605		67,605	67,605	66
69	ELECTROCARDIOLOGY			4,573		4,573	4,573	69
69.02	CARDIOVASCULAR LAB							69.02
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
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENECARE							90.04
91	EMERGENCY			1,725		1,725	1,725	91
92	OBSERVATION BEDS (NON-DISTINCT PART)			5,019		5,019	5,019	92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			115,227		115,227	115,227	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0105

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	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	104,251,764			17,500,807		9,439,202		50
51	RECOVERY ROOM	13,749,674			1,940,851		1,660,241		51
53	ANESTHESIOLOGY	19,022,348			3,432,834		1,567,338		53
54	RADIOLOGY-DIAGNOSTIC	187,860,543	0.000134	0.000134	29,871,255	4,003	15,652,270	2,097	54
54.03	ENDOSCOPY	14,445,842			1,630,153		2,671,894		54.03
54.05	PET IMAGING	20,264,257	0.000119	0.000119	1,367,480	163	5,546,117	660	54.05
55	RADIOLOGY-THERAPEUTIC	17,679,623			263,950		4,076,664		55
56	RADIOISOTOPE	1,559,894	0.001549	0.001549	474,772	735	126,637	196	56
60	LABORATORY	238,507,799			47,592,443		8,114,130		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	22,075,340			6,339,581		627,540		63
65	RESPIRATORY THERAPY	23,535,903	0.000264	0.000264	7,811,734	2,062	162,467	43	65
66	PHYSICAL THERAPY	17,409,758	0.003883	0.003883	5,181,817	20,121			66
69	ELECTROCARDIOLOGY	68,979,284	0.000066	0.000066	14,440,884	953	7,435,691	491	69
69.02	CARDIOVASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY	1,683,476			388,249		128,560		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,603,520			24,986,570		9,321,907		71
72	IMPL. DEV. CHARGED TO PATIENTS	87,038,911			16,464,848		8,152,667		72
73	DRUGS CHARGED TO PATIENTS	333,630,896			79,430,175		13,394,627		73
74	RENAL DIALYSIS	4,737,832			2,541,143				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	1,511,013			208,996		125,192		76.30
76.31	CORNEAL TRANSPLANTS	1,074,848					1,506		76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,714,769			3,142		498,574		90
90.02	TRANSPLANT CLINIC	2,304,322			58,195		187,203		90.02
90.03	BONE MARROW CLINIC	1,363,430			57,577		231,215		90.03
90.04	TENETCARE	31,316,916					9,355,835		90.04
91	EMERGENCY	89,610,871	0.000019	0.000019	9,461,460	180	5,854,555	111	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,292,001	0.000948	0.000948	790,049	749	835,624	792	92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,427,224,834			272,238,965	28,966	105,167,656	4,390	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

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	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.196065	9,439,202			1,850,697			50
51	RECOVERY ROOM	0.328684	1,660,241			545,695			51
53	ANESTHESIOLOGY	0.065074	1,567,338			101,993			53
54	RADIOLOGY-DIAGNOSTIC	0.080802	15,652,270			1,264,735			54
54.03	ENDOSCOPY	0.189150	2,671,894			505,389			54.03
54.05	PET IMAGING	0.048083	5,546,117			266,674			54.05
55	RADIOLOGY-THERAPEUTIC	0.126586	4,076,664			516,049			55
56	RADIOISOTOPE	1.705938	126,637			216,035			56
60	LABORATORY	0.101485	8,114,130	48,103		823,462	4,882		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928	627,540			166,253			63
65	RESPIRATORY THERAPY	0.159160	162,467			25,858			65
66	PHYSICAL THERAPY	0.248422							66
69	ELECTROCARDIOLOGY	0.103998	7,435,691			773,297			69
69.02	CARDIOVASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY	0.319557	128,560			41,082			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805	9,321,907			1,965,105			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375	8,152,667			2,709,743			72
73	DRUGS CHARGED TO PATIENTS	0.121369	13,394,627	1,591	444,597	1,625,692	193	53,960	73
74	RENAL DIALYSIS	0.415279							74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	1.195410	125,192			149,656			76.30
76.31	CORNEAL TRANSPLANTS	0.269182	1,506	358,534		405	96,511		76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.756844	498,574			377,343			90
90.02	TRANSPLANT CLINIC	1.091618	187,203			204,354			90.02
90.03	BONE MARROW CLINIC	1.247094	231,215			288,347			90.03
90.04	TENETCARE	0.090405	9,355,835			845,814			90.04
91	EMERGENCY	0.123364	5,854,555			722,241			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849	835,624			489,549			92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		105,167,656	408,228	444,597	16,475,468	101,586	53,960	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		105,167,656	408,228	444,597	16,475,468	101,586	53,960	202

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S105

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,159,715	104,251,764	0.020716	316,415	6,555	50
51	RECOVERY ROOM	437,910	13,749,674	0.031849			51
53	ANESTHESIOLOGY	271,198	19,022,348	0.014257	166,946	2,380	53
54	RADIOLOGY-DIAGNOSTIC	1,367,517	187,860,543	0.007279	277,636	2,021	54
54.03	ENDOSCOPY	286,923	14,445,842	0.019862			54.03
54.05	PET IMAGING	18,084	20,264,257	0.000892	22,263	20	54.05
55	RADIOLOGY-THERAPEUTIC	295,230	17,679,623	0.016699			55
56	RADIOISOTOPE	234,899	1,559,894	0.150587	8,604	1,296	56
60	LABORATORY	1,227,041	238,507,799	0.005145	867,844	4,465	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	201,217	22,075,340	0.009115	624	6	63
65	RESPIRATORY THERAPY	195,854	23,535,903	0.008321	16,220	135	65
66	PHYSICAL THERAPY	421,386	17,409,758	0.024204	150,324	3,638	66
69	ELECTROCARDIOLOGY	711,552	68,979,284	0.010315	101,969	1,052	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	9,045	1,683,476	0.005373	7,956	43	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,057	115,603,520	0.004170	57,727	241	71
72	IMPL. DEV. CHARGED TO PATIENTS	564,606	87,038,911	0.006487			72
73	DRUGS CHARGED TO PATIENTS	876,108	333,630,896	0.002626	2,352,197	6,177	73
74	RENAL DIALYSIS	167,555	4,737,832	0.035365	44,236	1,564	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	122,581	1,511,013	0.081125			76.30
76.31	CORNEAL TRANSPLANTS	4,251	1,074,848	0.003955			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	316,848	2,714,769	0.116713			90
90.02	TRANSPLANT CLINIC	258,295	2,304,322	0.112092			90.02
90.03	BONE MARROW CLINIC	366,020	1,363,430	0.268455			90.03
90.04	TENETCARE	609,244	31,316,916	0.019454			90.04
91	EMERGENCY	886,377	89,610,871	0.009891	505,719	5,002	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		5,292,001				92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	12,491,513	1,427,224,834		4,896,680	34,595	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-S105

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			25,261		25,261	25,261	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			2,416		2,416	2,416	54.05
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			2,416		2,416	2,416	56
60	LABORATORY							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY			6,212		6,212	6,212	65
66	PHYSICAL THERAPY			67,605		67,605	67,605	66
69	ELECTROCARDIOLOGY			4,573		4,573	4,573	69
69.02	CARDIOVASCULAR LAB							69.02
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
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENECARE							90.04
91	EMERGENCY			1,725		1,725	1,725	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			110,208		110,208	110,208	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	104,251,764			316,415				50
51	RECOVERY ROOM	13,749,674							51
53	ANESTHESIOLOGY	19,022,348			166,946				53
54	RADIOLOGY-DIAGNOSTIC	187,860,543	0.000134	0.000134	277,636	37	9,336	1	54
54.03	ENDOSCOPY	14,445,842							54.03
54.05	PET IMAGING	20,264,257	0.000119	0.000119	22,263	3			54.05
55	RADIOLOGY-THERAPEUTIC	17,679,623							55
56	RADIOISOTOPE	1,559,894	0.001549	0.001549	8,604	13			56
60	LABORATORY	238,507,799			867,844				60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	22,075,340			624				63
65	RESPIRATORY THERAPY	23,535,903	0.000264	0.000264	16,220	4			65
66	PHYSICAL THERAPY	17,409,758	0.003883	0.003883	150,324	584			66
69	ELECTROCARDIOLOGY	68,979,284	0.000066	0.000066	101,969	7	1,279		69
69.02	CARDIOVASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY	1,683,476			7,956				70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,603,520			57,727		339		71
72	IMPL. DEV. CHARGED TO PATIENTS	87,038,911							72
73	DRUGS CHARGED TO PATIENTS	333,630,896			2,352,197		2,252		73
74	RENAL DIALYSIS	4,737,832			44,236				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	1,511,013							76.30
76.31	CORNEAL TRANSPLANTS	1,074,848							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	2,714,769							90
90.02	TRANSPLANT CLINIC	2,304,322							90.02
90.03	BONE MARROW CLINIC	1,363,430							90.03
90.04	TENETCARE	31,316,916							90.04
91	EMERGENCY	89,610,871	0.000019	0.000019	505,719	10			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,292,001							92
	OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (sum of lines 50-199)	1,427,224,834			4,896,680	658	13,206	1	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S105

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	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.196065							50
51	RECOVERY ROOM	0.328684							51
53	ANESTHESIOLOGY	0.065074							53
54	RADIOLOGY-DIAGNOSTIC	0.080802	9,336			754			54
54.03	ENDOSCOPY	0.189150							54.03
54.05	PET IMAGING	0.048083							54.05
55	RADIOLOGY-THERAPEUTIC	0.126586							55
56	RADIOISOTOPE	1.705938							56
60	LABORATORY	0.101485							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928							63
65	RESPIRATORY THERAPY	0.159160							65
66	PHYSICAL THERAPY	0.248422							66
69	ELECTROCARDIOLOGY	0.103998	1,279			133			69
69.02	CARDIOVASCULAR LAB								69.02
70	ELECTROENCEPHALOGRAPHY	0.319557							70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805	339			71			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375							72
73	DRUGS CHARGED TO PATIENTS	0.121369	2,252		13,323	273		1,617	73
74	RENAL DIALYSIS	0.415279							74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	1.195410							76.30
76.31	CORNEAL TRANSPLANTS	0.269182							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	CLINIC	0.756844							90
90.02	TRANSPLANT CLINIC	1.091618							90.02
90.03	BONE MARROW CLINIC	1.247094							90.03
90.04	TENETCARE	0.090405							90.04
91	EMERGENCY	0.123364							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849							92
	OTHER REIMBURSABLE COST CENTERS								
200	SUBTOTAL (see instructions)		13,206		13,323	1,231		1,617	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)		13,206		13,323	1,231		1,617	202

(A) Worksheet A line numbers



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(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)	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	4,738,383		4,738,383	65,093	72.79	12,470	907,691	30
31	INTENSIVE CARE UNIT	368,543		368,543	3,507	105.09	829	87,120	31
31.01	6TH ICU	334,293		334,293	3,340	100.09	526	52,647	31.01
31.02	7TH ICU	352,121		352,121	3,404	103.44	655	67,753	31.02
31.03	8TH ICU	362,252		362,252	3,598	100.68	875	88,095	31.03
31.04	5TH ICU	420,293		420,293	4,116	102.11	787	80,361	31.04
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	931,395		931,395	11,173	83.36	3,093	257,832	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY								43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (lines 30-199)	7,507,280		7,507,280	94,231		19,235	1,541,499	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,159,715	104,251,764	0.020716	10,248,951	212,317	50
51	RECOVERY ROOM	437,910	13,749,674	0.031849	1,093,685	34,833	51
53	ANESTHESIOLOGY	271,198	19,022,348	0.014257	1,992,379	28,405	53
54	RADIOLOGY-DIAGNOSTIC	1,367,517	187,860,543	0.007279	16,629,223	121,044	54
54.03	ENDOSCOPY	286,923	14,445,842	0.019862	819,136	16,270	54.03
54.05	PET IMAGING	18,084	20,264,257	0.000892	775,913	692	54.05
55	RADIOLOGY-THERAPEUTIC	295,230	17,679,623	0.016699	350,394	5,851	55
56	RADIOISOTOPE	234,899	1,559,894	0.150587	224,011	33,733	56
60	LABORATORY	1,227,041	238,507,799	0.005145	25,066,638	128,968	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.	201,217	22,075,340	0.009115	2,734,803	24,928	63
65	RESPIRATORY THERAPY	195,854	23,535,903	0.008321	5,044,499	41,975	65
66	PHYSICAL THERAPY	421,386	17,409,758	0.024204	2,338,520	56,602	66
69	ELECTROCARDIOLOGY	711,552	68,979,284	0.010315	6,636,528	68,456	69
69.02	CARDIOVASCULAR LAB						69.02
70	ELECTROENCEPHALOGRAPHY	9,045	1,683,476	0.005373	219,794	1,181	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,057	115,603,520	0.004170	16,272,284	67,855	71
72	IMPL. DEV. CHARGED TO PATIENTS	564,606	87,038,911	0.006487	5,728,218	37,159	72
73	DRUGS CHARGED TO PATIENTS	876,108	333,630,896	0.002626	48,596,365	127,614	73
74	RENAL DIALYSIS	167,555	4,737,832	0.035365	729,301	25,792	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	122,581	1,511,013	0.081125	19,563	1,587	76.30
76.31	CORNEAL TRANSPLANTS	4,251	1,074,848	0.003955			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	316,848	2,714,769	0.116713			90
90.02	TRANSPLANT CLINIC	258,295	2,304,322	0.112092	10,731	1,203	90.02
90.03	BONE MARROW CLINIC	366,020	1,363,430	0.268455	470	126	90.03
90.04	TENETCARE	609,244	31,316,916	0.019454			90.04
91	EMERGENCY	886,377	89,610,871	0.009891	2,689,116	26,598	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	312,069	5,292,001	0.058970	175,870	10,371	92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (sum of lines 50-199)	12,803,582	1,427,224,834		148,396,392	1,073,560	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)		76,197			76,197	30
31	INTENSIVE CARE UNIT		3,313			3,313	31
31.01	6TH ICU		3,313			3,313	31.01
31.02	7TH ICU		3,313			3,313	31.02
31.03	8TH ICU		3,313			3,313	31.03
31.04	5TH ICU		3,313			3,313	31.04
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF		39,756			39,756	40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)		132,518			132,518	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(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	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	65,093	1.17	12,470	14,590	30
31	INTENSIVE CARE UNIT	3,507	0.94	829	779	31
31.01	6TH ICU	3,340	0.99	526	521	31.01
31.02	7TH ICU	3,404	0.97	655	635	31.02
31.03	8TH ICU	3,598	0.92	875	805	31.03
31.04	5TH ICU	4,116	0.80	787	630	31.04
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	11,173	3.56	3,093	11,011	40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)	94,231		19,235	28,971	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-0105

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			25,261		25,261	25,261	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			2,416		2,416	2,416	54.05
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			2,416		2,416	2,416	56
60	LABORATORY							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY			6,212		6,212	6,212	65
66	PHYSICAL THERAPY			67,605		67,605	67,605	66
69	ELECTROCARDIOLOGY			4,573		4,573	4,573	69
69.02	CARDIOVASCULAR LAB							69.02
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
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENECARE							90.04
91	EMERGENCY			1,725		1,725	1,725	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			110,208		110,208	110,208	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	104,251,764			10,248,951			50
51	RECOVERY ROOM	13,749,674			1,093,685			51
53	ANESTHESIOLOGY	19,022,348			1,992,379			53
54	RADIOLOGY-DIAGNOSTIC	187,860,543	0.000134	0.000134	16,629,223	2,228		54
54.03	ENDOSCOPY	14,445,842			819,136			54.03
54.05	PET IMAGING	20,264,257	0.000119	0.000119	775,913	92		54.05
55	RADIOLOGY-THERAPEUTIC	17,679,623			350,394			55
56	RADIOISOTOPE	1,559,894	0.001549	0.001549	224,011	347		56
60	LABORATORY	238,507,799			25,066,638			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	22,075,340			2,734,803			63
65	RESPIRATORY THERAPY	23,535,903	0.000264	0.000264	5,044,499	1,332		65
66	PHYSICAL THERAPY	17,409,758	0.003883	0.003883	2,338,520	9,080		66
69	ELECTROCARDIOLOGY	68,979,284	0.000066	0.000066	6,636,528	438		69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	1,683,476			219,794			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,603,520			16,272,284			71
72	IMPL. DEV. CHARGED TO PATIENTS	87,038,911			5,728,218			72
73	DRUGS CHARGED TO PATIENTS	333,630,896			48,596,365			73
74	RENAL DIALYSIS	4,737,832			729,301			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,511,013			19,563			76.30
76.31	CORNEAL TRANSPLANTS	1,074,848						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,714,769						90
90.02	TRANSPLANT CLINIC	2,304,322			10,731			90.02
90.03	BONE MARROW CLINIC	1,363,430			470			90.03
90.04	TENETCARE	31,316,916						90.04
91	EMERGENCY	89,610,871	0.000019	0.000019	2,689,116	51		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,292,001			175,870			92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	1,427,224,834			148,396,392	13,568		200

(A) Worksheet A line numbers



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.196065		4,742,096			929,759	50
51	RECOVERY ROOM	0.328684		816,878			268,495	51
53	ANESTHESIOLOGY	0.065074		665,469			43,305	53
54	RADIOLOGY-DIAGNOSTIC	0.080802		12,804,287			1,034,612	54
54.03	ENDOSCOPY	0.189150		890,953			168,524	54.03
54.05	PET IMAGING	0.048083		1,185,267			56,991	54.05
55	RADIOLOGY-THERAPEUTIC	0.126586		1,960,292			248,146	55
56	RADIOISOTOPE	1.705938		48,966			83,533	56
60	LABORATORY	0.101485		8,877,339			900,917	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928		322,494			85,438	63
65	RESPIRATORY THERAPY	0.159160		211,215			33,617	65
66	PHYSICAL THERAPY	0.248422		123,853			30,768	66
69	ELECTROCARDIOLOGY	0.103998		2,855,062			296,921	69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	0.319557		50,974			16,289	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805		3,979,052			838,804	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375		2,191,298			728,333	72
73	DRUGS CHARGED TO PATIENTS	0.121369		8,033,659			975,037	73
74	RENAL DIALYSIS	0.415279		27,650			11,482	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1.195410		104,192			124,552	76.30
76.31	CORNEAL TRANSPLANTS	0.269182		239,842			64,561	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	0.756844		338,390			256,108	90
90.02	TRANSPLANT CLINIC	1.091618		25,128			27,430	90.02
90.03	BONE MARROW CLINIC	1.247094		112,373			140,140	90.03
90.04	TENECARE	0.090405		3,007,958			271,934	90.04
91	EMERGENCY	0.123364		13,412,465			1,654,615	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849		746,876			437,557	92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)			67,774,028			9,727,868	200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)			67,774,028			9,727,868	202

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S105

WORKSHEET D
PART II

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

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)
1		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	2,159,715	104,251,764	0.020716		50
51	RECOVERY ROOM	437,910	13,749,674	0.031849		51
53	ANESTHESIOLOGY	271,198	19,022,348	0.014257		53
54	RADIOLOGY-DIAGNOSTIC	1,367,517	187,860,543	0.007279		54
54.03	ENDOSCOPY	286,923	14,445,842	0.019862		54.03
54.05	PET IMAGING	18,084	20,264,257	0.000892		54.05
55	RADIOLOGY-THERAPEUTIC	295,230	17,679,623	0.016699		55
56	RADIOISOTOPE	234,899	1,559,894	0.150587		56
60	LABORATORY	1,227,041	238,507,799	0.005145		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	BLOOD STORING, PROCESSING & TRANS.	201,217	22,075,340	0.009115		63
65	RESPIRATORY THERAPY	195,854	23,535,903	0.008321		65
66	PHYSICAL THERAPY	421,386	17,409,758	0.024204		66
69	ELECTROCARDIOLOGY	711,552	68,979,284	0.010315		69
69.02	CARDIOVASCULAR LAB					69.02
70	ELECTROENCEPHALOGRAPHY	9,045	1,683,476	0.005373		70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,057	115,603,520	0.004170		71
72	IMPL. DEV. CHARGED TO PATIENTS	564,606	87,038,911	0.006487		72
73	DRUGS CHARGED TO PATIENTS	876,108	333,630,896	0.002626		73
74	RENAL DIALYSIS	167,555	4,737,832	0.035365		74
76	OTHER ANCILLARY SERVICES					76
76.01	PSYCH THERAPY					76.01
76.29	AIR RESCUE					76.29
76.30	BONE MARROW	122,581	1,511,013	0.081125		76.30
76.31	CORNEAL TRANSPLANTS	4,251	1,074,848	0.003955		76.31
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	316,848	2,714,769	0.116713		90
90.02	TRANSPLANT CLINIC	258,295	2,304,322	0.112092		90.02
90.03	BONE MARROW CLINIC	366,020	1,363,430	0.268455		90.03
90.04	TENETCARE	609,244	31,316,916	0.019454		90.04
91	EMERGENCY	886,377	89,610,871	0.009891		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		5,292,001			92
	OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (sum of lines 50-199)	12,491,513	1,427,224,834			200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 26-S105

WORKSHEET D
PART IV

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

(A)	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
		1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM							50
51	RECOVERY ROOM							51
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC			25,261		25,261	25,261	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			2,416		2,416	2,416	54.05
55	RADIOLOGY-THERAPEUTIC							55
56	RADIOISOTOPE			2,416		2,416	2,416	56
60	LABORATORY							60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.							63
65	RESPIRATORY THERAPY			6,212		6,212	6,212	65
66	PHYSICAL THERAPY			67,605		67,605	67,605	66
69	ELECTROCARDIOLOGY			4,573		4,573	4,573	69
69.02	CARDIOVASCULAR LAB							69.02
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
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENECARE							90.04
91	EMERGENCY			1,725		1,725	1,725	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)			110,208		110,208	110,208	200

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	COST CENTER DESCRIPTION	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	104,251,764						50
51	RECOVERY ROOM	13,749,674						51
53	ANESTHESIOLOGY	19,022,348						53
54	RADIOLOGY-DIAGNOSTIC	187,860,543	0.000134	0.000134				54
54.03	ENDOSCOPY	14,445,842						54.03
54.05	PET IMAGING	20,264,257	0.000119	0.000119				54.05
55	RADIOLOGY-THERAPEUTIC	17,679,623						55
56	RADIOISOTOPE	1,559,894	0.001549	0.001549				56
60	LABORATORY	238,507,799						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	22,075,340						63
65	RESPIRATORY THERAPY	23,535,903	0.000264	0.000264				65
66	PHYSICAL THERAPY	17,409,758	0.003883	0.003883				66
69	ELECTROCARDIOLOGY	68,979,284	0.000066	0.000066				69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	1,683,476						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,603,520						71
72	IMPL. DEV. CHARGED TO PATIENTS	87,038,911						72
73	DRUGS CHARGED TO PATIENTS	333,630,896						73
74	RENAL DIALYSIS	4,737,832						74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,511,013						76.30
76.31	CORNEAL TRANSPLANTS	1,074,848						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	2,714,769						90
90.02	TRANSPLANT CLINIC	2,304,322						90.02
90.03	BONE MARROW CLINIC	1,363,430						90.03
90.04	TENETCARE	31,316,916						90.04
91	EMERGENCY	89,610,871	0.000019	0.000019				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	5,292,001						92
	OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (sum of lines 50-199)	1,427,224,834						200

(A) Worksheet A line numbers



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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S105

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST		
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.196065						50
51	RECOVERY ROOM	0.328684						51
53	ANESTHESIOLOGY	0.065074						53
54	RADIOLOGY-DIAGNOSTIC	0.080802						54
54.03	ENDOSCOPY	0.189150						54.03
54.05	PET IMAGING	0.048083						54.05
55	RADIOLOGY-THERAPEUTIC	0.126586						55
56	RADIOISOTOPE	1.705938						56
60	LABORATORY	0.101485						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928						63
65	RESPIRATORY THERAPY	0.159160						65
66	PHYSICAL THERAPY	0.248422						66
69	ELECTROCARDIOLOGY	0.103998						69
69.02	CARDIOVASCULAR LAB							69.02
70	ELECTROENCEPHALOGRAPHY	0.319557						70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805						71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375						72
73	DRUGS CHARGED TO PATIENTS	0.121369						73
74	RENAL DIALYSIS	0.415279						74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1.195410						76.30
76.31	CORNEAL TRANSPLANTS	0.269182						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	0.756844						90
90.02	TRANSPLANT CLINIC	1.091618						90.02
90.03	BONE MARROW CLINIC	1.247094						90.03
90.04	TENECARE	0.090405						90.04
91	EMERGENCY	0.123364						91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849						92
	OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (see instructions)							200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)							202

(A) Worksheet A line numbers



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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

WORKSHEET D-1
PART I

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 I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	65,093	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	65,093	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	31,310	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	29,496	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)		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)	47,064,866	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	47,064,866	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	85,230,165	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	48,819,435	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	36,410,730	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.552209	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	1,559.23	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	1,234.43	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)	324.80	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	179.36	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)	5,615,762	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	41,449,104	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					636.77	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						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)						41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	5,708,906	3,507	1,627.86			43
43.01	6TH ICU	4,744,595	3,340	1,420.54			43.01
43.02	7TH ICU	5,282,726	3,404	1,551.92			43.02
43.03	8TH ICU	5,179,390	3,598	1,439.52			43.03
43.04	5TH ICU	5,851,449	4,116	1,421.63			43.04
44	CORONARY CARE UNIT						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)						48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)						49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

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)					4,287	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						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						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

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)	65,093	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	65,093	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	31,310	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	29,496	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)	20,121	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)	9,929	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)	47,074,608	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	47,074,608	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	85,230,165	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	48,819,435	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	36,410,730	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.552323	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	1,559.23	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	1,234.43	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)	324.80	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	179.39	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)	5,616,701	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	41,457,907	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

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	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)						723.19	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						14,551,306	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)						14,551,306	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
42	NURSERY (Titles V and XIX only)							42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	5,712,794	3,507	1,628.97	1,339	2,181,191		43
43.01	6TH ICU	4,744,595	3,340	1,420.54	769	1,092,395		43.01
43.02	7TH ICU	5,282,726	3,404	1,551.92	1,411	2,189,759		43.02
43.03	8TH ICU	5,179,390	3,598	1,439.52	1,272	1,831,069		43.03
43.04	5TH ICU	5,851,449	4,116	1,421.63	1,350	1,919,201		43.04
44	CORONARY CARE UNIT							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)						42,053,570	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)						65,818,491	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)						2,123,342	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						2,162,243	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)						4,285,585	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						61,532,906	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES							54
55	TARGET AMOUNT PER DISCHARGE							55
56	TARGET AMOUNT (line 54 x line 55)							56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)							57
58	BONUS PAYMENT (see instructions)							58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET							59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET							60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)							61
62	RELIEF PAYMENT (see instructions)							62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)							63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)							66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)							67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)							68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)							69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

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)					4,287	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					723.19	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					3,100,316	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	4,738,383	47,074,608	0.100657	3,100,316	312,069	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST	76,197	47,074,608	0.001619	3,100,316	5,019	92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

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)	11,173	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	11,173	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	2,190	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	8,983	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)	4,689	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)	1,421	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)	8,936,937	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	8,936,937	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	19,454,928	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	4,179,048	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	15,275,880	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.459366	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	1,908.24	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	1,700.53	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)	207.71	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	95.41	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)	208,948	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	8,727,989	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

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)	799.87	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	3,750,590	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)	3,750,590	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	630,997	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	4,381,587	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	407,568	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	35,253	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	442,821	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)	3,938,766	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

WORKSHEET D-1
PART I

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 I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	65,093	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	65,093	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	31,310	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	29,496	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)	12,470	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)	47,064,866	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	47,064,866	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	85,230,165	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	48,819,435	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	36,410,730	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.552209	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	1,559.23	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	1,234.43	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)	324.80	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	179.36	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)	5,615,762	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	41,449,104	37



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)						636.77	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)						7,940,522	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)						7,940,522	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
		1	2	3	4	5		
42	NURSERY (Titles V and XIX only)							42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	5,708,906	3,507	1,627.86	829	1,349,496		43
43.01	6TH ICU	4,744,595	3,340	1,420.54	526	747,204		43.01
43.02	7TH ICU	5,282,726	3,404	1,551.92	655	1,016,508		43.02
43.03	8TH ICU	5,179,390	3,598	1,439.52	875	1,259,580		43.03
43.04	5TH ICU	5,851,449	4,116	1,421.63	787	1,118,823		43.04
44	CORONARY CARE UNIT							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)						21,879,284	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)						35,311,417	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)						1,301,627	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)						1,087,128	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)						2,388,755	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)							53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES							54
55	TARGET AMOUNT PER DISCHARGE							55
56	TARGET AMOUNT (line 54 x line 55)							56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)							57
58	BONUS PAYMENT (see instructions)							58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET							59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET							60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)							61
62	RELIEF PAYMENT (see instructions)							62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)							63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)							65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)							66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)							67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)							68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)							69



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

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)					4,287	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)						88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)						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						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

WORKSHEET D-1
PART I

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 I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	11,173	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	11,173	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.	2,190	3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	8,983	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)	3,093	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)	8,933,065	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	8,933,065	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)	19,454,928	28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)	4,179,048	29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)	15,275,880	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)	0.459167	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)	1,908.24	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)	1,700.53	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)	207.71	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)	95.37	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)	208,860	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	8,724,205	37



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	780.83	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,415,107	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)	2,415,107	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)		48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,415,107	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	268,843	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)		51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	268,843	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)		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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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196065			50
51	RECOVERY ROOM	0.328684			51
53	ANESTHESIOLOGY	0.065074			53
54	RADIOLOGY-DIAGNOSTIC	0.080802			54
54.03	ENDOSCOPY	0.189150			54.03
54.05	PET IMAGING	0.048083			54.05
55	RADIOLOGY-THERAPEUTIC	0.126586			55
56	RADIOISOTOPE	1.705938			56
60	LABORATORY	0.101485			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928			63
65	RESPIRATORY THERAPY	0.159160			65
66	PHYSICAL THERAPY	0.248422			66
69	ELECTROCARDIOLOGY	0.103998			69
69.02	CARDIOVASCULAR LAB				69.02
70	ELECTROENCEPHALOGRAPHY	0.319557			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375			72
73	DRUGS CHARGED TO PATIENTS	0.121369			73
74	RENAL DIALYSIS	0.415279			74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.195410			76.30
76.31	CORNEAL TRANSPLANTS	0.269182			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.756844			90
90.02	TRANSPLANT CLINIC	1.091618			90.02
90.03	BONE MARROW CLINIC	1.247094			90.03
90.04	TENETCARE	0.090405			90.04
91	EMERGENCY	0.123364			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		28,367,105		30
31	INTENSIVE CARE UNIT		4,446,073		31
31.01	6TH ICU		2,568,443		31.01
31.02	7TH ICU		4,705,442		31.02
31.03	8TH ICU		4,281,648		31.03
31.04	5TH ICU		4,627,947		31.04
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196102	17,500,807	3,431,943	50
51	RECOVERY ROOM	0.328684	1,940,851	637,927	51
53	ANESTHESIOLOGY	0.065074	3,432,834	223,388	53
54	RADIOLOGY-DIAGNOSTIC	0.080802	29,871,255	2,413,657	54
54.03	ENDOSCOPY	0.189150	1,630,153	308,343	54.03
54.05	PET IMAGING	0.048083	1,367,480	65,753	54.05
55	RADIOLOGY-THERAPEUTIC	0.126586	263,950	33,412	55
56	RADIOISOTOPE	1.705938	474,772	809,932	56
60	LABORATORY	0.101634	47,592,443	4,837,010	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265280	6,339,581	1,681,764	63
65	RESPIRATORY THERAPY	0.159160	7,811,734	1,243,316	65
66	PHYSICAL THERAPY	0.248422	5,181,817	1,287,277	66
69	ELECTROCARDIOLOGY	0.103998	14,440,884	1,501,823	69
69.02	CARDIOVASCULAR LAB				69.02
70	ELECTROENCEPHALOGRAPHY	0.319557	388,249	124,068	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805	24,986,570	5,267,294	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375	16,464,848	5,472,504	72
73	DRUGS CHARGED TO PATIENTS	0.121369	79,430,175	9,640,361	73
74	RENAL DIALYSIS	0.415279	2,541,143	1,055,283	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.195410	208,996	249,836	76.30
76.31	CORNEAL TRANSPLANTS	0.269182			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.756844	3,142	2,378	90
90.02	TRANSPLANT CLINIC	1.091618	58,195	63,527	90.02
90.03	BONE MARROW CLINIC	1.247094	57,577	71,804	90.03
90.04	TENETCARE	0.090405			90.04
91	EMERGENCY	0.123461	9,461,460	1,168,121	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849	790,049	462,849	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		272,238,965	42,053,570	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		272,238,965		202

(A) Worksheet A line numbers



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S105

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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	SUBPROVIDER - IPF		8,182,597		40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196102	316,415	62,050	50
51	RECOVERY ROOM	0.328684			51
53	ANESTHESIOLOGY	0.065074	166,946	10,864	53
54	RADIOLOGY-DIAGNOSTIC	0.080802	277,636	22,434	54
54.03	ENDOSCOPY	0.189150			54.03
54.05	PET IMAGING	0.048083	22,263	1,070	54.05
55	RADIOLOGY-THERAPEUTIC	0.126586			55
56	RADIOISOTOPE	1.705938	8,604	14,678	56
60	LABORATORY	0.101634	867,844	88,202	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.265280	624	166	63
65	RESPIRATORY THERAPY	0.159160	16,220	2,582	65
66	PHYSICAL THERAPY	0.248422	150,324	37,344	66
69	ELECTROCARDIOLOGY	0.103998	101,969	10,605	69
69.02	CARDIOVASCULAR LAB				69.02
70	ELECTROENCEPHALOGRAPHY	0.319557	7,956	2,542	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805	57,727	12,169	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375			72
73	DRUGS CHARGED TO PATIENTS	0.121369	2,352,197	285,484	73
74	RENAL DIALYSIS	0.415279	44,236	18,370	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.195410			76.30
76.31	CORNEAL TRANSPLANTS	0.269182			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.756844			90
90.02	TRANSPLANT CLINIC	1.091618			90.02
90.03	BONE MARROW CLINIC	1.247094			90.03
90.04	TENETCARE	0.090405			90.04
91	EMERGENCY	0.123461	505,719	62,437	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		4,896,680	630,997	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		4,896,680		202

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		16,505,775		30
31	INTENSIVE CARE UNIT		2,339,841		31
31.01	6TH ICU		2,003,722		31.01
31.02	7TH ICU		2,263,209		31.02
31.03	8TH ICU		2,870,591		31.03
31.04	5TH ICU		2,985,534		31.04
40	SUBPROVIDER - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196065	10,248,951	2,009,461	50
51	RECOVERY ROOM	0.328684	1,093,685	359,477	51
53	ANESTHESIOLOGY	0.065074	1,992,379	129,652	53
54	RADIOLOGY-DIAGNOSTIC	0.080802	16,629,223	1,343,674	54
54.03	ENDOSCOPY	0.189150	819,136	154,940	54.03
54.05	PET IMAGING	0.048083	775,913	37,308	54.05
55	RADIOLOGY-THERAPEUTIC	0.126586	350,394	44,355	55
56	RADIOISOTOPE	1.705938	224,011	382,149	56
60	LABORATORY	0.101485	25,066,638	2,543,888	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928	2,734,803	724,526	63
65	RESPIRATORY THERAPY	0.159160	5,044,499	802,882	65
66	PHYSICAL THERAPY	0.248422	2,338,520	580,940	66
69	ELECTROCARDIOLOGY	0.103998	6,636,528	690,186	69
69.02	CARDIOVASCULAR LAB				69.02
70	ELECTROENCEPHALOGRAPHY	0.319557	219,794	70,237	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805	16,272,284	3,430,279	71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375	5,728,218	1,903,916	72
73	DRUGS CHARGED TO PATIENTS	0.121369	48,596,365	5,898,092	73
74	RENAL DIALYSIS	0.415279	729,301	302,863	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.195410	19,563	23,386	76.30
76.31	CORNEAL TRANSPLANTS	0.269182			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.756844			90
90.02	TRANSPLANT CLINIC	1.091618	10,731	11,714	90.02
90.03	BONE MARROW CLINIC	1.247094	470	586	90.03
90.04	TENETCARE	0.090405			90.04
91	EMERGENCY	0.123364	2,689,116	331,740	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849	175,870	103,033	92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)		148,396,392	21,879,284	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		148,396,392		202

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S105

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	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	SUBPROVIDER - IPF		5,956,962		40
	ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	0.196065			50
51	RECOVERY ROOM	0.328684			51
53	ANESTHESIOLOGY	0.065074			53
54	RADIOLOGY-DIAGNOSTIC	0.080802			54
54.03	ENDOSCOPY	0.189150			54.03
54.05	PET IMAGING	0.048083			54.05
55	RADIOLOGY-THERAPEUTIC	0.126586			55
56	RADIOISOTOPE	1.705938			56
60	LABORATORY	0.101485			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	BLOOD STORING, PROCESSING & TRANS.	0.264928			63
65	RESPIRATORY THERAPY	0.159160			65
66	PHYSICAL THERAPY	0.248422			66
69	ELECTROCARDIOLOGY	0.103998			69
69.02	CARDIOVASCULAR LAB				69.02
70	ELECTROENCEPHALOGRAPHY	0.319557			70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.210805			71
72	IMPL. DEV. CHARGED TO PATIENTS	0.332375			72
73	DRUGS CHARGED TO PATIENTS	0.121369			73
74	RENAL DIALYSIS	0.415279			74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.195410			76.30
76.31	CORNEAL TRANSPLANTS	0.269182			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	CLINIC	0.756844			90
90.02	TRANSPLANT CLINIC	1.091618			90.02
90.03	BONE MARROW CLINIC	1.247094			90.03
90.04	TENETCARE	0.090405			90.04
91	EMERGENCY	0.123364			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.585849			92
	OTHER REIMBURSABLE COST CENTERS				
200	TOTAL (sum of lines 50-94, and 96-98)				200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)				202

(A) Worksheet A line numbers



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	46,622	38	723.19	23	16,633	1
2	INTENSIVE CARE UNIT		43	1,628.97			2
2.01	6TH ICU		43.0	1,420.54			2.01
2.02	7TH ICU	3,475	43.0	1,551.92			2.02
2.03	8TH ICU		43.0	1,439.52			2.03
2.04	5TH ICU		43.0	1,421.63			2.04
3	CORONARY CARE UNIT		44				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)	50,097			23	16,633	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1	2	3	
8	OPERATING ROOM	50	0.196065	339,225	66,510	8
9	RECOVERY ROOM	51	0.328684	21,423	7,041	9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.065074	64,015	4,166	11
12	RADIOLOGY-DIAGNOSTIC	54	0.080802	801,856	64,792	12
12.03	ENDOSCOPY	54.0	0.189150	58,406	11,047	12.03
12.05	PET IMAGING	54.0	0.048083	11,287	543	12.05
13	RADIOLOGY-THERAPEUTIC	55	0.126586			13
14	RADIOISOTOPE	56	1.705938	123,032	209,885	14
15	CT SCAN	57				15
16	MRI	58				16
17	CARDIAC CATHETERIZATION	59				17
18	LABORATORY	60	0.101485	1,522,668	154,528	18
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0				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	62.3				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.264928	1,358	360	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.159160	1,761	280	23
24	PHYSICAL THERAPY	66	0.248422	7,309	1,816	24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.103998	1,767,484	183,815	27
27.02	CARDIOVASCULAR LAB	69.0				27.02
28	ELECTROENCEPHALOGRAPHY	70	0.319557			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.210805	792,986	167,165	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.332375			30
31	DRUGS CHARGED TO PATIENTS	73	0.121369	757,729	91,965	31
32	RENAL DIALYSIS	74	0.415279	32,023	13,298	32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SERVICES	76				34
34.01	PSYCH THERAPY	76.0				34.01



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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			
34.29	AIR RESCUE	76.29				34.29
34.30	BONE MARROW	76.30	1.195410			34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.269182			34.31
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	0.756844			37
37.02	TRANSPLANT CLINIC	90.02	1.091618			37.02
37.03	BONE MARROW CLINIC	90.03	1.247094			37.03
37.04	TENETCARE	90.04	0.090405			37.04
38	EMERGENCY	91	0.123364	1,189	147	38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.585849	6,773	3,968	39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			6,310,524	981,326	41

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



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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			
				2	3	
42	ADULTS & PEDIATRICS	2		23		42
43	INTENSIVE CARE UNIT	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
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)			23		48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	EMERGENCY	1,189	24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)	6,773	25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	7,962				55

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



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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 1	PART B 2	PART A 3	PART B 4	
56	ROUTINE & ANCILLARY FROM PART I	997,959		6,360,621		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	4,216,275		4,216,275		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	5,214,234		10,576,896		61
62	TOTAL USABLE ORGANS (see instructions)		45			62
63	MEDICARE USABLE ORGANS (see instructions)		38			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.844444			64
65	MEDICARE COST/CHARGES (see instructions)	4,403,129		8,931,596		65
66	REVENUE FOR ORGANS SOLD	292,773		875,111		66
67	SUBTOTAL (line 65 minus line 66)	4,110,356		8,056,485		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	4,110,356		8,056,485		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)	8	8		70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		31		73
74	TOTAL (sum of lines 70 thru 73)	8	39		74
75	ORGANS TRANSPLANTED	7	31	2,658,640	75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		7	60,970	77
78	ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79	ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80	ORGANS SOLD OUTSIDE THE U.S.				80
81	ORGANS SENT OUTSIDE THE U.S.(no revenue received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS	1	1		83
84	TOTAL (sum of lines 75 through 83 should equal line 74)	8	39		84

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

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



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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)	
		1	D	2			
1	ADULTS & PEDIATRICS	20,888	38	723.19	1	723	1
2	INTENSIVE CARE UNIT		43	1,628.97			2
2.01	6TH ICU		43.0	1,420.54			2.01
2.02	7TH ICU		43.0	1,551.92			2.02
2.03	8TH ICU		43.0	1,439.52			2.03
2.04	5TH ICU		43.0	1,421.63			2.04
3	CORONARY CARE UNIT		44				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)	20,888			1	723	7

	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	RATIO OF COST TO CHARGES (from Wkst. C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1			
8	OPERATING ROOM	50	0.196065	28,229	5,535	8
9	RECOVERY ROOM	51	0.328684	1,229	404	9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.065074	10,516	684	11
12	RADIOLOGY-DIAGNOSTIC	54	0.080802	790,909	63,907	12
12.03	ENDOSCOPY	54.0	0.189150	30,080	5,690	12.03
12.05	PET IMAGING	54.0	0.048083	13,378	643	12.05
13	RADIOLOGY-THERAPEUTIC	55	0.126586			13
14	RADIOISOTOPE	56	1.705938	6,215	10,602	14
15	CT SCAN	57				15
16	MRI	58				16
17	CARDIAC CATHETERIZATION	59				17
18	LABORATORY	60	0.101485	665,295	67,517	18
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0				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	62.3				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.264928	15,182	4,022	21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.159160	685	109	23
24	PHYSICAL THERAPY	66	0.248422			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.103998	418,374	43,510	27
27.02	CARDIOVASCULAR LAB	69.0				27.02
28	ELECTROENCEPHALOGRAPHY	70	0.319557			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.210805	172,975	36,464	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.332375			30
31	DRUGS CHARGED TO PATIENTS	73	0.121369	362,341	43,977	31
32	RENAL DIALYSIS	74	0.415279			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SERVICES	76				34
34.01	PSYCH THERAPY	76.0				34.01



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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			
34.29	AIR RESCUE	76.29				34.29
34.30	BONE MARROW	76.30	1.195410			34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.269182			34.31
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	0.756844			37
37.02	TRANSPLANT CLINIC	90.02	1.091618			37.02
37.03	BONE MARROW CLINIC	90.03	1.247094			37.03
37.04	TENETCARE	90.04	0.090405			37.04
38	EMERGENCY	91	0.123364			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.585849	1,266	742	39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			2,516,674	283,806	41

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



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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			
				2	3	
42	ADULTS & PEDIATRICS	2		1		42
43	INTENSIVE CARE UNIT	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	OTHER SPECIAL CARE (SPECIFY)	7				47
48	TOTAL (sum of lines 42-47)			1		48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)	1,266	25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)	1,266				55

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



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

OPO CCN:

WORKSHEET D-4 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 1	PART B 2	PART A 3	PART B 4	
56	ROUTINE & ANCILLARY FROM PART I	284,529		2,537,562		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	2,212,143		2,212,143		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	2,496,672		4,749,705		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)	1,373,170		2,612,338		65
66	REVENUE FOR ORGANS SOLD	22,894		32,706		66
67	SUBTOTAL (line 65 minus line 66)	1,350,276		2,579,632		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	1,350,276		2,579,632		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)		4		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)		21		74
75	ORGANS TRANSPLANTED		16	4,956,462	75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs		4	32,706	77
78	ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79	ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80	ORGANS SOLD OUTSIDE THE U.S.				80
81	ORGANS SENT OUTSIDE THE U.S.(no revenue received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS		1		83
84	TOTAL (sum of lines 75 through 83 should equal line 74)		21		84

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



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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)	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS		38	723.19			1
2	INTENSIVE CARE UNIT		43	1,628.97			2
2.01	6TH ICU		43.0 1	1,420.54			2.01
2.02	7TH ICU		43.0 2	1,551.92			2.02
2.03	8TH ICU		43.0 3	1,439.52			2.03
2.04	5TH ICU		43.0 4	1,421.63			2.04
3	CORONARY CARE UNIT		44				3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	OTHER SPECIAL CARE (SPECIFY)		47				6
7	TOTAL (sum of lines 1-6)						7

	COMPUTATION OF ANCILLARY SERVICE 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	
8	OPERATING ROOM	50	0.196065			8
9	RECOVERY ROOM	51	0.328684			9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.065074			11
12	RADIOLOGY-DIAGNOSTIC	54	0.080802	9,961	805	12
12.03	ENDOSCOPY	54.0 3	0.189150			12.03
12.05	PET IMAGING	54.0 5	0.048083			12.05
13	RADIOLOGY-THERAPEUTIC	55	0.126586			13
14	RADIOISOTOPE	56	1.705938			14
15	CT SCAN	57				15
16	MRI	58				16
17	CARDIAC CATHETERIZATION	59				17
18	LABORATORY	60	0.101485	55,935	5,677	18
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0 2				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	62.3 0				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63	0.264928			21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.159160			23
24	PHYSICAL THERAPY	66	0.248422			24
25	OCCUPATIONAL THERAPY	67				25
26	SPEECH PATHOLOGY	68				26
27	ELECTROCARDIOLOGY	69	0.103998	7,367	766	27
27.02	CARDIOVASCULAR LAB	69.0 2				27.02
28	ELECTROENCEPHALOGRAPHY	70	0.319557			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71	0.210805	2,539	535	29
30	IMPL. DEV. CHARGED TO PATIENTS	72	0.332375			30
31	DRUGS CHARGED TO PATIENTS	73	0.121369	5,172	628	31
32	RENAL DIALYSIS	74	0.415279			32
33	ASC (NON-DISTINCT PART)	75				33
34	OTHER ANCILLARY SERVICES	76				34
34.01	PSYCH THERAPY	76.0 1				34.01



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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			
34.29	AIR RESCUE	76.29				34.29
34.30	BONE MARROW	76.30	1.195410			34.30
34.31	CORNEAL TRANSPLANTS	76.31	0.269182			34.31
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	0.756844			37
37.02	TRANSPLANT CLINIC	90.02	1.091618			37.02
37.03	BONE MARROW CLINIC	90.03	1.247094			37.03
37.04	TENETCARE	90.04	0.090405			37.04
38	EMERGENCY	91	0.123364			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.585849			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)			80,974	8,411	41

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



COMPU-MAX

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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			
				2	3	
42	ADULTS & PEDIATRICS	2				42
43	INTENSIVE CARE UNIT	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	CORONARY CARE UNIT	4				44
45	BURN INTENSIVE CARE UNIT	5				45
46	SURGICAL INTENSIVE CARE UNIT	6				46
47	OTHER SPECIAL CARE (SPECIFY)	7				47
48	TOTAL (sum of lines 42-47)					48

	COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	ORGAN CHARGES (see instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
				2	3	
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)					55

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



SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2013 To: 05/31/2014	Run Date: 10/16/2014 Run Time: 15:27 Version: 2014.03
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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 1	PART B 2	PART A 3	PART B 4	
56	ROUTINE & ANCILLARY FROM PART I	8,411		80,974		56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	102,542		102,542		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	110,953		183,516		61
62	TOTAL USABLE ORGANS (see instructions)		2			62
63	MEDICARE USABLE ORGANS (see instructions)		2			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		1.000000			64
65	MEDICARE COST/CHARGES (see instructions)	110,953		183,516		65
66	REVENUE FOR ORGANS SOLD					66
67	SUBTOTAL (line 65 minus line 66)	110,953		183,516		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	110,953		183,516		69

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70	ORGANS EXCISED IN PROVIDER (1)				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)		2		74
75	ORGANS TRANSPLANTED		2		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs				77
78	ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79	ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80	ORGANS SOLD OUTSIDE THE U.S.				80
81	ORGANS SENT OUTSIDE THE U.S.(no revenue received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)		2		84

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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK HOSPITAL
 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)	12,478,693			1.01
1.02	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 2013 (see instructions)	27,167,614			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)	5,063,411			2
2.01	OUTLIER RECONCILIATION AMOUNT				2.01
2.02	OUTLIER PAYMENT FOR MODEL 4 BPCI (see instructions)				
3	MANAGED CARE SIMULATED PAYMENTS	11,305,228			3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (see instructions)	283.16			4
	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS				
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (see instructions)	221.62			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	36.00			8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS				8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (see instructions)				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)	257.62			9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	278.98			10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS				11
12	CURRENT YEAR ALLOWABLE FTE (see instructions)	257.62			12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	259.29			13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	256.96			14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	257.96			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	257.96			18
19	CURRENT YEAR RESIDENT TO BED RATIO (line 18 divided by line 4)	0.911004			19
20	PRIOR YEAR RESIDENT TO BED RATIO (see instructions)	0.955732			20
21	ENTER THE LESSER OF LINES 19 OR 20 (see instructions)	0.911004			21
22	IME PAYMENT ADJUSTMENT (see instructions)	20,628,697			22
	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON				
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.73			23
24	IME FTE RESIDENT COUNT OVER CAP (see instructions)	21.36			24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (see instructions)	1.73			25
26	RESIDENT TO BED RATIO (divide line 25 by line 4)	0.006110			26
27	IME PAYMENTS ADJUSTMENT (see instructions)	0.001630			27
28	IME ADJUSTMENT (see instructions)	83.051			28
29	TOTAL IME PAYMENT (sum of lines 22 and 28)	20,711,748			29
	DISPROPORTIONATE SHARE ADJUSTMENT				
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (see instructions)	0.1293			30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (see instructions)	0.2218			31
32	SUM OF LINES 30 AND 31	0.3511			32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.1818			33
34	DISPROPORTIONATE SHARE ADJUSTMENT (see instructions)	3,503,394			34
		PRIOR TO	ON OR AFTER		
	UNCOMPENSATED CARE ADJUSTMENT	OCTOBER 1	OCTOBER 1		



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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL
APPLICABLE BOX:

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
35	TOTAL UNCOMPENSATED CARE AMOUNT (see instructions)				35
35.01	FACTOR 3 (see instructions)				35.01
35.02	HOSPITAL UNCOMPENSATED CARE PAYMENT (if line 34 is zero, enter zero on this line) (see instructions)		5,247,583		35.02
35.03	PRO RATA SHARE OF THE HOSPITAL UNCOMPENSATED CARE PAYMENT AMOUNT (see instructions)		3,493,594		35.03
36	TOTAL UNCOMPENSATED CARE (sum of columns 1 and 2 on line 35.03)	3,493,594			36
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES				
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (see instructions)				41
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 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)				46
47	SUBTOTAL (see instructions)	72,418,454			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)	72,418,454			49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (from Wkst L, Parts I, II, as applicable)	5,002,356			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)	11,729,387			52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	69,074			53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES				54
55	NET ORGAN ACQUISITION COST (Wkst D-4, Part III, col. 1, line 69)	5,571,585			55
56	COST OF TEACHING PHYSICIANS (Wkst D-5, Part II, col. 3, line 20)				56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS	29,181			57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (Wkst D, Part IV, col. 11, line 200)	28,966			58
59	TOTAL (sum of amounts on lines 49 through 58)	94,849,003			59
60	PRIMARY PAYER PAYMENTS	339,554			60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (line 59 minus line 60)	94,509,449			61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,383,680			62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	410,944			63
64	ALLOWABLE BAD DEBTS (see instructions)	1,680,493			64
65	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	1,092,320			65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	1,242,201			66
67	SUBTOTAL (line 61 plus line 65 minus lines 62 and 63)	91,807,145			67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (see instructions)				68
69	OUTLIER PAYMENTS RECONCILIATION				69
70	OTHER ADJUSTMENTS (PAYMENTS FOR CADAVERS)	-15,778			70
70.93	HVBP PAYMENT ADJUSTMENT (see instructions)	64,845			70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (see instructions)	-42,803			70.94
71	AMOUNT DUE PROVIDER (see instructions)	91,813,409			71
71.01	SEQUESTRATION ADJUSTMENT (see instructions)	1,836,268			71.01
72	INTERIM PAYMENTS	92,545,758			72
73	TENTATIVE SETTLEMENT (for contractor use only)				73
74	BALANCE DUE PROVIDER/PROGRAM (line 71 minus lines 71.01, 72 and 73)	-2,568,617			74
75	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2	957,059			75

TO BE COMPLETED BY CONTRACTOR

90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2				90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2				91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (see instructions)				94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (see instructions)				95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (see instructions)				96



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0105

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)	155,546			1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	16,471,078			2
3	PPS PAYMENTS	13,749,839			3
4	OUTLIER PAYMENT (see instructions)	177,779			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)				5
6	LINE 2 TIMES LINE 5				6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	4,390			9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	155,546			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES	852,825			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)	852,825			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)	852,825			18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	697,279			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)	155,546			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)	13,932,008			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	71,707			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	2,852,075			26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	11,163,772			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	2,585,252			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	13,749,024			30
31	PRIMARY PAYER PAYMENTS	8,006			31
32	SUBTOTAL (line 30 minus line 31)	13,741,018			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)	550,052			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	357,534			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	337,882			36
37	SUBTOTAL (see instructions)	14,098,552			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	257			38
39	OTHER ADJUSTMENTS ()				39
40	SUBTOTAL (see instructions)	14,098,295			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	281,966			40.01
41	INTERIM PAYMENTS	10,990,217			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	2,826,112			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	5,510			44

TO BE COMPLETED BY CONTRACTOR

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



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

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)	1,617		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (see instructions)	1,230		2
3	PPS PAYMENTS	1,850		3
4	OUTLIER PAYMENT (see instructions)			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)			5
6	LINE 2 TIMES LINE 5			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6			7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)			8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	1		9
10	ORGAN ACQUISITION			10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)	1,617		11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
12	ANCILLARY SERVICE CHARGES	13,323		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)	13,323		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)	13,323		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))	11,706		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)	1,617		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)	1,851		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	DEDUCTIBLES AND COINSURANCE (see instructions)			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)	247		26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	3,221		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)	3,221		30
31	PRIMARY PAYER PAYMENTS			31
32	SUBTOTAL (line 30 minus line 31)	3,221		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)			35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)			36
37	SUBTOTAL (see instructions)	3,221		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R			38
39	OTHER ADJUSTMENTS ()			39
40	SUBTOTAL (see instructions)	3,221		40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	64		40.01
41	INTERIM PAYMENTS	3,138		41
42	TENTATIVE SETTLEMENT (for contractor use only)			42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	19		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



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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-0105

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			90,997,353		10,990,217
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT					
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM	.01	02/11/2014	1,324,442		3.01
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	.02	04/25/2014	223,963		3.02
		PROGRAM				3.03
		TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		PROVIDER				3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		1,548,405		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)			92,545,758		10,990,217
	TO BE COMPLETED BY CONTRACTOR					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)					
		.01				5.01
		.02				5.02
		PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due) BASED ON THE COST REPORT (1)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					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.



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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	14,245	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	26,262	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	7,565	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	78,771	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,602,331,700	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	40,125,526	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)	1,526,069	8
9	SEQUESTRATION ADJUSTMENT AMOUNT (see instructions)	30,521	9
10	CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (see instructions)	1,495,548	10

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)	1,514,646	30
31	OTHER ADJUSTMENTS ()		31
32	BALANCE DUE PROVIDER (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-19,098	32



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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

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)	3,888,047	1
2	NET IPF PPS OUTLIER PAYMENT	16,010	2
3	NET IPF PPS ECT PAYMENT	79,593	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004	6.12	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)	5.23	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM (see instructions)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (see instructions)	5.23	8
9	AVERAGE DAILY CENSUS (see instructions)	30.610959	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$	0.084623	10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)	329,018	11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)	4,312,668	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)	4,312,668	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (line 16 less line 17)	4,312,668	18
19	DEDUCTIBLES	217,696	19
20	SUBTOTAL (line 18 minus line 19)	4,094,972	20
21	COINSURANCE	157,520	21
22	SUBTOTAL (line 20 minus line 21)	3,937,452	22
23	ALLOWABLE BAD DEBTS (exclude bad debts for professional services) (see instructions)	91,434	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)	59,432	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)	43,424	25
26	SUBTOTAL (sum of lines 22 and 24)	3,996,884	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)	17,351	28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		30
30.01	OTHER ADJ (NO DESC ENTERED)		30.01
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	4,014,235	31
31.01	SEQUESTRATION ADJUSTMENT (see instructions)	80,285	31.01
32	INTERIM PAYMENTS	3,627,552	32
33	TENTATIVE SETTLEMENT (for contractor use only)		33
34	BALANCE DUE PROVIDER/PROGRAM (line 31 minus lines 31.01, 32 and 33)	306,398	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: 26-0105

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
2			2
3			3
4			4
5			5
6			6
7			7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16			16
17			17
18			18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0105

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	INPATIENT HOSPITAL SNF/NF SERVICES	35,311,417		1
2	MEDICAL AND OTHER SERVICES		9,727,868	2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	35,311,417	9,727,868	4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	35,311,417	9,727,868	7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	ROUTINE SERVICE CHARGES	18,845,616		8
9	ANCILLARY SERVICE CHARGES	148,396,392	67,774,028	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	167,242,008	67,774,028	12
CUSTOMARY CHARGES				
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	167,242,008	67,774,028	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	131,930,591	58,046,160	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)			18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)	35,311,417	9,727,868	21
PROSPECTIVE PAYMENT AMOUNT				
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (sum of lines 22 through 26)			27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21	35,311,417	9,727,868	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	35,311,417	9,727,868	31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	35,311,417	9,727,868	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	35,311,417	9,727,868	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)	7,868,913		39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	43,180,330	9,727,868	40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	43,180,330	9,727,868	42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



COMPU-MAX

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IPF ICF/MR TEFRA
 BOXES: SNF OTHER

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	INPATIENT HOSPITAL SNF/NF SERVICES	2,415,107		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	2,415,107		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	2,415,107		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	ROUTINE SERVICE CHARGES	5,956,962		8
9	ANCILLARY SERVICE CHARGES			9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE			10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION			11
12	TOTAL REASONABLE CHARGES (sum of lines 8-11)	5,956,962		12
CUSTOMARY CHARGES				
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			13
14	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)			14
15	RATIO OF LINE 13 TO LINE 14 (not to exceed 1.000000)	1	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	5,956,962		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)	3,541,855		17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)			18
19	INTERNS AND RESIDENTS (see instructions)			19
20	COST OF TEACHING PHYSICIANS (see instructions)			20
21	COST OF COVERED SERVICES (lesser of line 4 or line 16) (for CAH, see instructions)	2,415,107		21
PROSPECTIVE PAYMENT AMOUNT				
22	OTHER THAN OUTLIER PAYMENTS			22
23	OUTLIER PAYMENTS			23
24	PROGRAM CAPITAL PAYMENTS			24
25	CAPITAL EXCEPTION PAYMENTS (see instructions)			25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS			26
27	SUBTOTAL (sum of lines 22 through 26)			27
28	CUSTOMARY CHARGES (Titles V or XIX PPS covered services only)			28
29	SUM OF LINES 27 AND 21	2,415,107		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	EXCESS OF REASONABLE COST (from line 18)			30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	2,415,107		31
32	DEDUCTIBLES			32
33	COINSURANCE			33
34	ALLOWABLE BAD DEBTS (see instructions)			34
35	UTILIZATION REVIEW			35
36	SUBTOTAL (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	2,415,107		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	2,415,107		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	2,415,107		40
41	INTERIM PAYMENTS			41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	2,415,107		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



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

WORKSHEET E-4

CHECK [XX] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996				1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(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)				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)				5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)				6
7	ENTER THE LESSER OF LINE 5 OR LINE 6				7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00	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	0.00	0.00	0.00	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00		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	0.00	0.00		17
18	PER RESIDENT AMOUNT	0.00	0.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS				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)				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)				25
		INPATIENT PART A	MANAGED CARE		
26	COMPUTATION OF PROGRAM PATIENT LOAD INPATIENT DAYS				26
27	TOTAL INPATIENT DAYS (see instructions)	89,944			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.000000	0.000000		28
29	PROGRAM DIRECT GME AMOUNT				29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT				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)				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)				37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)				42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)				44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)				46



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

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)		47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48	TOTAL PROGRAM GME PAYMENT (line 31)		48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)		49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)		50



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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII
 BOX: [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			227.78	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(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))			32.00	4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			259.78	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			296.79	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			259.78	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	78.17	184.69	262.86	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	68.42	161.66	230.08	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	68.42	161.66		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	66.74	164.04		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	62.93	167.05		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	66.03	164.25		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	66.03	164.25		17
18	PER RESIDENT AMOUNT	138,091.15	138,531.34		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	9,118,159	22,753,773	31,871,932	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			37.01	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			21.12	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			99,751.98	23
24	MULTIPLY LINE 22 TIMES LINE 23			2,106,762	24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			33,978,694	25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	30,951	8,083		26
27	TOTAL INPATIENT DAYS (see instructions)	89,944	89,944		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.344114	0.089867		28
29	PROGRAM DIRECT GME AMOUNT	11,692,544	3,053,563		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		431,468		30
31	NET PROGRAM DIRECT GME AMOUNT			14,314,639	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)			4,737,832	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)			70,200,078	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			5,571,585	38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)			339,554	40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			75,432,109	41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			16,633,862	42
43	PRIMARY PAYER PAYMENTS (see instructions)			8,006	43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			16,625,856	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			92,057,965	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.819398	46



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

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)	0.180602	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (line 31)	14,314,639	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)	11,729,387	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)	2,585,252	50



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

WORKSHEET E-4

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			227.78	1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(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))			32.00	4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE ADJUSTED CAP (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			259.78	5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (see instructions)			296.79	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			259.78	7
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	78.17	184.69	262.86	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	68.42	161.66	230.08	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00		10
11	TOTAL WEIGHTED FTE COUNT	68.42	161.66		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	66.74	164.04		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	62.93	167.05		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	66.03	164.25		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	66.03	164.25		17
18	PER RESIDENT AMOUNT	138,091.15	138,531.34		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	9,118,159	22,753,773	31,871,932	19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			23.85	20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			37.01	21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			21.12	22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			99,751.98	23
24	MULTIPLY LINE 22 TIMES LINE 23			2,106,762	24
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			33,978,694	25
		INPATIENT PART A	MANAGED CARE		
26	INPATIENT DAYS	19,235	1,857		26
27	TOTAL INPATIENT DAYS (see instructions)	89,944	89,944		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.213855	0.020646		28
29	PROGRAM DIRECT GME AMOUNT	7,266,514	701,524		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		99,125		30
31	NET PROGRAM DIRECT GME AMOUNT			7,868,913	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)				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)				37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)				38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)				41
	PART B REASONABLE COST				
42	REASONABLE COST (see instructions)				42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)				44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)				45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)				46



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

WORKSHEET E-4

CHECK TITLE V
 APPLICABLE TITLE XVIII
 BOX: TITLE XIX

47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)		47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48	TOTAL PROGRAM GME PAYMENT (line 31)	7,868,913	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)		49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)		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	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	-562				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	194,125,375				4
5	OTHER RECEIVABLES	12,587,521				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-126,795,013				6
7	INVENTORY	9,719,296				7
8	PREPAID EXPENSES	1,427,328				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	91,063,945				11
FIXED ASSETS						
12	LAND	2,947,119				12
13	LAND IMPROVEMENTS	3,475,498				13
14	ACCUMULATED DEPRECIATION	-2,918,127				14
15	BUILDINGS	144,002,553				15
16	ACCUMULATED DEPRECIATION	-51,245,309				16
17	LEASEHOLD IMPROVEMENTS					17
18	ACCUMULATED AMORTIZATION					18
19	FIXED EQUIPMENT	9,313,543				19
20	ACCUMULATED DEPRECIATION	-811,915				20
21	AUTOMOBILES AND TRUCKS	19,385				21
22	ACCUMULATED DEPRECIATION	-18,173				22
23	MAJOR MOVABLE EQUIPMENT	145,755,550				23
24	ACCUMULATED DEPRECIATION	-107,103,077				24
25	MINOR EQUIPMENT DEPRECIABLE					25
26	ACCUMULATED DEPRECIATION					26
27	HIT DESIGNATED ASSETS					27
28	ACCUMULATED DEPRECIATION					28
29	MINOR EQUIPMENT-NONDEPRECIABLE	23,380				29
30	TOTAL FIXED ASSETS (sum of lines 12-29)	143,440,427				30
OTHER ASSETS						
31	INVESTMENTS					31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	176,760,386				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	176,760,386				35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	411,264,758				36

	LIABILITIES AND FUND BALANCES (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	24,268,613				37
38	SALARIES, WAGES & FEES PAYABLE	6,862,777				38
39	PAYROLL TAXES PAYABLE					39
40	NOTES & LOANS PAYABLE (short term)	2,494,501				40
41	DEFERRED INCOME					41
42	ACCELERATED PAYMENTS					42
43	DUE TO OTHER FUNDS					43
44	OTHER CURRENT LIABILITIES	2,438,367				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	36,064,258				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	241,916,975				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES					49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	241,916,975				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	277,981,233				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	133,283,525				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



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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 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
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)	133,283,525				59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	411,264,758				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		140,320,291		1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		-30,596,986		2
3	TOTAL (sum of line 1 and line 2)		109,723,305		3
4	ADDITIONS (credit adjustments)				4
5	INTERCOMPANY	23,583,797			5
6					6
7					7
8					8
9					9
10	TOTAL ADDITIONS (sum of lines 4-9)		23,583,797		10
11	SUBTOTAL (line 3 plus line 10)		133,307,102		11
12	DEDUCTIONS (debit adjustments)				12
13					13
14	RECON ITEM	23,577			14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		23,577		18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		133,283,525		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	INTERCOMPANY				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					13
14	RECON ITEM				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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	85,230,165		85,230,165	1
2	SUBPROVIDER IPF	19,454,928		19,454,928	2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	104,685,093		104,685,093	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	11,552,223		11,552,223	11
11.01	6TH ICU	11,174,465		11,174,465	11.01
11.02	7TH ICU	11,291,066		11,291,066	11.02
11.03	8TH ICU	12,024,915		12,024,915	11.03
11.04	5TH ICU	14,250,156		14,250,156	11.04
12	CORONARY CARE UNIT				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)	60,292,825		60,292,825	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	164,977,918		164,977,918	17
18	ANCILLARY SERVICES	904,049,847		904,049,847	18
19	OUTPATIENT SERVICES		535,160,867	535,160,867	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)	1,069,027,765	535,160,867	1,604,188,632	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		391,917,352	29
30	ADD (SPECIFY)	16,920		30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)		16,920	36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		391,934,272	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)	1,604,188,632	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1,253,229,531	2
3	NET PATIENT REVENUES (line 1 minus line 2)	350,959,101	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	391,934,272	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-40,975,171	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	647,348	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	183,798	10
11	REBATES AND REFUNDS OF EXPENSES	4,961	11
12	PARKING LOT RECEIPTS	421,763	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		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	42,592	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)	78,707	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	3,567,971	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)	3,771,169	24
24.0		213,563	24.0
1			1
24.0		1,441,692	24.0
2			2
24.0		4,621	24.0
3			3
25	TOTAL OTHER INCOME (sum of lines 6-24)	10,378,185	25
26	TOTAL (line 5 plus line 25)	-30,596,986	26
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	-30,596,986	29



COMPU-MAX

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0105

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	3,143,834	1
1.01	MODEL 4 BPCI CAPITAL DRG OTHER THAN OUTLIER		1.01
2	CAPITAL DRG OUTLIER PAYMENTS	355,455	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)	215.81	3
4	NUMBER OF INTERNS & RESIDENTS (see instructions)	259.69	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (see instructions)	40.44	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (multiply line 5 by the sum of lines 1 and 1.01)	1,271,366	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (Worksheet E, Part A line 30) (see instructions)	0.1293	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (see instructions)	0.2218	8
9	SUM OF LINES 7 AND 8	0.3511	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (see instructions)	0.0737	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (line 10 times the sum of lines 1 and 1.01)	231,701	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	5,002,356	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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



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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
5	ADMINISTRATIVE & GENERAL						5
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
16.01	QUALITY ASSURANCE						16.01
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD						21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
31.01	6TH ICU						31.01
31.02	7TH ICU						31.02
31.03	8TH ICU						31.03
31.04	5TH ICU						31.04
40	SUBPROVIDER - IPF						40
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM						50
51	RECOVERY ROOM						51
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC						54
54.03	ENDOSCOPY						54.03
54.05	PET IMAGING						54.05
55	RADIOLOGY-THERAPEUTIC						55
56	RADIOISOTOPE						56
60	LABORATORY						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	BLOOD STORING, PROCESSING & TRANS.						63
65	RESPIRATORY THERAPY						65
66	PHYSICAL THERAPY						66
69	ELECTROCARDIOLOGY						69
69.02	CARDIOVASCULAR LAB						69.02
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
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW						76.30
76.31	CORNEAL TRANSPLANTS						76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC						90
90.02	TRANSPLANT CLINIC						90.02
90.03	BONE MARROW CLINIC						90.03
90.04	TENETCARE						90.04
91	EMERGENCY						91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
	OTHER REIMBURSABLE COST CENTERS						



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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		
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
107	LIVER ACQUISITION							107
109	PANCREAS ACQUISITION							109
113	INTEREST EXPENSE							113
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202