

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 11/30/2015 Time: 09:25	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-5,842,764	18,217	274,691		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-5,842,764	18,217	274,691		200

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 5841 SOUTH MARYLAND AVENUE	P.O. Box:			1
2	City: CHICAGO	State: IL	ZIP Code: 60637	County: COOK	2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8	9	
3	Hospital	UNIVERSITY OF CHICAGO HOSPITALS	14-0088	16974	1	07 / 01 / 1996	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015		20
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21	Type of control (see instructions)	2			21
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Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,598	22,842		3,235	32,753		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							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
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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
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35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
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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
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37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
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38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	Y			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.09	568.46	0.007143	64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65		GERIATRIC MEDICINE	1408	0.03	0.75	0.038462	65
65.01		PATHOLOGY	1950	0.51	22.56	0.022107	65.01
65.02		PEDIATRICS	2000	3.43	44.23	0.071968	65.02
65.03		DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582	65.03

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			6.64	667.90	0.009844	66

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67		PEDIATRICS	2000	6.64	64.27	0.093640	67

Inpatient Psychiatric Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	Y	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	09 / 01 / 1977			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	05 / 01 / 2000			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 08 / 1990			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 28 / 2008			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 01 / 1999			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2
PART I**

All Providers

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

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

141	Name:	Contractor's Name:		Contractor's Number:	141
142	Street:	P.O. Box:			142
143	City:	State:	ZIP Code:		143
144	Are provider based physicians' costs included in Worksheet A?	Y			144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N			147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N			148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N			149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	1.00				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10 / 01 / 2011	09 / 30 / 2012			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A		4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

		Y/N	Y/N	
Approved Educational Activities				
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/03/2015	Y	11/03/2015
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	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: MARGARITA	Last name: SAUCEDO	Title: DIRECTOR	41
42	Employer: UNIVERSITY OF CHICAGO MEDICAL CENTER			42
43	Phone number: 773-702-9782	E-mail Address: MARGARITA.SAUCEDO@UCHOSPITALS.EDU		43

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	443	161,695			39,810	22,565	127,599	1
2	HMO and other (see instructions)						11,658	19,891		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)		443	161,695			39,810	22,565	127,599	7
8	Intensive Care Unit	31	82	29,930			6,155	5,703	24,967	8
9	Coronary Care Unit	32	19	6,935			2,233	540	3,710	9
10	Burn Intensive Care Unit	33	8	2,920			534	594	2,480	10
11	Surgical Intensive Care Unit	34								11
11.01	NURSERY SPECIAL CARE	34.01	24	8,760				3,420	5,613	11.01
12	NURSERY ICU	35	47	17,155				7,777	14,301	12
13	Nursery	43						1,293	2,520	13
14	Total (see instructions)		623	227,395			48,732	41,892	181,190	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		623							27
28	Observation Bed Days							1,747	8,289	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								1,222	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							645	1,726	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					7,342	9,087	28,498	1
2	HMO and other (see instructions)								2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
11.01	NURSERY SPECIAL CARE								11.01
12	NURSERY ICU								12
13	Nursery								13
14	Total (see instructions)	599.97	6,762.74			7,342	9,087	28,498	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	599.97	6,762.74						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassi- fication 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	627,627,575	763,196	628,390,771	14,196,025.00	44.27	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B		4,812,790		4,812,790	63,642.00	75.62	3
4	Physician-Part A - Administrative		23,730,688		23,730,688	189,631.00	125.14	4
4.01	Physician-Part A - Teaching		8,586,649		8,586,649	99,296.00	86.48	4.01
5	Physician-Part B							5
6	Non-physician-Part B		1,161,819		1,161,819	24,146.03	48.12	6
7	Interns & residents (in an approved program)	21	34,560,846	-1,147	34,559,699	1,748,553.00	19.76	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)		5,278,789	-196,183	5,082,606	139,441.17	36.45	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		9,822,880		9,822,880	217,184.16	45.23	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative							13
14	Home office salaries & wage-related costs							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)		142,955,680		142,955,680			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		1,298,858		1,298,858			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		1,184,197		1,184,197			21
22	Physician Part A - Administrative		7,164,295		7,164,295			22
22.01	Physician Part A - Teaching		2,592,590		2,592,590			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FOHC)		261,393		261,393			24
25	Interns & residents (in an approved program)		5,957,416		5,957,416			25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		5,327,464	-30,052	5,297,412	96,677.82	54.79	26
27	Administrative & General		90,974,400	2,078,351	93,052,751	1,953,877.57	47.62	27
28	Administrative & General under contract (see instructions)		3,351,984		3,351,984	6,855.80	488.93	28
29	Maintenance & Repairs							29
30	Operation of Plant		9,826,237	-11,356	9,814,881	492,176.42	19.94	30
31	Laundry & Linen Service							31
32	Housekeeping		15,817,576	-82,305	15,735,271	967,881.17	16.26	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		4,618,340	-7,082	4,611,258	197,371.43	23.36	34
35	Dietary under contract (see instructions)							35
36	Cafeteria		1,200,411	-3,782	1,196,629	84,930.41	14.09	36
37	Maintenance of Personnel							37
38	Nursing Administration		7,919,115	-6,977	7,912,138	186,408.21	42.45	38
39	Central Services and Supply		3,138,595	-1,877	3,136,718	118,751.77	26.41	39
40	Pharmacy		17,408,069	44,532	17,452,601	438,501.77	39.80	40
41	Medical Records & Medical Records Library		3,573,967	-1,401	3,572,566	101,584.35	35.17	41
42	Social Service		572,756		572,756	28,348.51	20.20	42
43	Other General Service		5,186,971	-9,888	5,177,083	248,317.07	20.85	43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		581,857,455	764,343	582,621,798	12,267,243.77	47.49	1
2	Excluded area salaries (see instructions)		5,278,789	-196,183	5,082,606	139,441.17	36.45	2
3	Subtotal salaries (line 1 minus line 2)		576,578,666	960,526	577,539,192	12,127,802.60	47.62	3
4	Subtotal other wages & related costs (see instructions)		9,822,880		9,822,880	217,184.16	45.23	4
5	Subtotal wage-related costs (see instructions)		150,119,975		150,119,975		25.99%	5
6	Total (sum of lines 3 through 5)		736,521,521	960,526	737,482,047	12,344,986.76	59.74	6
7	Total overhead cost (see instructions)		168,915,885	1,968,163	170,884,048	4,921,682.30	34.72	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	12,576,511	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)	30,333,336	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees	725,940	5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees	1,871,575	7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	57,492,059	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	412,658	10
11	Life Insurance (If employee is owner or beneficiary)	492,805	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,165,536	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,054,262	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	37,952,547	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	1,120,257	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)	941,091	21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	5,543,648	23
24	Total Wage Related cost (Sum of lines 1-23)	151,682,225	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	Supporting Exhibit for Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD				
1	Wage Index Fiscal Year Ending Date	09/30/2017		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)	07/01/2014	06/30/2015	2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month	1/01/2015		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)	7/01/2013		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)	7/01/2016		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	7/01/2013		9
10	Ending Date of Averaging Period from Line 5	7/01/2016		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIB-UTION(S)	11
11.01		07/01/2013	32,500,002	11.01
11.02		07/01/2014	32,500,000	11.02
11.03		07/01/2015	26,000,000	11.03
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)	36		12
13	Total Contributions Made During Averaging Period	91,000,002		13
14	Average Monthly Contribution (Line 13 divided by Line 12)	2,527,778		14
15	Number of MOonths in Provider Cost Reporting Period on Line 2	12		15
16	Average Pension Contributions (Line 14 times Line 15)	30,333,336		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)	30,333,336		19

KPMG LLP Compu-Max 2552-10

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list			11
12	Number of patients transplanted during the cost reporting period			12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider			13
14	Epoetin amount from Worksheet A for home dialysis program			14
15	Number of EPO units furnished relating to the renal dialysis department			15
16	Number of EPO units furnished relating to the home dialysis department			16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider			17
18	ARANESP amount from Worksheet A for home dialysis program			18
19	Number of ARANESP units furnished relating to the renal dialysis department			19
20	Number of ARANESP units furnished relating to the home dialysis department			20

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

21	MCP	INITIAL METHOD	
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	Erythropoiesis-Stimulating Agents (ESA) Statistics:	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

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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)		0.224986	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		213,261,899	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		61,481,349	5
6	Medicaid charges		1,269,605,829	6
7	Medicaid cost (line 1 times line 6)		285,643,537	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.		10,900,289	8

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

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care				17
18	Government grants, appropriations of transfers for support of hospital operations				18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,900,289	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	22,985,115	34,047,592	57,032,707	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,171,329	7,660,232	12,831,561	21
22	Partial payment by patients approved for charity care	26,062	294,430	320,492	22
23	Cost of charity care (line 21 minus line 22)	5,145,267	7,365,802	12,511,069	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			27,299,196	26
27	Medicare bad debts for the entire hospital complex (see instructions)			3,301,235	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			23,997,961	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			5,399,205	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			17,910,274	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			28,810,563	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS										
1	00100	Cap Rel Costs-Bldg & Fixt		33,949,122	33,949,122		33,949,122		33,949,122	1
1.01	00101	DCAM CAPITAL		3,829,546	3,829,546		3,829,546		3,829,546	1.01
2	00200	Cap Rel Costs-Mvble Equip		45,466,004	45,466,004		45,466,004		45,466,004	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	5,327,464	140,679,829	146,007,293		146,007,293	424,945	146,432,238	4
5.01	00540	NON-PATIENT PHONES	1,450,761	-114,099	1,336,662		1,336,662	-332,670	1,003,992	5.01
5.02	00550	DATA PROCESSING	25,197,567	22,869,285	48,066,852		48,066,852		48,066,852	5.02
5.03	00560	PURCHASING	6,429,012	2,364,524	8,793,536		8,793,536		8,793,536	5.03
5.04	00570	ADMITTING	3,779,059	156,920	3,935,979	-122,379	3,813,600		3,813,600	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,957,506	8,580,691	14,538,197		14,538,197		14,538,197	5.05
5.06	00590	OTHER ADMIN & GENERAL	48,160,495	67,339,919	115,500,414	-626,145	114,874,269	728,475	115,602,744	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	9,826,237	30,997,818	40,824,055		40,824,055	-31,475	40,792,580	7
8	00800	Laundry & Linen Service		3,375,194	3,375,194		3,375,194		3,375,194	8
9	00900	Housekeeping	15,817,576	7,078,627	22,896,203		22,896,203		22,896,203	9
10	01000	Dietary	4,618,340	2,771,790	7,390,130	-7,028	7,383,102	-32,563	7,350,539	10
11	01100	Cafeteria	1,200,411	3,199,746	4,400,157		4,400,157	-2,569,206	1,830,951	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	7,919,115	1,047,256	8,966,371		8,966,371		8,966,371	13
14	01400	Central Services & Supply	3,138,595	3,432,832	6,571,427		6,571,427		6,571,427	14
15	01500	Pharmacy	17,408,069	94,481,047	111,889,116	-87,732,139	24,156,977	-16,936,293	7,220,684	15
16	01600	Medical Records & Library	3,573,967	2,045,108	5,619,075		5,619,075		5,619,075	16
17	01700	Social Service	572,756	223,984	796,740		796,740		796,740	17
18	01850	OCCUPATIONAL THERAPY								18
18.01	01851	VOLUNTEERS	237,749	143,617	381,366		381,366		381,366	18.01
18.02	01852	PATIENT TRANSPORT	3,792,249	1,336,786	5,129,035		5,129,035		5,129,035	18.02
18.03	01853	MEDICAL ELECTRONICS	1,156,973	523,127	1,680,100		1,680,100		1,680,100	18.03
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	34,560,846	1,090,377	35,651,223		35,651,223	-153,647	35,497,576	21
22	02200	I&R Services-Other Prgm Costs Apprvd	10,359,089	7,382,791	17,741,880		17,741,880	-3,705,683	14,036,197	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
23.01	02301	PARAMED ED PRGM - PHARMACY	963,056	44,594	1,007,650	150,019	1,157,669		1,157,669	23.01
INPATIENT ROUTINE SERVICE COST CENTERS										
30	03000	Adults & Pediatrics	100,997,237	28,113,670	129,110,907	-1,277,159	127,833,748	-22,743,080	105,090,668	30
31	03100	Intensive Care Unit	29,088,736	8,603,986	37,692,722	-1,172,561	36,520,161	-4,322,253	32,197,908	31
32	03200	Coronary Care Unit	5,947,019	1,265,188	7,212,207	-8,101	7,204,106	-629,311	6,574,795	32
33	03300	Burn Intensive Care Unit	2,727,460	670,027	3,397,487		3,397,487	-420,710	2,976,777	33
34.01	02060	NURSERY SPECIAL CARE	3,182,274	881,210	4,063,484	-8,273	4,055,211	-957,690	3,097,521	34.01
35	02080	NURSERY ICU	16,838,935	3,204,975	20,043,910	-7,091	20,036,819	-2,434,781	17,602,038	35
43	04300	Nursery	531,818	403,337	935,155	1,008,702	1,943,857	-448,074	1,495,783	43
ANCILLARY SERVICE COST CENTERS										
50	05000	Operating Room	52,445,298	74,549,100	126,994,398	-32,699,204	94,295,194	-22,016,010	72,279,184	50
52	05200	Delivery Room & Labor Room	4,832,613	763,544	5,596,157	-244,156	5,352,001		5,352,001	52
53	05300	Anesthesiology	6,104,602	5,187,761	11,292,363	-1,062,119	10,230,244	-4,758,744	5,471,500	53
54	05400	Radiology-Diagnostic	24,145,104	18,030,318	42,175,422	-4,399,913	37,775,509	-10,026,063	27,749,446	54
55	05500	Radiology-Therapeutic	4,953,240	2,709,595	7,662,835	-33,089	7,629,746	-522,988	7,106,758	55
57	05700	CT Scan	2,487,765	704,106	3,191,871	8,270	3,200,141		3,200,141	57
58	05800	MRI	2,411,545	777,268	3,188,813	-6,933	3,181,880	-4,351	3,177,529	58
59	05900	Cardiac Catheterization	1,773,076	4,878,527	6,651,603	-3,030,395	3,621,208	-5,227	3,615,981	59
60	06000	Laboratory	18,359,372	16,200,377	34,559,749	-5,657	34,554,092	-4,476,228	30,077,864	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	2,900,281	10,126,327	13,026,608	-148,460	12,878,148	-989,328	11,888,820	63
65	06500	Respiratory Therapy	7,081,144	3,157,329	10,238,473	-157,474	10,080,999	-5,184	10,075,815	65
66	06600	Physical Therapy	5,280,518	750,162	6,030,680	-265,886	5,764,794	-4,550	5,760,244	66
69	06900	Electrocardiology	12,143,692	13,345,201	25,488,893	-7,362,529	18,126,364	-5,233,543	12,892,821	69
70	07000	Electroencephalography	2,713,210	462,801	3,176,011	-81,474	3,094,537	-148,759	2,945,778	70
70.01	07001	BRACE AND PLASTER ROOM	146,537	138,506	285,043		285,043		285,043	70.01
71	07100	Medical Supplies Charged to Patients				19,593,387	19,593,387		19,593,387	71
72	07200	Impl. Dev. Charged to Patients				36,516,407	36,516,407		36,516,407	72
73	07300	Drugs Charged to Patients		661	661	87,784,089	87,784,750		87,784,750	73
74	07400	Renal Dialysis	2,230,018	783,526	3,013,544	-49,092	2,964,452		2,964,452	74
76.97	07697	CARDIAC REHABILITATION	101,366	10,813	112,179		112,179		112,179	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
90	09000	Clinic	84,161,646	55,467,632	139,629,278	-5,443,096	134,186,182	-39,134,896	95,051,286	90
90.01	09001	DENTAL CLINIC								90.01
90.02	09002	TRANSPLANT CLINIC				1,609,666	1,609,666		1,609,666	90.02
90.03	09003	SILVER CROSS	2,700,366	1,322,696	4,023,062		4,023,062	-2,417,129	1,605,933	90.03
90.04	09004	SILVER CROSS PHARMACY	337,947	7,779,122	8,117,069		8,117,069		8,117,069	90.04

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
91	09100	Emergency	15,242,131	3,028,133	18,270,264	-704	18,269,560	-6,805	18,262,755	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	Ambulance Services	1,276,910	116,981	1,393,891	-244	1,393,647	-1,182,302	211,345	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	1,608,222	2,482,806	4,091,028	-1,260,134	2,830,894	586,441	3,417,335	105
106	10600	Heart Acquisition	109,449	1,760,055	1,869,504	286,607	2,156,111	46,583	2,202,694	106
107	10700	Liver Acquisition	778,353	1,517,995	2,296,348	-223,570	2,072,778	561,507	2,634,285	107
108	10800	Lung Acquisition	563,052	1,556,216	2,119,268	-329,992	1,789,276	191,167	1,980,443	108
109	10900	Pancreas Acquisition				800,822	800,822	171,965	972,787	109
118		SUBTOTALS (sum of lines 1-117)	627,647,828	755,046,386	1,382,694,214	-7,028	1,382,687,186	-143,938,460	1,238,748,726	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		8,086	8,086		8,086	-8,086		190
191.01	19101	OTHER NONREIMBURSABLE	-20,253	6,100,883	6,080,630	7,028	6,087,658	-5,975,695	111,963	191.01
191.02	19102	MEDICAL SCHOOL								191.02
200		TOTAL (sum of lines 118-199)	627,627,575	761,155,355	1,388,782,930		1,388,782,930	-149,922,241	1,238,860,689	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01	4,329	2,699	1
500	Total reclassifications				4,329	2,699	500
	Code Letter - A						
1	SHORT TERM DISABILITY	B	Employee Benefits Department	4		3,213	1
2	SHORT TERM DISABILITY	B	DATA PROCESSING	5.02		1,521	2
3	SHORT TERM DISABILITY	B	PURCHASING	5.03		10,378	3
4	SHORT TERM DISABILITY	B	ADMITTING	5.04		2,502	4
5	SHORT TERM DISABILITY	B	CASHIERING/ACCOUNTS RECEIVABL	5.05		12,391	5
6	SHORT TERM DISABILITY	B	OTHER ADMIN & GENERAL	5.06		14,584	6
7	SHORT TERM DISABILITY	B	Operation of Plant	7		11,356	7
8	SHORT TERM DISABILITY	B	Housekeeping	9		82,305	8
9	SHORT TERM DISABILITY	B	Dietary	10		2,753	9
10	SHORT TERM DISABILITY	B	Cafeteria	11		3,782	10
11	SHORT TERM DISABILITY	B	Nursing Administration	13		6,977	11
12	SHORT TERM DISABILITY	B	Central Services & Supply	14		1,877	12
13	SHORT TERM DISABILITY	B	Pharmacy	15		11,585	13
14	SHORT TERM DISABILITY	B	Medical Records & Library	16		1,401	14
15	SHORT TERM DISABILITY	B	PATIENT TRANSPORT	18.02		9,888	15
16	SHORT TERM DISABILITY	B	I&R Services-Salary & Fringes	21		1,147	16
17	SHORT TERM DISABILITY	B	Adults & Pediatrics	30		114,833	17
18	SHORT TERM DISABILITY	B	Intensive Care Unit	31		28,032	18
19	SHORT TERM DISABILITY	B	Coronary Care Unit	32		3,580	19
20	SHORT TERM DISABILITY	B	Burn Intensive Care Unit	33		3,131	20
21	SHORT TERM DISABILITY	B	NURSERY ICU	35		16,258	21
22	SHORT TERM DISABILITY	B	Operating Room	50		38,936	22
23	SHORT TERM DISABILITY	B	Delivery Room & Labor Room	52		382	23
24	SHORT TERM DISABILITY	B	Anesthesiology	53		2,591	24
25	SHORT TERM DISABILITY	B	Radiology-Diagnostic	54		11,287	25
26	SHORT TERM DISABILITY	B	Radiology-Therapeutic	55		4,428	26
27	SHORT TERM DISABILITY	B	Laboratory	60		10,427	27
28	SHORT TERM DISABILITY	B	Blood Storing, Processing & T	63		1,875	28
29	SHORT TERM DISABILITY	B	Respiratory Therapy	65		6,870	29
30	SHORT TERM DISABILITY	B	Physical Therapy	66		4,387	30
31	SHORT TERM DISABILITY	B	Electrocardiology	69		1,865	31
32	SHORT TERM DISABILITY	B	Electroencephalography	70		2,597	32
33	SHORT TERM DISABILITY	B	Renal Dialysis	74		1,848	33
34	SHORT TERM DISABILITY	B	Clinic	90		52,180	34
35	SHORT TERM DISABILITY	B	Emergency	91		27,790	35
36	SHORT TERM DISABILITY	B	Kidney Acquisition	105		1,016	36
500	Total reclassifications					511,973	500
	Code Letter - B						
1	PHARMACY DISCOUNTS	C	Pharmacy	15	297		1
500	Total reclassifications				297		500
	Code Letter - C						
1	DRUGS CHARGED	D	Drugs Charged to Patients	73		87,784,089	1
500	Total reclassifications					87,784,089	500
	Code Letter - D						
1	NURSERY	F	Nursery	43	923,646	85,056	1
500	Total reclassifications				923,646	85,056	500
	Code Letter - F						
1	MED SUPP & IMPLANTS CHARGED	G	Medical Supplies Charged to P	71		19,593,387	1
2	MED SUPP & IMPLANTS CHARGED	G	Impl. Dev. Charged to Patient	72		36,516,407	2
3	MED SUPP & IMPLANTS CHARGED	G					3
4	MED SUPP & IMPLANTS CHARGED	G					4
5	MED SUPP & IMPLANTS CHARGED	G					5
6	MED SUPP & IMPLANTS CHARGED	G					6
7	MED SUPP & IMPLANTS CHARGED	G					7
8	MED SUPP & IMPLANTS CHARGED	G					8
9	MED SUPP & IMPLANTS CHARGED	G					9
10	MED SUPP & IMPLANTS CHARGED	G					10
11	MED SUPP & IMPLANTS CHARGED	G					11
12	MED SUPP & IMPLANTS CHARGED	G					12
13	MED SUPP & IMPLANTS CHARGED	G					13
14	MED SUPP & IMPLANTS CHARGED	G					14
15	MED SUPP & IMPLANTS CHARGED	G					15
16	MED SUPP & IMPLANTS CHARGED	G					16
17	MED SUPP & IMPLANTS CHARGED	G					17
18	MED SUPP & IMPLANTS CHARGED	G					18
19	MED SUPP & IMPLANTS CHARGED	G					19
20	MED SUPP & IMPLANTS CHARGED	G					20
21	MED SUPP & IMPLANTS CHARGED	G					21

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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	
22							22
23							23
500	Total reclassifications					56,109,794	500
	Code Letter - G						
1	ORGAN ACQ	H	Kidney Acquisition	105	330,273	24,704	1
2	ORGAN ACQ	H	Heart Acquisition	106	344,440	13,822	2
3	ORGAN ACQ	H	Liver Acquisition	107	253,284	22,137	3
4	ORGAN ACQ	H	Lung Acquisition	108	162,714	15,673	4
5	ORGAN ACQ	H	Pancreas Acquisition	109	180,578	620,244	5
6	ORGAN ACQ	H	TRANSPLANT CLINIC	90.02	1,149,517	460,149	6
7	ORGAN ACQ	H					7
8	ORGAN ACQ	H					8
9	ORGAN ACQ	H					9
10	ORGAN ACQ	H					10
11	ORGAN ACQ	H					11
500	Total reclassifications				2,420,806	1,156,729	500
	Code Letter - H						
1	PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01	283,413		1
2	PHARMACY RESIDENT COST	K	PARAMED ED PRGM - PHARMACY	23.01	250,637		2
3			Pharmacy	15	384,031		3
500	Total reclassifications				918,081		500
	Code Letter - K						
1	WAGE INDEX SALARY - PDP	L	Clinic	90		353,726	1
2	WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06	2,784,557		2
3	WAGE INDEX SALARY - NON ALLOWABLE	L	Employee Benefits Department	4		26,839	3
4	WAGE INDEX SALARY - NON ALLOWABLE	L	Adults & Pediatrics	30		792,433	4
5	WAGE INDEX SALARY - NON ALLOWABLE	L	Intensive Care Unit	31		61,720	5
6	WAGE INDEX SALARY - NON ALLOWABLE	L	Cardiac Catheterization	59		3,669	6
7	WAGE INDEX SALARY - NON ALLOWABLE	L	Clinic	90		277,158	7
8	WAGE INDEX SALARY - OCC MED	L	Physical Therapy	66	5,860		8
500	Total reclassifications				2,790,417	1,515,545	500
	Code Letter - L						
1	RADIOLOGY SUPPORT RECLASS	M	Radiology-Therapeutic	55	84,598	12,625	1
2	RADIOLOGY SUPPORT RECLASS	M	CT Scan	57	166,168	24,797	2
3	RADIOLOGY SUPPORT RECLASS	M	MRI	58	82,251	12,274	3
500	Total reclassifications				333,017	49,696	500
	Code Letter - M						
	GRAND TOTAL (Increases)				7,390,593	147,215,581	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	NRCC DIETARY	A	Dietary	10	4,329	2,699	1	
500	Total reclassifications				4,329	2,699	500	
	Code letter - A							
1	SHORT TERM DISABILITY	B	Employee Benefits Department	4	3,213		1	
2	SHORT TERM DISABILITY	B	DATA PROCESSING	5.02	1,521		2	
3	SHORT TERM DISABILITY	B	PURCHASING	5.03	10,378		3	
4	SHORT TERM DISABILITY	B	ADMITTING	5.04	2,502		4	
5	SHORT TERM DISABILITY	B	CASHIERING/ACCOUNTS RECEIVABL	5.05	12,391		5	
6	SHORT TERM DISABILITY	B	OTHER ADMIN & GENERAL	5.06	14,584		6	
7	SHORT TERM DISABILITY	B	Operation of Plant	7	11,356		7	
8	SHORT TERM DISABILITY	B	Housekeeping	9	82,305		8	
9	SHORT TERM DISABILITY	B	Dietary	10	2,753		9	
10	SHORT TERM DISABILITY	B	Cafeteria	11	3,782		10	
11	SHORT TERM DISABILITY	B	Nursing Administration	13	6,977		11	
12	SHORT TERM DISABILITY	B	Central Services & Supply	14	1,877		12	
13	SHORT TERM DISABILITY	B	Pharmacy	15	11,585		13	
14	SHORT TERM DISABILITY	B	Medical Records & Library	16	1,401		14	
15	SHORT TERM DISABILITY	B	PATIENT TRANSPORT	18.02	9,888		15	
16	SHORT TERM DISABILITY	B	I&R Services-Salary & Fringes	21	1,147		16	
17	SHORT TERM DISABILITY	B	Adults & Pediatrics	30	114,833		17	
18	SHORT TERM DISABILITY	B	Intensive Care Unit	31	28,032		18	
19	SHORT TERM DISABILITY	B	Coronary Care Unit	32	3,580		19	
20	SHORT TERM DISABILITY	B	Burn Intensive Care Unit	33	3,131		20	
21	SHORT TERM DISABILITY	B	NURSERY ICU	35	16,258		21	
22	SHORT TERM DISABILITY	B	Operating Room	50	38,936		22	
23	SHORT TERM DISABILITY	B	Delivery Room & Labor Room	52	382		23	
24	SHORT TERM DISABILITY	B	Anesthesiology	53	2,591		24	
25	SHORT TERM DISABILITY	B	Radiology-Diagnostic	54	11,287		25	
26	SHORT TERM DISABILITY	B	Radiology-Therapeutic	55	4,428		26	
27	SHORT TERM DISABILITY	B	Laboratory	60	10,427		27	
28	SHORT TERM DISABILITY	B	Blood Storing, Processing & T	63	1,875		28	
29	SHORT TERM DISABILITY	B	Respiratory Therapy	65	6,870		29	
30	SHORT TERM DISABILITY	B	Physical Therapy	66	4,387		30	
31	SHORT TERM DISABILITY	B	Electrocardiology	69	1,865		31	
32	SHORT TERM DISABILITY	B	Electroencephalography	70	2,597		32	
33	SHORT TERM DISABILITY	B	Renal Dialysis	74	1,848		33	
34	SHORT TERM DISABILITY	B	Clinic	90	52,180		34	
35	SHORT TERM DISABILITY	B	Emergency	91	27,790		35	
36	SHORT TERM DISABILITY	B	Kidney Acquisition	105	1,016		36	
500	Total reclassifications				511,973		500	
	Code letter - B							
1	PHARMACY DISCOUNTS	C	OTHER ADMIN & GENERAL	5.06		297	1	
500	Total reclassifications					297	500	
	Code letter - C							
1	DRUGS CHARGED	D	Pharmacy	15		87,784,089	1	
500	Total reclassifications					87,784,089	500	
	Code letter - D							
1	NURSERY	F	Adults & Pediatrics	30	923,646	85,056	1	
500	Total reclassifications				923,646	85,056	500	
	Code letter - F							
1	MED SUPP & IMPLANTS CHARGED	G	Pharmacy	15		4,167	1	
2	MED SUPP & IMPLANTS CHARGED	G	Adults & Pediatrics	30		268,457	2	
3	MED SUPP & IMPLANTS CHARGED	G	Intensive Care Unit	31		1,172,561	3	
4	MED SUPP & IMPLANTS CHARGED	G	Coronary Care Unit	32		8,101	4	
5	MED SUPP & IMPLANTS CHARGED	G	NURSERY SPECIAL CARE	34.01		8,273	5	
6	MED SUPP & IMPLANTS CHARGED	G	NURSERY ICU	35		7,091	6	
7	MED SUPP & IMPLANTS CHARGED	G	Operating Room	50		32,699,204	7	
8	MED SUPP & IMPLANTS CHARGED	G	Delivery Room & Labor Room	52		244,156	8	
9	MED SUPP & IMPLANTS CHARGED	G	Anesthesiology	53		1,062,119	9	
10	MED SUPP & IMPLANTS CHARGED	G	Radiology-Diagnostic	54		4,017,200	10	
11	MED SUPP & IMPLANTS CHARGED	G	Radiology-Therapeutic	55		130,312	11	
12	MED SUPP & IMPLANTS CHARGED	G	CT Scan	57		182,695	12	
13	MED SUPP & IMPLANTS CHARGED	G	MRI	58		101,458	13	
14	MED SUPP & IMPLANTS CHARGED	G	Cardiac Catheterization	59		3,030,395	14	
15	MED SUPP & IMPLANTS CHARGED	G	Blood Storing, Processing & T	63		148,460	15	
16	MED SUPP & IMPLANTS CHARGED	G	Respiratory Therapy	65		157,474	16	
17	MED SUPP & IMPLANTS CHARGED	G	Physical Therapy	66		265,886	17	
18	MED SUPP & IMPLANTS CHARGED	G	Electrocardiology	69		7,277,812	18	
19	MED SUPP & IMPLANTS CHARGED	G	Electroencephalography	70		81,474	19	
20	MED SUPP & IMPLANTS CHARGED	G	Renal Dialysis	74		49,092	20	

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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	
21	MED SUPP & IMPLANTS CHARGED	G	Clinic	90		5,192,459	21	
22			Emergency	91		704	22	
23			Ambulance Services	95		244	23	
500	Total reclassifications					56,109,794	500	
	Code letter - G							
1	ORGAN ACQ	H	Kidney Acquisition	105	848,222	766,889	1	
2	ORGAN ACQ	H	Heart Acquisition	106	55,499	16,156	2	
3	ORGAN ACQ	H	Liver Acquisition	107	349,048	149,943	3	
4	ORGAN ACQ	H	Lung Acquisition	108	368,035	140,344	4	
5	ORGAN ACQ	H					5	
6	ORGAN ACQ	H					6	
7	ORGAN ACQ	H	ADMITTING	5.04	122,379		7	
8	ORGAN ACQ	H	OTHER ADMIN & GENERAL	5.06	542,451	83,397	8	
9	ORGAN ACQ	H	Pharmacy	15	44,798		9	
10	ORGAN ACQ	H	Laboratory	60	5,657		10	
11	ORGAN ACQ	H	Electrocardiology	69	84,717		11	
500	Total reclassifications				2,420,806	1,156,729	500	
	Code letter - H							
1	PHARMACY RESIDENT COST	K	Pharmacy	15	283,413		1	
2	PHARMACY RESIDENT COST	K	Clinic	90	250,637		2	
3			PARAMED ED PRGM - PHARMACY	23.01	384,031		3	
500	Total reclassifications				918,081		500	
	Code letter - K							
1	WAGE INDEX SALARY - PDP	L	Clinic	90	353,726		1	
2	WAGE INDEX SALARY - SMG	L	OTHER ADMIN & GENERAL	5.06		2,784,557	2	
3	WAGE INDEX SALARY - NON ALLOWABLE	L	Employee Benefits Department	4	26,839		3	
4	WAGE INDEX SALARY - NON ALLOWABLE	L	Adults & Pediatrics	30	792,433		4	
5	WAGE INDEX SALARY - NON ALLOWABLE	L	Intensive Care Unit	31	61,720		5	
6	WAGE INDEX SALARY - NON ALLOWABLE	L	Cardiac Catheterization	59	3,669		6	
7	WAGE INDEX SALARY - NON ALLOWABLE	L	Clinic	90	277,158		7	
8	WAGE INDEX SALARY - OCC MED	L	Physical Therapy	66		5,860	8	
500	Total reclassifications				1,515,545	2,790,417	500	
	Code letter - L							
1	RADIOLOGY SUPPORT RECLASS	M	Radiology-Diagnostic	54	84,598	12,625	1	
2	RADIOLOGY SUPPORT RECLASS	M	Radiology-Diagnostic	54	166,168	24,797	2	
3	RADIOLOGY SUPPORT RECLASS	M	Radiology-Diagnostic	54	82,251	12,274	3	
500	Total reclassifications				333,017	49,696	500	
	Code letter - M							
	GRAND TOTAL (Decreases)				6,627,397	147,978,777		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	36,008,345					36,008,345		1
2	Land Improvements								2
3	Buildings and Fixtures	1,346,525,914	107,384,913		107,384,913	23,595,919	1,430,314,908		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	515,712,966	554,939		554,939		516,267,905		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,898,247,225	107,939,852		107,939,852	23,595,919	1,982,591,158		8
9	Reconciling Items	60,576,487	107,384,913		107,384,913	116,663,178	51,298,222		9
10	Total (line 7 minus line 9)	1,837,670,738	554,939		554,939	93,067,259	1,931,292,936		10

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

SUMMARY OF CAPITAL									
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	33,949,122						33,949,122	1
1.01	DCAM CAPITAL	3,829,546						3,829,546	1.01
2	Cap Rel Costs-Mvble Equip	45,466,004						45,466,004	2
3	Total (sum of lines 1-2)	83,244,672						83,244,672	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

COMPUTATION OF RATIOS									
	Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)
*		1	2	3	4	5	6	7	8
1	Cap Rel Costs-Bldg & Fi	1,303,654,738		1,303,654,738	0.657551				
1.01	DCAM CAPITAL	162,668,516		162,668,516	0.082048				
2	Cap Rel Costs-Mvble Equip	516,267,905		516,267,905	0.260401				
3	Total (sum of lines 1-2)	1,982,591,159		1,982,591,159	1.000000				

SUMMARY OF CAPITAL									
	Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
*		9	10	11	12	13	14	15	
1	Cap Rel Costs-Bldg & Fixt	33,949,122						33,949,122	1
1.01	DCAM CAPITAL	3,829,546						3,829,546	1.01
2	Cap Rel Costs-Mvble Equip	45,466,004						45,466,004	2
3	Total (sum of lines 1-2)	83,244,672						83,244,672	3

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)	A	-5,975,695	OTHER NONREIMBURSABLE	191.01	9
10	Provider-based physician adjustment	Wkst A-8-2	-106,232,576			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-2,569,206	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients	B	-16,936,293	Pharmacy	15	17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	OTHER OPERATING	B	-500	OTHER ADMIN & GENERAL	5.06	33
33.01	OTHER OPERATING	B	-31,475	Operation of Plant	7	33.01
33.02	OTHER OPERATING	B	-32,563	Dietary	10	33.02
33.03	OTHER OPERATING	B	-8,205	Adults & Pediatrics	30	33.03
33.05	OTHER OPERATING	B	-25,609	Operating Room	50	33.05
33.06	OTHER OPERATING	B	-5,358	Anesthesiology	53	33.06
33.07	OTHER OPERATING	B	-22,269	Radiology-Therapeutic	55	33.07
33.08	OTHER OPERATING	B	-4,351	MRI	58	33.08
33.09	OTHER OPERATING	B	-1,558	Cardiac Catheterization	59	33.09
33.10	OTHER OPERATING	B	-4,268,857	Laboratory	60	33.10
33.11	OTHER OPERATING	B	-989,328	Blood Storing, Processing & Trans.	63	33.11
33.12	OTHER OPERATING	B	-5,184	Respiratory Therapy	65	33.12
33.13	OTHER OPERATING	B	-10,410	Physical Therapy	66	33.13
33.14	OTHER OPERATING	B	-7,499	Electrocardiology	69	33.14
33.15	OTHER OPERATING	B	-1,468	Electroencephalography	70	33.15
33.16	PHARMACY RESIDENTS INCOME	B	-1,069,819	Clinic	90	33.16
33.17	OTHER OPERATING	B	-2,417,129	SILVER CROSS	90.03	33.17
33.18	MISCELLANEOUS REVENUE	B	-6,805	Emergency	91	33.18
33.19	MISCELLANEOUS REVENUE	B	-1,182,302	Ambulance Services	95	33.19
33.20	MISCELLANEOUS REVENUE	B	-212	Lung Acquisition	108	33.20
33.21	MISCELLANEOUS REVENUE	B	-8,086	Gift, Flower, Coffee Shop & Canteen	190	33.21
34						34
35						35
36	ADVERTISING EXPENSE	A	-1,852,150	OTHER ADMIN & GENERAL	5.06	36
36.01	NON PATIENT CARE RELATED EXPENSE	A	-129,824	OTHER ADMIN & GENERAL	5.06	36.01
36.02	CRNA EXPENSE	A	-4,751,432	Anesthesiology	53	36.02
36.03	PSYCH PDP COSTS	A	-521,769	Clinic	90	36.03
36.04	PATIENT TV AND PHONE OFFSET	A	-332,670	NON-PATIENT PHONES	5.01	36.04
37	NON ALLOWABLE EXPENSE - BSD	A	-63,462	OTHER ADMIN & GENERAL	5.06	37
37.01	NON ALLOWABLE EXPENSE - BSD	A	-980,690	Adults & Pediatrics	30	37.01
37.02	NON ALLOWABLE EXPENSE - BSD	A	-24,750	Intensive Care Unit	31	37.02
37.03	NON ALLOWABLE EXPENSE - BSD	A	-71,389	Clinic	90	37.03
37.04	NON ALLOWABLE EXPENSE - BSD	A	-1,625	Electrocardiology	69	37.04

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref. 5
				COST CENTER	LINE#		
		1	2	3	4		
37.05	NON ALLOWABLE EXPENSE - BSD	A	-26,839	Employee Benefits Department	4		37.05
37.06	NON ALLOWABLE EXPENSE - BSD	A	-63,179	Intensive Care Unit	31		37.06
37.07	BSD PHY ASSISTANTS	A	-3,669	Cardiac Catheterization	59		37.07
37.08	BSD PHY ASSISTANTS	A	-6,227	Electroencephalography	70		37.08
37.09	BSD PHY ASSISTANTS	A	-276,638	Clinic	90		37.09
38	NON ALLOWABLE EXPENSE	A	-4,067	OTHER ADMIN & GENERAL	5.06		38
38.01	AHA & IHA DUES	A	-226,603	OTHER ADMIN & GENERAL	5.06		38.01
38.02	NON EMERGENCY PATIENT TRANSPORT	A	-87,418	Clinic	90		38.02
39	ORGAN ACQUISITION S&B	A	586,441	Kidney Acquisition	105		39
39.01	ORGAN ACQUISITION S&B	A	46,583	Heart Acquisition	106		39.01
39.02	ORGAN ACQUISITION S&B	A	561,507	Liver Acquisition	107		39.02
39.03	ORGARN ACQUISITION S&B	A	191,379	Lung Acquisition	108		39.03
39.04	ORGAN ACQUISITION S&B	A	171,965	Pancreas Acquisition	109		39.04
39.05	ORGAN ACQUISITION S&B	A	451,784	Employee Benefits Department	4		39.05
40	BSD OCC MED	A	5,860	Physical Therapy	66		40
40.01	SMG SALARY & BENEFITS	A	3,005,081	OTHER ADMIN & GENERAL	5.06		40.01
41	NORTHSHORE REVENUE	B	-670,048	I&R Services-Other Prgm Costs Apprvd	22		41
42							42
43							43
44							44
45	MEDICAL STUDENT OFFSET	A	-1,772,440	I&R Services-Other Prgm Costs Apprvd	22		45
45.01	MEDICAL STUDENT OFFSET	A	-1,263,195	I&R Services-Other Prgm Costs Apprvd	22		45.01
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-149,922,241				50

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	2	Cap Rel Costs-Mvble Equip	PBP DIRECTS AND INDIRECTS	2,889,409	2,889,409		9	1
2	5.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	10,022,338	10,022,338			2
3	5.06	OTHER ADMIN & GENERAL	PBP DIRECTS AND INDIRECTS	10,410,058	10,410,058			3
3.01	5.06	OTHER ADMIN & GENERAL	MALPRACTICE WSA ADJ	14,614,528	14,614,528			3.01
3.02	7	Operation of Plant	PBP D&I/ELECT & STEAM	19,961,680	19,961,680			3.02
3.03	21	I&R Services-Salary & Fringes Apprvd	PBP DIRECTS & INDIRECTS	17,741,880	17,741,880			3.03
3.04	30	Adults & Pediatrics	PBP DIRECTS & INDIRECTS	41,992,762	41,992,762			3.04
3.05	31	Intensive Care Unit	PBP DIRECTS & INDIRECTS	8,173,576	8,173,576			3.05
3.06	32	Coronary Care Unit	PBP DIRECTS & INDIRECTS	1,214,773	1,214,773			3.06
3.07	33	Burn Intensive Care Unit	PBP DIRECTS & INDIRECTS	812,028	812,028			3.07
3.08	34.01	NURSERY SPECIAL CARE	PBP DIRECTS & INDIRECTS	1,848,640	1,848,640			3.08
3.09	35	NURSERY ICU	PBP DIRECTS & INDIRECTS	4,699,896	4,699,896			3.09
3.10	43	Nursery	PBP DIRECTS & INDIRECTS	864,988	864,988			3.10
3.11	50	Operating Room	PBP DIRECTS & INDIRECTS	39,503,190	39,503,190			3.11
3.12	53	Anesthesiology	PBP DIRECTS & INDIRECTS	2,048,008	2,048,008			3.12
3.13	54	Radiology-Diagnostic	PBP DIRECTS & INDIRECTS	16,069,778	16,069,778			3.13
3.14	55	Radiology-Therapeutic	PBP DIRECTS & INDIRECTS	1,145,393	1,145,393			3.14
3.15	60	Laboratory	PBP DIRECTS & INDIRECTS	835,825	835,825			3.15
3.16	69	Electrocardiology	PBP DIRECTS & INDIRECTS	10,993,192	10,993,192			3.16
3.17	70	Electroencephalography	PBP DIRECTS & INDIRECTS	397,273	397,273			3.17
3.18	90	Clinic	PBP DIRECTS & INDIRECTS	71,705,733	71,705,733			3.18
4								4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		277,944,948	277,944,948			5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B	U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO		UNIVERSITY/MEDICAL SCHOOL	6
7							7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	30	Adults & Pediatrics AGGREGATE	25,818,284	20,452,748	5,365,536	177,200	47,705	4,064,099	203,205	1
2	31	Intensive Care Unit AGGREGATE	5,025,335	3,980,974	1,044,361	177,200	9,285	791,011	39,551	2
3	32	Coronary Care Unit AGGREGATE	746,876	591,661	155,215	177,200	1,380	117,565	5,878	3
4	33	Burn Intensive Care AGGREGATE	499,257	395,502	103,755	177,200	922	78,547	3,927	4
5	34.01	NURSERY SPECIAL CARE AGGREGATE	1,136,594	900,388	236,206	177,200	2,100	178,904	8,945	5
6	35	NURSERY ICU AGGREGATE	2,889,623	2,289,104	600,519	177,200	5,339	454,842	22,742	6
7	43	Nursery AGGREGATE	531,818	421,296	110,522	177,200	983	83,744	4,187	7
8	50	Operating Room AGGREGATE	24,629,001	20,580,048	4,048,953	208,000	26,386	2,638,600	131,930	8
9	53	Anesthesiology AGGREGATE	6,769		6,769	200,300	50	4,815	241	9
10	54	Radiology-Diagnostic AGGREGATE	10,935,712	9,717,795	1,217,917	225,300	8,398	909,649	45,482	10
11	55	Radiology-Therapeuti AGGREGATE	810,940	210,403	600,537	225,300	2,864	310,221	15,511	11
12	60	Laboratory AGGREGATE	571,365		571,365	215,700	3,510	363,994	18,200	12
13	69	Electrocardiology AGGREGATE	6,612,287	4,780,897	1,831,390	177,200	16,291	1,387,868	69,393	13
14	70	Electroencephalogram AGGREGATE	204,813	141,064	63,749	177,200	773	65,854	3,293	14
15	90	Clinic AGGREGATE	42,529,927	34,756,033	7,773,894	177,200	63,645	5,422,064	271,103	15
16	21	I&R Services-Salary AGGRAGATE	10,359,089		10,359,089	177,200	119,793	10,205,442	510,272	16
17										17
18										18
19										19
20										20
200		TOTAL	133,307,690	99,217,913	34,089,777		309,424	27,077,219	1,353,860	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	30	Adults & Pediatrics AGGREGATE					4,064,099	1,301,437	21,754,185	1
2	31	Intensive Care Unit AGGREGATE					791,011	253,350	4,234,324	2
3	32	Coronary Care Unit AGGREGATE					117,565	37,650	629,311	3
4	33	Burn Intensive Care AGGREGATE					78,547	25,208	420,710	4
5	34.01	NURSERY SPECIAL CARE AGGREGATE					178,904	57,302	957,690	5
6	35	NURSERY ICU AGGREGATE					454,842	145,677	2,434,781	6
7	43	Nursery AGGREGATE					83,744	26,778	448,074	7
8	50	Operating Room AGGREGATE					2,638,600	1,410,353	21,990,401	8
9	53	Anesthesiology AGGREGATE					4,815	1,954	1,954	9
10	54	Radiology-Diagnostic AGGREGATE					909,649	308,268	10,026,063	10
11	55	Radiology-Therapeuti AGGREGATE					310,221	290,316	500,719	11
12	60	Laboratory AGGREGATE					363,994	207,371	207,371	12
13	69	Electrocardiology AGGREGATE					1,387,868	443,522	5,224,419	13
14	70	Electroencephalogram AGGREGATE					65,854		141,064	14
15	90	Clinic AGGREGATE					5,422,064	2,351,830	37,107,863	15
16	21	I&R Services-Salary AGGRAGATE					10,205,442	153,647	153,647	16
17										17
18										18
19										19
20										20
200		TOTAL					27,077,219	7,014,663	106,232,576	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	1.01	2	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	33,949,122	33,949,122					1
1.01	DCAM CAPITAL	3,829,546		3,829,546				1.01
2	Cap Rel Costs-Mvble Equip	45,466,004			45,466,004			2
4	Employee Benefits Department	146,432,238	595,860		33,370	147,061,468		4
5.01	NON-PATIENT PHONES	1,003,992			2,214	342,397	1,348,603	5.01
5.02	DATA PROCESSING	48,066,852	1,859,164	40,032	17,846,599	5,946,569	8,872	5.02
5.03	PURCHASING	8,793,536	1,280,641	1,993	186,928	1,514,875	8,872	5.03
5.04	ADMITTING	3,813,600	82,221	7,070	5,090	862,430	8,872	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	14,538,197	355,277		1,437	1,403,118	8,872	5.05
5.06	OTHER ADMIN & GENERAL	115,602,744	2,828,228	401,353	5,618,840	11,892,177	887,258	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	40,792,580	395,503	6,867	382,740	2,316,430	8,872	7
8	Laundry & Linen Service	3,375,194	34,023				8,872	8
9	Housekeeping	22,896,203	1,160,489	73,592	315,178	3,713,713	8,872	9
10	Dietary	7,350,539	264,341		22,596	1,088,312	8,872	10
11	Cafeteria	1,830,951	1,038,227	137,918	221,088	282,419	8,872	11
12	Maintenance of Personnel							12
13	Nursing Administration	8,966,371	253,858		246,010	1,867,360	8,872	13
14	Central Services & Supply	6,571,427	628,953		220,259	740,303	8,872	14
15	Pharmacy	7,220,684	713,686	27,340	650,228	4,119,023	8,872	15
16	Medical Records & Library	5,619,075	312,879		6,953	843,168	8,872	16
17	Social Service	796,740	82,717		1,546	135,177	8,872	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	381,366	35,512		1,392	56,112	8,872	18.01
18.02	PATIENT TRANSPORT	5,129,035	289,959		25,078	892,683	8,872	18.02
18.03	MEDICAL ELECTRONICS	1,680,100	275,599		332,276	273,060	8,872	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	35,497,576	559,914		2,404	8,156,504		21
22	I&R Services-Other Prgm Costs Apprvd	14,036,197				2,444,869	8,872	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	1,157,669	33,806			262,699	8,872	23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	105,090,668	6,759,070	10,230	707,096	23,404,639	8,872	30
31	Intensive Care Unit	32,197,908	1,409,136		275,893	6,844,108	8,872	31
32	Coronary Care Unit	6,574,795	266,233		16,858	1,402,723	8,872	32
33	Burn Intensive Care Unit	2,976,777	152,966		10,910	642,974	8,872	33
34.01	NURSERY SPECIAL CARE	3,097,521	223,711		14,055	751,055	8,872	34.01
35	NURSERY ICU	17,602,038	614,283		107,590	3,970,354	8,872	35
43	Nursery	1,495,783	68,202		2,921	343,507	8,872	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	72,279,184	2,389,893	248,762	5,444,425	12,368,530	17,745	50
52	Delivery Room & Labor Room	5,352,001	511,624		40,788	1,140,465	8,872	52
53	Anesthesiology	5,471,500	161,278	12,578	1,031,103	1,440,148	8,872	53
54	Radiology-Diagnostic	27,749,446	1,572,306	405,148	3,536,240	5,617,274	8,872	54
55	Radiology-Therapeutic	7,106,758		293,859	1,022,058	1,187,945	8,872	55
57	CT Scan	3,200,141	42,677		662,081	626,360	8,872	57
58	MRI	3,177,529	1,613	51,151	959,069	588,566	8,872	58
59	Cardiac Catheterization	3,615,981	112,274		149,528	417,601	8,872	59
60	Laboratory	30,077,864	1,763,948	56,089	1,546,814	4,329,236	8,872	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	11,888,820	172,040	30,830	100,930	684,059	8,872	63
65	Respiratory Therapy	10,075,815	150,392	44,805	382,630	1,669,614	8,872	65
66	Physical Therapy	5,760,244	313,345	11,639	22,477	1,246,613	8,872	66
69	Electrocardiology	12,892,821	203,924	92,174	687,063	2,845,623	8,872	69
70	Electroencephalography	2,945,778	154,052	45,465	143,959	639,737	8,872	70
70.01	BRACE AND PLASTER ROOM	285,043		8,072		34,584	8,872	70.01
71	Medical Supplies Charged to Patients	19,593,387						71
72	Impl. Dev. Charged to Patients	36,516,407						72
73	Drugs Charged to Patients	87,784,750						73
74	Renal Dialysis	2,964,452	175,421		60,390	525,875	8,872	74
76.97	CARDIAC REHABILITATION	112,179	5,211		924	23,924		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	95,051,286	1,357,000	1,777,318	1,780,343	19,642,794	8,872	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	1,609,666	18,578	3,160	1,940	271,300	8,872	90.02
90.03	SILVER CROSS	1,605,933			220,291	637,319		90.03
90.04	SILVER CROSS PHARMACY	8,117,069			12,986	79,760		90.04
91	Emergency	18,262,755	746,221		294,267	3,590,767	8,872	91
92	Observation Beds (Non-Distinct Part)							92

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	1.01	2	4	5.01	
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	211,345	76,018		29,403	301,366	8,872	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,417,335	26,859	8,796		257,078	8,872	105
106	Heart Acquisition	2,202,694	16,779	5,496		94,025	8,872	106
107	Liver Acquisition	2,634,285	8,932	4,455		161,099	8,872	107
108	Lung Acquisition	1,980,443	39,730		7,979	84,429	8,872	108
109	Pancreas Acquisition	972,787	4,218	1,383		42,619	8,872	109
118	SUBTOTALS (sum of lines 1-117)	1,238,748,726	32,598,791	3,807,575	45,395,237	147,061,468	1,348,603	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		73,226	21,362				190
191.01	OTHER NONREIMBURSABLE	111,963	1,277,105	609	70,767			191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,238,860,689	33,949,122	3,829,546	45,466,004	147,061,468	1,348,603	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING	73,768,088	73,768,088					5.02
5.03	PURCHASING	11,786,845	746,284	12,533,129				5.03
5.04	ADMITTING	4,779,283	302,600	2,063	5,083,946			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	16,306,901	1,032,471	5,152		17,344,524		5.05
5.06	OTHER ADMIN & GENERAL	137,230,600	8,689,007	30,137			145,949,744	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	43,902,992	2,779,718	77,574			46,760,284	7
8	Laundry & Linen Service	3,418,089	216,416	6,793			3,641,298	8
9	Housekeeping	28,168,047	1,783,460	75,001			30,026,508	9
10	Dietary	8,734,660	553,035	53,490			9,341,185	10
11	Cafeteria	3,519,475	222,836	56,308			3,798,619	11
12	Maintenance of Personnel							12
13	Nursing Administration	11,342,471	718,149	1,901			12,062,521	13
14	Central Services & Supply	8,169,814	517,272	101,812			8,788,898	14
15	Pharmacy	12,739,833	806,623	4,690,374			18,236,830	15
16	Medical Records & Library	6,790,947	429,969	3,326			7,224,242	16
17	Social Service	1,025,052	64,901	39			1,089,992	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	483,254	30,597	153			514,004	18.01
18.02	PATIENT TRANSPORT	6,345,627	401,773	1,019			6,748,419	18.02
18.03	MEDICAL ELECTRONICS	2,569,907	162,714	468			2,733,089	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	44,216,398	2,799,561				47,015,959	21
22	I&R Services-Other Prgm Costs Apprvd	16,489,938	1,044,060	255			17,534,253	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	1,463,046	92,633	56			1,555,735	23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	135,980,575	8,609,610	333,004	758,941	1,535,190	147,217,320	30
31	Intensive Care Unit	40,735,917	2,579,195	245,655	356,134	668,122	44,585,023	31
32	Coronary Care Unit	8,269,481	523,582	33,314	79,288	148,748	9,054,413	32
33	Burn Intensive Care Unit	3,792,499	240,122	15,871	35,456	66,517	4,150,465	33
34.01	NURSERY SPECIAL CARE	4,095,214	259,288	5,615	37,008	69,429	4,466,554	34.01
35	NURSERY ICU	22,303,137	1,412,123	50,003	172,032	322,739	24,260,034	35
43	Nursery	1,919,285	121,520	3,312	13,122	24,618	2,081,857	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	92,748,539	5,872,374	2,875,536	543,235	1,629,979	103,669,663	50
52	Delivery Room & Labor Room	7,053,750	446,608	34,238	37,352	78,512	7,650,460	52
53	Anesthesiology	8,125,479	514,465	133,453	158,196	559,441	9,491,034	53
54	Radiology-Diagnostic	38,889,286	2,462,275	392,292	135,412	689,616	42,568,881	54
55	Radiology-Therapeutic	6,619,492	609,058	29,356	74,701	433,573	10,766,180	55
57	CT Scan	4,540,131	287,458	34,986	146,640	854,590	5,863,805	57
58	MRI	4,786,800	303,076	37,673	57,736	394,784	5,580,069	58
59	Cardiac Catheterization	4,304,256	272,524	218,383	78,108	262,691	5,135,962	59
60	Laboratory	37,782,823	2,392,219	528,092	544,952	2,057,107	43,305,193	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	12,885,551	815,849	492,181	180,750	397,749	14,772,080	63
65	Respiratory Therapy	12,332,128	780,809	156,533	205,448	429,914	13,904,832	65
66	Physical Therapy	7,363,190	466,200	25,383	34,778	134,873	8,024,424	66
69	Electrocardiology	16,730,477	1,059,290	397,014	108,019	453,188	18,747,988	69
70	Electroencephalography	3,937,863	249,326	5,104	34,763	111,205	4,338,261	70
70.01	BRACE AND PLASTER ROOM	336,571	21,310	7,075	32	3,709	368,697	70.01
71	Medical Supplies Charged to Patients	19,593,387	1,240,555		101,791	311,014	21,246,747	71
72	Impl. Dev. Charged to Patients	36,516,407	2,312,036		239,632	666,020	39,734,095	72
73	Drugs Charged to Patients	87,784,750	5,558,091		690,624	2,605,744	96,639,209	73
74	Renal Dialysis	3,735,010	236,482	32,119	42,509	84,914	4,131,034	74
76.97	CARDIAC REHABILITATION	142,238	9,006	223	1	3,748	155,216	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	119,617,613	7,573,589	801,509	79,348	1,208,807	129,280,866	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	1,913,516	121,154	525	3,579	7,232	2,046,006	90.02
90.03	SILVER CROSS	2,463,543	155,979	3,917	26	67,998	2,691,463	90.03
90.04	SILVER CROSS PHARMACY	8,209,815	519,804	411,736	88	285,247	9,426,690	90.04
91	Emergency	22,902,882	1,450,096	117,513	105,159	721,056	25,296,706	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	627,004	39,699	2,163	7	16	668,889	95

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,718,940	235,465	331	9,265	19,262	3,983,263	105
106	Heart Acquisition	2,327,866	147,389	994	7,769	14,574	2,498,592	106
107	Liver Acquisition	2,817,643	178,399	826	6,814	12,784	3,016,466	107
108	Lung Acquisition	2,121,453	134,320	1,227	5,231	9,814	2,272,045	108
109	Pancreas Acquisition	1,029,879	65,207	52			1,095,138	109
118	SUBTOTALS (sum of lines 1-117)	1,237,305,657	73,669,631	12,533,129	5,083,946	17,344,524	1,237,207,200	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	94,588	5,989				100,577	190
191.01	OTHER NONREIMBURSABLE	1,460,444	92,468				1,552,912	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,238,860,689	73,768,088	12,533,129	5,083,946	17,344,524	1,238,860,689	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL	145,949,744						5.06
6	Maintenance & Repairs							6
7	Operation of Plant	6,244,462	53,004,746					7
8	Laundry & Linen Service	486,266	67,774	4,195,338				8
9	Housekeeping	4,009,800	2,311,659		36,347,967			9
10	Dietary	1,247,441	526,559		287,516	11,402,701		10
11	Cafeteria	507,275	2,068,118		1,495,804		7,869,816	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,610,853	505,677		276,114		156,596	13
14	Central Services & Supply	1,173,687	1,252,857		684,094		101,155	14
15	Pharmacy	2,435,383	1,421,642		848,919		319,356	15
16	Medical Records & Library	964,740	623,247		340,310		83,723	16
17	Social Service	145,560	164,770		89,969		19,791	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	68,641	70,739		38,626		6,292	18.01
18.02	PATIENT TRANSPORT	901,197	577,590		315,380		159,068	18.02
18.03	MEDICAL ELECTRONICS	364,982	548,986		299,761		23,467	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	6,278,605	1,115,332		609,002		1,349,351	21
22	I&R Services-Other Prgm Costs Apprvd	2,341,559						22
23	PARAMED ED PRGM-(SPECIFY)		67,341					23
23.01	PARAMED ED PRGM - PHARMACY	207,756			36,770		33,868	23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	19,659,925	13,463,871	2,954,473	7,378,830	8,030,097	1,414,669	30
31	Intensive Care Unit	5,953,973	2,806,957	578,095	1,532,676	1,571,230	384,476	31
32	Coronary Care Unit	1,209,144	530,328	85,903	289,574	233,479	83,515	32
33	Burn Intensive Care Unit	554,261	304,704	57,423	166,377	156,072	37,785	33
34.01	NURSERY SPECIAL CARE	596,473	445,626	129,965	243,324	353,239	26,420	34.01
35	NURSERY ICU	3,239,733	1,223,634	331,130	668,138	899,995	204,365	35
43	Nursery	278,015	135,856	58,349	74,181	158,589		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,844,254	4,760,595		3,260,571		453,192	50
52	Delivery Room & Labor Room	1,021,658	1,019,139		556,478		79,935	52
53	Anesthesiology	1,267,452	321,261		208,848		88,330	53
54	Radiology-Diagnostic	5,684,734	3,131,987		2,786,944		268,939	54
55	Radiology-Therapeutic	1,437,737			781,012		79,903	55
57	CT Scan	783,064	85,011		46,418		44,831	57
58	MRI	745,174	3,213		137,703		42,054	58
59	Cardiac Catheterization	685,867	223,647		122,117		30,209	59
60	Laboratory	5,783,062	3,513,732		2,067,665		468,858	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,972,693	342,699		269,063		61,187	63
65	Respiratory Therapy	1,856,879	299,576		282,658		164,991	65
66	Physical Therapy	1,071,598	624,173		371,750		116,597	66
69	Electrocardiology	2,503,644	406,210		466,779		117,768	69
70	Electroencephalography	579,340	306,866		288,393		75,890	70
70.01	BRACE AND PLASTER ROOM	49,237			21,455		5,152	70.01
71	Medical Supplies Charged to Patients	2,837,333						71
72	Impl. Dev. Charged to Patients	5,306,171						72
73	Drugs Charged to Patients	12,905,393						73
74	Renal Dialysis	551,667	349,433		190,800		36,581	74
76.97	CARDIAC REHABILITATION	20,728	10,379		5,667		2,969	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	17,264,425	2,703,103		6,199,689		978,502	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	273,228	52,390		28,607		9,278	90.02
90.03	SILVER CROSS	359,423					18,748	90.03
90.04	SILVER CROSS PHARMACY	1,258,859					4,831	90.04
91	Emergency	3,378,173	1,486,450		811,643		259,389	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	89,325	151,425		82,682		10,096	95

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	7	8	9	10	11	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	531,933	96,378		52,625		21,396	105
106	Heart Acquisition	333,667	60,175		32,857		1,589	106
107	Liver Acquisition	402,825	39,478		21,556		9,647	107
108	Lung Acquisition	303,413	79,141		43,213		7,753	108
109	Pancreas Acquisition	146,247	15,198		8,299		3,371	109
118	SUBTOTALS (sum of lines 1-117)	145,728,934	50,314,926	4,195,338	34,820,857	11,402,701	7,865,883	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	13,431	145,865		136,421			190
191.01	OTHER NONREIMBURSABLE	207,379	2,543,955		1,390,689		3,933	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	145,949,744	53,004,746	4,195,338	36,347,967	11,402,701	7,869,816	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	
		13	14	15	16	17	18.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	14,611,761						13
14	Central Services & Supply	9,184	12,009,875					14
15	Pharmacy	26,239	4,646,592	27,934,961				15
16	Medical Records & Library		3,295		9,239,557			16
17	Social Service		39			1,510,121		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS		151				698,453	18.01
18.02	PATIENT TRANSPORT		1,010					18.02
18.03	MEDICAL ELECTRONICS		463					18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		253					21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)		55					23
23.01	PARAMED ED PRGM - PHARMACY							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,160,036	329,902	36,188	1,378,098	1,063,470	234,222	30
31	Intensive Care Unit	1,839,546	243,367	9,866	647,336	208,086		31
32	Coronary Care Unit	390,265	33,004	568	144,120	30,921		32
33	Burn Intensive Care Unit	167,931	15,723	1,442	64,448	20,669		33
34.01	NURSERY SPECIAL CARE	143,791	5,563	45	67,269	46,781		34.01
35	NURSERY ICU	995,430	49,537	2,793	312,698	119,191	47,106	35
43	Nursery		3,281	148	23,852	21,003	2,094	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,691,557	2,848,747	113,557	987,426		49,723	50
52	Delivery Room & Labor Room	349,594	33,919	11,690	67,894			52
53	Anesthesiology	246,561	132,209	661,036	287,549			53
54	Radiology-Diagnostic	153,237	388,637	435,721	246,135		9,238	54
55	Radiology-Therapeutic	46,094	29,082	401,285	135,782		15,702	55
57	CT Scan		34,660	317,266	266,544		9,421	57
58	MRI		37,322	616,800	104,946		4,868	58
59	Cardiac Catheterization	64,898	216,349	122,435	141,974		994	59
60	Laboratory		523,173	6,730	990,546		196,276	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	32,187	487,595	140,666	328,546			63
65	Respiratory Therapy		155,074	2,904,501	373,439			65
66	Physical Therapy	16,006	25,147	453,382	63,215			66
69	Electrocardiology	117,027	393,316	23,329	196,343		2,408	69
70	Electroencephalography	612	5,056		63,187		785	70
70.01	BRACE AND PLASTER ROOM		7,009		59			70.01
71	Medical Supplies Charged to Patients				185,023			71
72	Impl. Dev. Charged to Patients				435,573			72
73	Drugs Charged to Patients				1,255,331			73
74	Renal Dialysis	118,776	31,820		77,267			74
76.97	CARDIAC REHABILITATION		221	150	2			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,847,943	794,042	9,709,105	144,229			90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	31,924	520	38,774	6,505			90.02
90.03	SILVER CROSS	8,746	3,881	830	48			90.03
90.04	SILVER CROSS PHARMACY		407,900	11,738,538	159			90.04
91	Emergency	1,022,368	116,418	23,848	191,144		125,616	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	700	2,143	2,992	13			95

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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 & LIBRARY 16	SOCIAL SERVICE 17	VOLUNTEERS 18.01	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	82,479	328	119,000	16,841			105
106	Heart Acquisition		985	480	14,121			106
107	Liver Acquisition	26,589	819	28,976	12,386			107
108	Lung Acquisition	21,079	1,216	6,203	9,509			108
109	Pancreas Acquisition		52					109
118	SUBTOTALS (sum of lines 1-117)	14,610,799	12,009,875	27,928,344	9,239,557	1,510,121	698,453	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE	962		6,617				191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	14,611,761	12,009,875	27,934,961	9,239,557	1,510,121	698,453	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	
		18.02	18.03	21	22	23	23.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS							18.01
18.02	PATIENT TRANSPORT	8,702,664						18.02
18.03	MEDICAL ELECTRONICS		3,970,748					18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			56,368,502				21
22	I&R Services-Other Prgm Costs Apprvd				19,875,812			22
23	PARAMED ED PRGM-(SPECIFY)					67,396		23
23.01	PARAMED ED PRGM - PHARMACY						1,834,129	23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,397,926	731,228	17,196,330	6,063,511			30
31	Intensive Care Unit	88,936	281,533	3,322,260	1,171,445			31
32	Coronary Care Unit	19,911	91,640	1,045,962	368,811			32
33	Burn Intensive Care Unit	26,106	36,845	255,286	90,015			33
34.01	NURSERY SPECIAL CARE	3,761	61,408	21,274	7,501			34.01
35	NURSERY ICU	124,554	410,018	1,705,450	601,350			35
43	Nursery		1,889					43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	21,017	378,841	5,985,032	2,110,352			50
52	Delivery Room & Labor Room	157,076	88,806	1,889,823	666,361			52
53	Anesthesiology		4,724	3,999,476	1,410,235			53
54	Radiology-Diagnostic	960,817	23,619	2,503,218	882,647	67,396		54
55	Radiology-Therapeutic	42,034	7,558	592,121	208,785			55
57	CT Scan	959,932	23,619	354,563	125,021			57
58	MRI	507,731	12,282	74,458	26,254			58
59	Cardiac Catheterization	13,274	23,619	375,837	132,522			59
60	Laboratory	94,024	171,943	3,279,712	1,156,443			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		13,226	21,274	7,501			63
65	Respiratory Therapy		669,822					65
66	Physical Therapy	188,270	37,790					66
69	Electrocardiology	31,858	58,574	308,470	108,768			69
70	Electroencephalography			439,659	155,026			70
70.01	BRACE AND PLASTER ROOM							70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						1,834,129	73
74	Renal Dialysis	61,282	29,287	70,913	25,004			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,019,444	378,841	5,559,555	1,960,327			90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC			187,919	66,261			90.02
90.03	SILVER CROSS							90.03
90.04	SILVER CROSS PHARMACY							90.04
91	Emergency	955,508	205,009	1,737,361	612,602			91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		116,203					95

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	
		18.02	18.03	21	22	23	23.01	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		2,834					105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
118	SUBTOTALS (sum of lines 1-117)	8,673,461	3,861,158	50,925,953	17,956,742	67,396	1,834,129	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE	29,203	109,590	5,442,549	1,919,070			191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,702,664	3,970,748	56,368,502	19,875,812	67,396	1,834,129	202

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
1.01	DCAM CAPITAL					1.01
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.01	NON-PATIENT PHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING					5.03
5.04	ADMITTING					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMIN & GENERAL					5.06
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
18	OCCUPATIONAL THERAPY					18
18.01	VOLUNTEERS					18.01
18.02	PATIENT TRANSPORT					18.02
18.03	MEDICAL ELECTRONICS					18.03
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	PARAMED ED PRGM-(SPECIFY)					23
23.01	PARAMED ED PRGM - PHARMACY					23.01
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	235,710,096	-23,259,841	212,450,255		30
31	Intensive Care Unit	65,224,805	-4,493,705	60,731,100		31
32	Coronary Care Unit	13,611,558	-1,414,773	12,196,785		32
33	Burn Intensive Care Unit	6,105,552	-345,301	5,760,251		33
34.01	NURSERY SPECIAL CARE	6,618,994	-28,775	6,590,219		34.01
35	NURSERY ICU	35,195,156	-2,306,800	32,888,356		35
43	Nursery	2,839,114		2,839,114		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	140,174,527	-8,095,384	132,079,143		50
52	Delivery Room & Labor Room	13,592,833	-2,556,184	11,036,649		52
53	Anesthesiology	18,118,715	-5,409,711	12,709,004		53
54	Radiology-Diagnostic	60,112,150	-3,385,865	56,726,285		54
55	Radiology-Therapeutic	14,543,275	-800,906	13,742,369		55
57	CT Scan	8,914,155	-479,584	8,434,571		57
58	MRI	7,892,874	-100,712	7,792,162		58
59	Cardiac Catheterization	7,289,704	-508,359	6,781,345		59
60	Laboratory	61,557,357	-4,436,155	57,121,202		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	18,448,717	-28,775	18,419,942		63
65	Respiratory Therapy	20,611,772		20,611,772		65
66	Physical Therapy	10,992,352		10,992,352		66
69	Electrocardiology	23,482,482	-417,238	23,065,244		69
70	Electroencephalography	6,253,075	-594,685	5,658,390		70
70.01	BRACE AND PLASTER ROOM	451,609		451,609		70.01
71	Medical Supplies Charged to Patients	24,269,103		24,269,103		71
72	Impl. Dev. Charged to Patients	45,475,839		45,475,839		72
73	Drugs Charged to Patients	112,634,062		112,634,062		73
74	Renal Dialysis	5,673,864	-95,917	5,577,947		74
76.97	CARDIAC REHABILITATION	195,332		195,332		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	177,840,071	-7,519,882	170,320,189		90
90.01	DENTAL CLINIC					90.01
90.02	TRANSPLANT CLINIC	2,741,412	-254,180	2,487,232		90.02
90.03	SILVER CROSS	3,083,139		3,083,139		90.03
90.04	SILVER CROSS PHARMACY	22,836,977		22,836,977		90.04
91	Emergency	36,222,235	-2,349,963	33,872,272		91
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
95	Ambulance Services	1,124,468		1,124,468		95

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	4,907,077		4,907,077			105
106	Heart Acquisition	2,942,466		2,942,466			106
107	Liver Acquisition	3,558,742		3,558,742			107
108	Lung Acquisition	2,743,572		2,743,572			108
109	Pancreas Acquisition	1,268,305		1,268,305			109
118	SUBTOTALS (sum of lines 1-117)	1,225,257,536	-68,882,695	1,156,374,841			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	396,294		396,294			190
191.01	OTHER NONREIMBURSABLE	13,206,859	-7,361,619	5,845,240			191.01
191.02	MEDICAL SCHOOL						191.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	1,238,860,689	-76,244,314	1,162,616,375			202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		595,860		33,370	629,230	629,230	4
5.01	NON-PATIENT PHONES				2,214	2,214	1,465	5.01
5.02	DATA PROCESSING		1,859,164	40,032	17,846,599	19,745,795	25,448	5.02
5.03	PURCHASING		1,280,641	1,993	186,928	1,469,562	6,483	5.03
5.04	ADMITTING		82,221	7,070	5,090	94,381	3,691	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		355,277		1,437	356,714	6,005	5.05
5.06	OTHER ADMIN & GENERAL		2,828,228	401,353	5,618,840	8,848,421	50,892	5.06
6	Maintenance & Repairs							6
7	Operation of Plant		395,503	6,867	382,740	785,110	9,913	7
8	Laundry & Linen Service		34,023			34,023		8
9	Housekeeping		1,160,489	73,592	315,178	1,549,259	15,893	9
10	Dietary		264,341		22,596	286,937	4,657	10
11	Cafeteria		1,038,227	137,918	221,088	1,397,233	1,209	11
12	Maintenance of Personnel							12
13	Nursing Administration		253,858		246,010	499,868	7,991	13
14	Central Services & Supply		628,953		220,259	849,212	3,168	14
15	Pharmacy		713,686	27,340	650,228	1,391,254	17,627	15
16	Medical Records & Library		312,879		6,953	319,832	3,608	16
17	Social Service		82,717		1,546	84,263	578	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS		35,512		1,392	36,904	240	18.01
18.02	PATIENT TRANSPORT		289,959		25,078	315,037	3,820	18.02
18.03	MEDICAL ELECTRONICS		275,599		332,276	607,875	1,169	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		559,914		2,404	562,318	34,905	21
22	I&R Services-Other Prgm Costs Apprvd						10,463	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY		33,806			33,806	1,124	23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		6,759,070	10,230	707,096	7,476,396	100,050	30
31	Intensive Care Unit		1,409,136		275,893	1,685,029	29,289	31
32	Coronary Care Unit		266,233		16,858	283,091	6,003	32
33	Burn Intensive Care Unit		152,966		10,910	163,876	2,752	33
34.01	NURSERY SPECIAL CARE		223,711		14,055	237,766	3,214	34.01
35	NURSERY ICU		614,283		107,590	721,873	16,991	35
43	Nursery		68,202		2,921	71,123	1,470	43
	ANCILARY SERVICE COST CENTERS							
50	Operating Room		2,389,893	248,762	5,444,425	8,083,080	52,930	50
52	Delivery Room & Labor Room		511,624		40,788	552,412	4,881	52
53	Anesthesiology		161,278	12,578	1,031,103	1,204,959	6,163	53
54	Radiology-Diagnostic		1,572,306	405,148	3,536,240	5,513,694	24,039	54
55	Radiology-Therapeutic			293,859	1,022,058	1,315,917	5,084	55
57	CT Scan		42,677		662,081	704,758	2,680	57
58	MRI		1,613	51,151	959,069	1,011,833	2,519	58
59	Cardiac Catheterization		112,274		149,528	261,802	1,787	59
60	Laboratory		1,763,948	56,089	1,546,814	3,366,851	18,527	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		172,040	30,830	100,930	303,800	2,927	63
65	Respiratory Therapy		150,392	44,805	382,630	577,827	7,145	65
66	Physical Therapy		313,345	11,639	22,477	347,461	5,335	66
69	Electrocardiology		203,924	92,174	687,063	983,161	12,178	69
70	Electroencephalography		154,052	45,465	143,959	343,476	2,738	70
70.01	BRACE AND PLASTER ROOM			8,072		8,072	148	70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		175,421		60,390	235,811	2,250	74
76.97	CARDIAC REHABILITATION		5,211		924	6,135	102	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,357,000	1,777,318	1,780,343	4,914,661	84,060	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC		18,578	3,160	1,940	23,678	1,161	90.02
90.03	SILVER CROSS				220,291	220,291	2,727	90.03
90.04	SILVER CROSS PHARMACY				12,986	12,986	341	90.04
91	Emergency		746,221		294,267	1,040,488	15,366	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		76,018		29,403	105,421	1,290	95

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		26,859	8,796		35,655	1,100	105
106	Heart Acquisition		16,779	5,496		22,275	402	106
107	Liver Acquisition		8,932	4,455		13,387	689	107
108	Lung Acquisition		39,730		7,979	47,709	361	108
109	Pancreas Acquisition		4,218	1,383		5,601	182	109
118	SUBTOTALS (sum of lines 1-117)		32,598,791	3,807,575	45,395,237	81,801,603	629,230	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		73,226	21,362		94,588		190
191.01	OTHER NONREIMBURSABLE		1,277,105	609	70,767	1,348,481		191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		33,949,122	3,829,546	45,466,004	83,244,672	629,230	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	OTHER ADMIN & GEEAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES	3,679						5.01
5.02	DATA PROCESSING	24	19,771,267					5.02
5.03	PURCHASING	24	200,023	1,676,092				5.03
5.04	ADMITTING	24	81,104	276	179,476			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	24	276,728	689		640,160		5.05
5.06	OTHER ADMIN & GENERAL	2,431	2,328,451	4,030			11,234,225	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	24	745,034	10,375			480,649	7
8	Laundry & Linen Service	24	58,005	908			37,429	8
9	Housekeeping	24	478,012	10,031			308,642	9
10	Dietary	24	148,227	7,154			96,018	10
11	Cafeteria	24	59,725	7,531			39,046	11
12	Maintenance of Personnel							12
13	Nursing Administration	24	192,482	254			123,991	13
14	Central Services & Supply	24	138,642	13,616			90,341	14
15	Pharmacy	24	216,195	627,202			187,456	15
16	Medical Records & Library	24	115,242	445			74,258	16
17	Social Service	24	17,395	5			11,204	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	24	8,201	20			5,283	18.01
18.02	PATIENT TRANSPORT	24	107,685	136			69,367	18.02
18.03	MEDICAL ELECTRONICS	24	43,611	63			28,093	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		750,352				483,277	21
22	I&R Services-Other Prgm Costs Apprvd	24	279,834	34			180,235	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	24	24,828	7			15,991	23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	24	2,307,590	44,536	25,612	56,859	1,513,441	30
31	Intensive Care Unit	24	691,289	32,854	12,670	24,745	458,289	31
32	Coronary Care Unit	24	140,333	4,455	2,821	5,509	93,070	32
33	Burn Intensive Care Unit	24	64,359	2,123	1,261	2,464	42,663	33
34.01	NURSERY SPECIAL CARE	24	69,496	751	1,317	2,571	45,912	34.01
35	NURSERY ICU	24	378,484	6,687	6,120	11,953	249,369	35
43	Nursery	24	32,570	443	467	912	21,399	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	48	1,573,943	384,574	19,326	60,370	1,065,620	50
52	Delivery Room & Labor Room	24	119,702	4,579	1,329	2,908	78,639	52
53	Anesthesiology	24	137,889	17,848	5,628	20,720	97,558	53
54	Radiology-Diagnostic	24	659,951	52,465	4,817	25,541	437,566	54
55	Radiology-Therapeutic	24	163,243	3,926	2,658	16,058	110,666	55
57	CT Scan	24	77,046	4,679	5,217	31,651	60,274	57
58	MRI	24	81,232	5,038	2,054	14,622	57,358	58
59	Cardiac Catheterization	24	73,043	29,207	2,779	9,729	52,793	59
60	Laboratory	24	641,175	70,627	19,387	76,189	445,134	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	24	218,668	65,824	6,430	14,731	151,842	63
65	Respiratory Therapy	24	209,276	20,935	7,309	15,923	142,928	65
66	Physical Therapy	24	124,953	3,395	1,237	4,995	82,483	66
69	Electrocardiology	24	283,916	53,097	3,843	16,785	192,711	69
70	Electroencephalography	24	66,826	683	1,237	4,119	44,593	70
70.01	BRACE AND PLASTER ROOM	24	5,712	946	1	137	3,790	70.01
71	Medical Supplies Charged to Patients		332,500		3,621	11,519	218,395	71
72	Impl. Dev. Charged to Patients		619,683		8,525	24,667	408,427	72
73	Drugs Charged to Patients		1,489,707		24,569	94,281	993,354	73
74	Renal Dialysis	24	63,383	4,296	1,512	3,145	42,463	74
76.97	CARDIAC REHABILITATION		2,414	30		139	1,595	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	24	2,029,911	107,194	2,823	44,771	1,328,878	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	24	32,472	70	127	268	21,031	90.02
90.03	SILVER CROSS		41,806	524	1	2,518	27,666	90.03
90.04	SILVER CROSS PHARMACY		139,321	55,066	3	10,565	96,897	90.04
91	Emergency	24	388,662	15,716	3,741	26,706	260,025	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	24	10,640	289		1	6,876	95

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	OTHER ADMIN & GEEERAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	24	63,110	44	330	713	40,944	105
106	Heart Acquisition	24	39,504	133	276	540	25,683	106
107	Liver Acquisition	24	47,815	111	242	473	31,006	107
108	Lung Acquisition	24	36,001	164	186	363	23,354	108
109	Pancreas Acquisition	24	17,477	7			11,257	109
118	SUBTOTALS (sum of lines 1-117)	3,679	19,744,878	1,676,092	179,476	640,160	11,217,229	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,605				1,034	190
191.01	OTHER NONREIMBURSABLE		24,784				15,962	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	3,679	19,771,267	1,676,092	179,476	640,160	11,234,225	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant	2,031,105						7
8	Laundry & Linen Service	2,597	132,986					8
9	Housekeeping	88,581		2,450,442				9
10	Dietary	20,177		19,383	582,577			10
11	Cafeteria	79,249		100,841		1,684,858		11
12	Maintenance of Personnel							12
13	Nursing Administration	19,377		18,615		33,526	896,128	13
14	Central Services & Supply	48,009		46,119		21,656	563	14
15	Pharmacy	54,476		57,231		68,371	1,609	15
16	Medical Records & Library	23,882		22,942		17,924		16
17	Social Service	6,314		6,065		4,237		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	2,711		2,604		1,347		18.01
18.02	PATIENT TRANSPORT	22,133		21,262		34,055		18.02
18.03	MEDICAL ELECTRONICS	21,037		20,209		5,024		18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	42,739		41,057		288,884		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)	2,580						23
23.01	PARAMED ED PRGM - PHARMACY			2,479		7,251		23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	515,921	93,652	497,455	410,266	302,869	316,461	30
31	Intensive Care Unit	107,561	18,325	103,327	80,276	82,313	112,818	31
32	Coronary Care Unit	20,322	2,723	19,522	11,929	17,880	23,935	32
33	Burn Intensive Care Unit	11,676	1,820	11,216	7,974	8,089	10,299	33
34.01	NURSERY SPECIAL CARE	17,076	4,120	16,404	18,047	5,656	8,819	34.01
35	NURSERY ICU	46,889	10,496	45,043	45,982	43,753	61,049	35
43	Nursery	5,206	1,850	5,001	8,103			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	182,423		219,815		97,024	103,742	50
52	Delivery Room & Labor Room	39,053		37,516		17,113	21,440	52
53	Anesthesiology	12,311		14,080		18,911	15,121	53
54	Radiology-Diagnostic	120,016		187,885		57,578	9,398	54
55	Radiology-Therapeutic			52,653		17,107	2,827	55
57	CT Scan	3,258		3,129		9,598		57
58	MRI	123		9,283		9,003		58
59	Cardiac Catheterization	8,570		8,233		6,467	3,980	59
60	Laboratory	134,644		139,394		100,378		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	13,132		18,139		13,100	1,974	63
65	Respiratory Therapy	11,480		19,056		35,323		65
66	Physical Therapy	23,918		25,062		24,962	982	66
69	Electrocardiology	15,566		31,468		25,213	7,177	69
70	Electroencephalography	11,759		19,442		16,247	38	70
70.01	BRACE AND PLASTER ROOM			1,446		1,103		70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	13,390		12,863		7,832	7,284	74
76.97	CARDIAC REHABILITATION	398		382		636		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	103,581		417,960		209,489	113,333	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	2,008		1,929		1,986	1,958	90.02
90.03	SILVER CROSS					4,014	536	90.03
90.04	SILVER CROSS PHARMACY					1,034		90.04
91	Emergency	56,960		54,718		55,533	62,701	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	5,803		5,574		2,162	43	95

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	
		7	8	9	10	11	13	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,693		3,548		4,581	5,058	105
106	Heart Acquisition	2,306		2,215		340		106
107	Liver Acquisition	1,513		1,453		2,065	1,631	107
108	Lung Acquisition	3,033		2,913		1,660	1,293	108
109	Pancreas Acquisition	582		559		722		109
118	SUBTOTALS (sum of lines 1-117)	1,928,033	132,986	2,347,490	582,577	1,684,016	896,069	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	5,589		9,197				190
191.01	OTHER NONREIMBURSABLE	97,483		93,755		842	59	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,031,105	132,986	2,450,442	582,577	1,684,858	896,128	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
		14	15	16	17	18.01	18.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	1,211,350						14
15	Pharmacy	468,700	3,090,145					15
16	Medical Records & Library	332		578,489				16
17	Social Service	4			130,089			17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	15				57,349		18.01
18.02	PATIENT TRANSPORT	102					573,621	18.02
18.03	MEDICAL ELECTRONICS	47						18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	26						21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)	6						23
23.01	PARAMED ED PRGM - PHARMACY							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	33,273	4,003	85,647	91,611	19,230	223,969	30
31	Intensive Care Unit	24,546	1,091	40,582	17,926		5,862	31
32	Coronary Care Unit	3,329	63	9,035	2,664		1,312	32
33	Burn Intensive Care Unit	1,586	160	4,040	1,781		1,721	33
34.01	NURSERY SPECIAL CARE	561	5	4,217	4,030		248	34.01
35	NURSERY ICU	4,996	309	19,603	10,268	3,868	8,210	35
43	Nursery	331	16	1,495	1,809	172		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	287,321	12,562	61,903		4,083	1,385	50
52	Delivery Room & Labor Room	3,421	1,293	4,256			10,353	52
53	Anesthesiology	13,334	73,123	18,027				53
54	Radiology-Diagnostic	39,197	48,199	15,430		759	63,331	54
55	Radiology-Therapeutic	2,933	44,390	8,512		1,289	2,771	55
57	CT Scan	3,496	35,096	16,710		774	63,272	57
58	MRI	3,764	68,230	6,579		400	33,466	58
59	Cardiac Catheterization	21,821	13,544	8,901		82	875	59
60	Laboratory	52,767	745	62,098		16,116	6,197	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	49,178	15,560	20,597				63
65	Respiratory Therapy	15,641	321,293	23,411				65
66	Physical Therapy	2,536	50,153	3,963			12,409	66
69	Electrocardiology	39,669	2,581	12,309		198	2,100	69
70	Electroencephalography	510		3,961		64		70
70.01	BRACE AND PLASTER ROOM	707		4				70.01
71	Medical Supplies Charged to Patients			11,599				71
72	Impl. Dev. Charged to Patients			27,307				72
73	Drugs Charged to Patients			78,698				73
74	Renal Dialysis	3,209		4,844			4,039	74
76.97	CARDIAC REHABILITATION	22	17					76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	80,086	1,074,012	9,042			67,195	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	52	4,289	408				90.02
90.03	SILVER CROSS	391	92	3				90.03
90.04	SILVER CROSS PHARMACY	41,140	1,298,510	10				90.04
91	Emergency	11,742	2,638	11,983		10,314	62,981	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	216	331	1				95

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
		14	15	16	17	18.01	18.02	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	33	13,164	1,056				105
106	Heart Acquisition	99	53	885				106
107	Liver Acquisition	83	3,205	777				107
108	Lung Acquisition	123	686	596				108
109	Pancreas Acquisition	5						109
118	SUBTOTALS (sum of lines 1-117)	1,211,350	3,089,413	578,489	130,089	57,349	571,696	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE		732				1,925	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,211,350	3,090,145	578,489	130,089	57,349	573,621	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	
		18.03	21	22	23	23.01	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS							18.01
18.02	PATIENT TRANSPORT							18.02
18.03	MEDICAL ELECTRONICS	727,152						18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		2,203,558					21
22	I&R Services-Other Prgm Costs Apprvd			470,590				22
23	PARAMED ED PRGM-(SPECIFY)				2,586			23
23.01	PARAMED ED PRGM - PHARMACY					85,510		23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	133,910					14,252,775	30
31	Intensive Care Unit	51,556					3,580,372	31
32	Coronary Care Unit	16,782					664,802	32
33	Burn Intensive Care Unit	6,747					346,631	33
34.01	NURSERY SPECIAL CARE	11,246					451,480	34.01
35	NURSERY ICU	75,085					1,767,052	35
43	Nursery	346					152,737	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	69,376					12,279,525	50
52	Delivery Room & Labor Room	16,263					915,182	52
53	Anesthesiology	865					1,656,561	53
54	Radiology-Diagnostic	4,325					7,264,215	54
55	Radiology-Therapeutic	1,384					1,751,442	55
57	CT Scan	4,325					1,025,987	57
58	MRI	2,249					1,307,777	58
59	Cardiac Catheterization	4,325					507,962	59
60	Laboratory	31,487					5,181,740	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,422					898,348	63
65	Respiratory Therapy	122,663					1,530,234	65
66	Physical Therapy	6,920					720,788	66
69	Electrocardiology	10,726					1,692,722	69
70	Electroencephalography						515,717	70
70.01	BRACE AND PLASTER ROOM						22,090	70.01
71	Medical Supplies Charged to Patients						577,634	71
72	Impl. Dev. Charged to Patients						1,088,609	72
73	Drugs Charged to Patients						2,680,609	73
74	Renal Dialysis	5,363					411,708	74
76.97	CARDIAC REHABILITATION						11,870	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	69,376					10,656,396	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC						91,461	90.02
90.03	SILVER CROSS						300,569	90.03
90.04	SILVER CROSS PHARMACY						1,655,873	90.04
91	Emergency	37,543					2,117,841	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	21,280					159,951	95

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	PARAMED ED PRGM PHARMACY	SUBTOTAL	
		18.03	21	22	23	23.01	24	
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	519					173,572	105
106	Heart Acquisition						94,735	106
107	Liver Acquisition						104,474	107
108	Lung Acquisition						118,466	108
109	Pancreas Acquisition						36,416	109
118	SUBTOTALS (sum of lines 1-117)	707,083					78,766,323	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						112,013	190
191.01	OTHER NONREIMBURSABLE	20,069					1,604,092	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments		2,203,558	470,590	2,586	85,510	2,762,244	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	727,152	2,203,558	470,590	2,586	85,510	83,244,672	202

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	DCAM CAPITAL						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS						18.03
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED PRGM - PHARMACY						23.01
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		14,252,775				30
31	Intensive Care Unit		3,580,372				31
32	Coronary Care Unit		664,802				32
33	Burn Intensive Care Unit		346,631				33
34.01	NURSERY SPECIAL CARE		451,480				34.01
35	NURSERY ICU		1,767,052				35
43	Nursery		152,737				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		12,279,525				50
52	Delivery Room & Labor Room		915,182				52
53	Anesthesiology		1,656,561				53
54	Radiology-Diagnostic		7,264,215				54
55	Radiology-Therapeutic		1,751,442				55
57	CT Scan		1,025,987				57
58	MRI		1,307,777				58
59	Cardiac Catheterization		507,962				59
60	Laboratory		5,181,740				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		898,348				63
65	Respiratory Therapy		1,530,234				65
66	Physical Therapy		720,788				66
69	Electrocardiology		1,692,722				69
70	Electroencephalography		515,717				70
70.01	BRACE AND PLASTER ROOM		22,090				70.01
71	Medical Supplies Charged to Patients		577,634				71
72	Impl. Dev. Charged to Patients		1,088,609				72
73	Drugs Charged to Patients		2,680,609				73
74	Renal Dialysis		411,708				74
76.97	CARDIAC REHABILITATION		11,870				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic		10,656,396				90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC		91,461				90.02
90.03	SILVER CROSS		300,569				90.03
90.04	SILVER CROSS PHARMACY		1,655,873				90.04
91	Emergency		2,117,841				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services		159,951				95

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition		173,572				105
106	Heart Acquisition		94,735				106
107	Liver Acquisition		104,474				107
108	Lung Acquisition		118,466				108
109	Pancreas Acquisition		36,416				109
118	SUBTOTALS (sum of lines 1-117)		78,766,323				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		112,013				190
191.01	OTHER NONREIMBURSABLE		1,604,092				191.01
191.02	MEDICAL SCHOOL						191.02
200	Cross Foot Adjustments		2,762,244				200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		83,244,672				202

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	RECONCILIATION	
		1	1.01	2	4	5.01	5A.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,094,603						1
1.01	DCAM CAPITAL		301,715					1.01
2	Cap Rel Costs-Mvble Equip			44,099,857				2
4	Employee Benefits Department	19,212		32,367	623,109,283			4
5.01	NON-PATIENT PHONES			2,147	1,450,761	152		5.01
5.02	DATA PROCESSING	59,944	3,154	17,310,339	25,196,046	1	-73,768,088	5.02
5.03	PURCHASING	41,291	157	181,311	6,418,634	1		5.03
5.04	ADMITTING	2,651	557	4,937	3,654,178	1		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	11,455		1,394	5,945,115	1		5.05
5.06	OTHER ADMIN & GENERAL	91,189	31,621	5,450,010	50,388,017	100		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	12,752	541	371,240	9,814,881	1		7
8	Laundry & Linen Service	1,097				1		8
9	Housekeeping	37,417	5,798	305,708	15,735,271	1		9
10	Dietary	8,523		21,917	4,611,258	1		10
11	Cafeteria	33,475	10,866	214,445	1,196,629	1		11
12	Maintenance of Personnel							12
13	Nursing Administration	8,185		238,618	7,912,138	1		13
14	Central Services & Supply	20,279		213,641	3,136,718	1		14
15	Pharmacy	23,011	2,154	630,690	17,452,601	1		15
16	Medical Records & Library	10,088		6,744	3,572,566	1		16
17	Social Service	2,667		1,500	572,756	1		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	1,145		1,350	237,749	1		18.01
18.02	PATIENT TRANSPORT	9,349		24,324	3,782,361	1		18.02
18.03	MEDICAL ELECTRONICS	8,886		322,292	1,156,973	1		18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	18,053		2,332	34,559,699			21
22	I&R Services-Other Prgm Costs Apprvd				10,359,089	1		22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	1,090			1,113,075	1		23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	217,929	806	685,850	99,166,325	1		30
31	Intensive Care Unit	45,434		267,603	28,998,984	1		31
32	Coronary Care Unit	8,584		16,351	5,943,439	1		32
33	Burn Intensive Care Unit	4,932		10,582	2,724,329	1		33
34.01	NURSERY SPECIAL CARE	7,213		13,633	3,182,274	1		34.01
35	NURSERY ICU	19,806		104,357	16,822,677	1		35
43	Nursery	2,199		2,833	1,455,464	1		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	77,056	19,599	5,280,835	52,406,362	2		50
52	Delivery Room & Labor Room	16,496		39,562	4,832,231	1		52
53	Anesthesiology	5,200	991	1,000,121	6,102,011	1		53
54	Radiology-Diagnostic	50,695	31,920	3,429,986	23,800,800	1		54
55	Radiology-Therapeutic		23,152	991,348	5,033,410	1		55
57	CT Scan	1,376		642,187	2,653,933	1		57
58	MRI	52	4,030	930,252	2,493,796	1		58
59	Cardiac Catheterization	3,620		145,035	1,769,407	1		59
60	Laboratory	56,874	4,419	1,500,337	18,343,288	1		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,547	2,429	97,897	2,898,406	1		63
65	Respiratory Therapy	4,849	3,530	371,133	7,074,274	1		65
66	Physical Therapy	10,103	917	21,802	5,281,991	1		66
69	Electrocardiology	6,575	7,262	666,419	12,057,110	1		69
70	Electroencephalography	4,967	3,582	139,633	2,710,613	1		70
70.01	BRACE AND PLASTER ROOM		636		146,537	1		70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	5,656		58,575	2,228,170	1		74
76.97	CARDIAC REHABILITATION	168		896	101,366			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	43,753	140,028	1,726,849	83,227,945	1		90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	599	249	1,882	1,149,517	1		90.02
90.03	SILVER CROSS			213,672	2,700,366			90.03
90.04	SILVER CROSS PHARMACY			12,596	337,947			90.04
91	Emergency	24,060		285,425	15,214,341	1		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	RECON- CILIATION	
		1	1.01	2	4	5.01	5A.02	
95	Ambulance Services	2,451		28,520	1,276,910	1		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	866	693		1,089,257	1		105
106	Heart Acquisition	541	433		398,390	1		106
107	Liver Acquisition	288	351		682,589	1		107
108	Lung Acquisition	1,281		7,739	357,731	1		108
109	Pancreas Acquisition	136	109		180,578	1		109
118	SUBTOTALS (sum of lines 1-117)	1,051,065	299,984	44,031,216	623,109,283	152	-73,768,088	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,361	1,683					190
191.01	OTHER NONREIMBURSABLE	41,177	48	68,641				191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	33,949,122	3,829,546	45,466,004	147,061,468	1,348,603		202
203	Unit Cost Multiplier (Wkst. B, Part I)	31.015009	12.692594	1.030978	0.236012	8,872.388158		203
204	Cost to be allocated (Per Wkst. B, Part II)				629,230	3,679		204
205	Unit Cost Multiplier (Wkst. B, Part II)				0.001010	24.203947		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCESSING ACCUM COST	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	ADMITTING INPATIENT REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECONCILIATION	OTHER ADMIN & GEERAL ACCUM COST	
		5.02	5.03	5.04	5.05		5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING	1,165,092,601						5.02
5.03	PURCHASING	11,786,845	235,882,577					5.03
5.04	ADMITTING	4,779,283	38,831	2,825,635,717				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	16,306,901	96,965		5,139,762,692			5.05
5.06	OTHER ADMIN & GENERAL	137,230,600	567,191			-145,949,744	1,092,910,945	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	43,902,992	1,460,000				46,760,284	7
8	Laundry & Linen Service	3,418,089	127,843				3,641,298	8
9	Housekeeping	28,168,047	1,411,563				30,026,508	9
10	Dietary	8,734,660	1,006,711				9,341,185	10
11	Cafeteria	3,519,475	1,059,762				3,798,619	11
12	Maintenance of Personnel							12
13	Nursing Administration	11,342,471	35,783				12,062,521	13
14	Central Services & Supply	8,169,814	1,916,177				8,788,898	14
15	Pharmacy	12,739,833	88,276,458				18,236,830	15
16	Medical Records & Library	6,790,947	62,605				7,224,242	16
17	Social Service	1,025,052	735				1,089,992	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	483,254	2,876				514,004	18.01
18.02	PATIENT TRANSPORT	6,345,627	19,182				6,748,419	18.02
18.03	MEDICAL ELECTRONICS	2,569,907	8,800				2,733,089	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	44,216,398					47,015,959	21
22	I&R Services-Other Prgm Costs Apprvd	16,489,938	4,807				17,534,253	22
23	PARAMED ED PRGM-(SPECIFY)							23
23.01	PARAMED ED PRGM - PHARMACY	1,463,046	1,049				1,555,735	23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	135,980,575	6,267,371	421,519,643	454,871,132		147,217,320	30
31	Intensive Care Unit	40,735,917	4,623,403	197,962,073	197,962,073		44,585,023	31
32	Coronary Care Unit	8,269,481	626,995	44,073,405	44,073,405		9,054,413	32
33	Burn Intensive Care Unit	3,792,499	298,701	19,708,844	19,708,844		4,150,465	33
34.01	NURSERY SPECIAL CARE	4,095,214	105,677	20,571,592	20,571,592		4,466,554	34.01
35	NURSERY ICU	22,303,137	941,094	95,626,374	95,626,374		24,260,034	35
43	Nursery	1,919,285	62,331	7,294,087	7,294,087		2,081,857	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	92,748,539	54,119,584	301,965,108	482,956,706		103,669,663	50
52	Delivery Room & Labor Room	7,053,750	644,383	20,762,603	23,262,712		7,650,460	52
53	Anesthesiology	8,125,479	2,511,670	87,935,614	165,760,364		9,491,034	53
54	Radiology-Diagnostic	38,889,286	7,383,203	75,270,703	204,330,630		42,568,881	54
55	Radiology-Therapeutic	9,619,492	552,492	41,523,582	128,466,070		10,766,180	55
57	CT Scan	4,540,131	658,458	81,511,874	253,211,743		5,863,805	57
58	MRI	4,786,800	709,034	32,093,624	116,973,103		5,580,069	58
59	Cardiac Catheterization	4,304,256	4,110,125	43,417,235	77,834,341		5,135,962	59
60	Laboratory	37,782,823	9,939,066	302,919,199	609,513,300		43,305,193	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	12,885,551	9,263,182	100,472,655	117,851,543		14,772,080	63
65	Respiratory Therapy	12,332,128	2,946,055	114,201,458	127,382,002		13,904,832	65
66	Physical Therapy	7,363,190	477,735	19,331,719	39,962,309		8,024,424	66
69	Electrocardiology	16,730,477	7,472,086	60,043,832	134,277,924		18,747,988	69
70	Electroencephalography	3,937,863	96,058	19,323,376	32,949,689		4,338,261	70
70.01	BRACE AND PLASTER ROOM	336,571	133,153	18,040	1,098,839		368,697	70.01
71	Medical Supplies Charged to Patients	19,593,387		56,582,072	92,152,375		21,246,747	71
72	Impl. Dev. Charged to Patients	36,516,407		133,202,765	197,339,283		39,734,095	72
73	Drugs Charged to Patients	87,784,750		383,893,313	772,716,910		96,639,209	73
74	Renal Dialysis	3,735,010	604,498	23,629,173	25,159,556		4,131,034	74
76.97	CARDIAC REHABILITATION	142,238	4,200	599	1,110,571		155,216	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	119,617,613	15,084,960	44,106,721	358,165,081		129,280,866	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	1,913,516	9,873	1,989,270	2,142,949		2,046,006	90.02
90.03	SILVER CROSS	2,463,543	73,729	14,528	20,147,411		2,691,463	90.03
90.04	SILVER CROSS PHARMACY	8,209,815	7,749,164	48,738	84,517,681		9,426,690	90.04
91	Emergency	22,902,882	2,211,676	58,453,940	213,646,200		25,296,706	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCESSING ACCUM COST	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	ADMITTING INPATIENT REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECONCILIATION	OTHER ADMIN & GEERAL ACCUM COST	
		5.02	5.03	5.04	5.05		5.06	
95	Ambulance Services	627,004	40,713	3,830	4,814		668,889	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,718,940	6,234	5,150,196	5,707,147		3,983,263	105
106	Heart Acquisition	2,327,866	18,707	4,318,238	4,318,238		2,498,592	106
107	Liver Acquisition	2,817,643	15,553	3,787,873	3,787,873		3,016,466	107
108	Lung Acquisition	2,121,453	23,094	2,907,821	2,907,821		2,272,045	108
109	Pancreas Acquisition	1,029,879	982				1,095,138	109
118	SUBTOTALS (sum of lines 1-117)	1,163,537,569	235,882,577	2,825,635,717	5,139,762,692	-145,949,744	1,091,257,456	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	94,588					100,577	190
191.01	OTHER NONREIMBURSABLE	1,460,444					1,552,912	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	73,768,088	12,533,129	5,083,946	17,344,524		145,949,744	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.063315	0.053133	0.001799	0.003375		0.133542	203
204	Cost to be allocated (Per Wkst. B, Part II)	19,771,267	1,676,092	179,476	640,160		11,234,225	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.016970	0.007106	0.000064	0.000125		0.010279	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		OF PLANT	& LINEN	KEEPING			ADMINIS-	
		SQUARE	SERVICE	HOURS OF	PATIENT	FTES	TRATION	
		FEET	PATIENT	SERVICE	DAYS		DIRECT	
		7	DAYS				NRSING	
			8	9	10	11	HRS	13
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant	857,946						7
8	Laundry & Linen Service	1,097	181,190					8
9	Housekeeping	37,417		1,077,484				9
10	Dietary	8,523		8,523	181,190			10
11	Cafeteria	33,475		44,341		490,292		11
12	Maintenance of Personnel							12
13	Nursing Administration	8,185		8,185		9,756	167,060	13
14	Central Services & Supply	20,279		20,279		6,302	105	14
15	Pharmacy	23,011		25,165		19,896	300	15
16	Medical Records & Library	10,088		10,088		5,216		16
17	Social Service	2,667		2,667		1,233		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	1,145		1,145		392		18.01
18.02	PATIENT TRANSPORT	9,349		9,349		9,910		18.02
18.03	MEDICAL ELECTRONICS	8,886		8,886		1,462		18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	18,053		18,053		84,065		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM -(SPECIFY)	1,090						23
23.01	PARAMED ED PRGM - PHARMACY			1,090		2,110		23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	217,929	127,599	218,735	127,599	88,134	58,996	30
31	Intensive Care Unit	45,434	24,967	45,434	24,967	23,953	21,032	31
32	Coronary Care Unit	8,584	3,710	8,584	3,710	5,203	4,462	32
33	Burn Intensive Care Unit	4,932	2,480	4,932	2,480	2,354	1,920	33
34.01	NURSERY SPECIAL CARE	7,213	5,613	7,213	5,613	1,646	1,644	34.01
35	NURSERY ICU	19,806	14,301	19,806	14,301	12,732	11,381	35
43	Nursery	2,199	2,520	2,199	2,520			43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	77,056		96,655		28,234	19,340	50
52	Delivery Room & Labor Room	16,496		16,496		4,980	3,997	52
53	Anesthesiology	5,200		6,191		5,503	2,819	53
54	Radiology-Diagnostic	50,695		82,615		16,755	1,752	54
55	Radiology-Therapeutic			23,152		4,978	527	55
57	CT Scan	1,376		1,376		2,793		57
58	MRI	52		4,082		2,620		58
59	Cardiac Catheterization	3,620		3,620		1,882	742	59
60	Laboratory	56,874		61,293		29,210		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,547		7,976		3,812	368	63
65	Respiratory Therapy	4,849		8,379		10,279		65
66	Physical Therapy	10,103		11,020		7,264	183	66
69	Electrocardiology	6,575		13,837		7,337	1,338	69
70	Electroencephalography	4,967		8,549		4,728	7	70
70.01	BRACE AND PLASTER ROOM			636		321		70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	5,656		5,656		2,279	1,358	74
76.97	CARDIAC REHABILITATION	168		168		185		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	43,753		183,781		60,961	21,128	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	848		848		578	365	90.02
90.03	SILVER CROSS					1,168	100	90.03
90.04	SILVER CROSS PHARMACY					301		90.04
91	Emergency	24,060		24,060		16,160	11,689	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		OF PLANT	& LINEN	KEEPING	PATIENT	FTES	ADMINIS-	
		SQUARE	SERVICE	HOURS OF	PATIENT		TRATION	
		FEET	PATIENT	SERVICE	DAYS		DIRECT	
		7	DAYS				NRSING	
			8	9	10	11	HRS	13
95	Ambulance Services	2,451		2,451		629	8	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,560		1,560		1,333	943	105
106	Heart Acquisition	974		974		99		106
107	Liver Acquisition	639		639		601	304	107
108	Lung Acquisition	1,281		1,281		483	241	108
109	Pancreas Acquisition	246		246		210		109
118	SUBTOTALS (sum of lines 1-117)	814,408	181,190	1,032,215	181,190	490,047	167,049	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,361		4,044				190
191.01	OTHER NONREIMBURSABLE	41,177		41,225		245	11	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	53,004,746	4,195,338	36,347,967	11,402,701	7,869,816	14,611,761	202
203	Unit Cost Multiplier (Wkst. B, Part I)	61.780982	23.154357	33.734113	62.932287	16.051284	87.464151	203
204	Cost to be allocated (Per Wkst. B, Part II)	2,031,105	132,986	2,450,442	582,577	1,684,858	896,128	204
205	Unit Cost Multiplier (Wkst. B, Part II)	2.367404	0.733959	2.274226	3.215282	3.436438	5.364109	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	
		14	15	16	17	18.01	18.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	228,161,751						14
15	Pharmacy	88,276,458	18,440,883					15
16	Medical Records & Library	62,605		2,825,635,717				16
17	Social Service	735			181,190			17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	2,876				26,689		18.01
18.02	PATIENT TRANSPORT	19,182					39,337	18.02
18.03	MEDICAL ELECTRONICS	8,800						18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4,807						21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)	1,049						23
23.01	PARAMED ED PRGM - PHARMACY							23.01
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	6,267,371	23,889	421,519,643	127,599	8,950	15,359	30
31	Intensive Care Unit	4,623,403	6,513	197,962,073	24,967		402	31
32	Coronary Care Unit	626,995	375	44,073,405	3,710		90	32
33	Burn Intensive Care Unit	298,701	952	19,708,844	2,480		118	33
34.01	NURSERY SPECIAL CARE	105,677	30	20,571,592	5,613		17	34.01
35	NURSERY ICU	941,094	1,844	95,626,374	14,301	1,800	563	35
43	Nursery	62,331	98	7,294,087	2,520	80		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	54,119,584	74,963	301,965,108		1,900	95	50
52	Delivery Room & Labor Room	644,383	7,717	20,762,603			710	52
53	Anesthesiology	2,511,670	436,374	87,935,614				53
54	Radiology-Diagnostic	7,383,203	287,635	75,270,703		353	4,343	54
55	Radiology-Therapeutic	552,492	264,903	41,523,582		600	190	55
57	CT Scan	658,458	209,439	81,511,874		360	4,339	57
58	MRI	709,034	407,172	32,093,624		186	2,295	58
59	Cardiac Catheterization	4,110,125	80,824	43,417,235		38	60	59
60	Laboratory	9,939,066	4,443	302,919,199		7,500	425	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	9,263,182	92,859	100,472,655				63
65	Respiratory Therapy	2,946,055	1,917,366	114,201,458				65
66	Physical Therapy	477,735	299,294	19,331,719			851	66
69	Electrocardiology	7,472,086	15,400	60,043,832		92	144	69
70	Electroencephalography	96,058		19,323,376		30		70
70.01	BRACE AND PLASTER ROOM	133,153		18,040				70.01
71	Medical Supplies Charged to Patients			56,582,072				71
72	Impl. Dev. Charged to Patients			133,202,765				72
73	Drugs Charged to Patients			383,893,313				73
74	Renal Dialysis	604,498		23,629,173			277	74
76.97	CARDIAC REHABILITATION	4,200	99	599				76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	15,084,960	6,409,331	44,106,721			4,608	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	9,873	25,596	1,989,270				90.02
90.03	SILVER CROSS	73,729	548	14,528				90.03
90.04	SILVER CROSS PHARMACY	7,749,164	7,749,037	48,738				90.04
91	Emergency	2,211,676	15,743	58,453,940		4,800	4,319	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS VOLUNTEER HOURS	PATIENT TRANSPORT NUMBER OF TRANSPORTS	
		14	15	16	17	18.01	18.02	
95	Ambulance Services	40,713	1,975	3,830				95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	6,234	78,556	5,150,196				105
106	Heart Acquisition	18,707	317	4,318,238				106
107	Liver Acquisition	15,553	19,128	3,787,873				107
108	Lung Acquisition	23,094	4,095	2,907,821				108
109	Pancreas Acquisition	982						109
118	SUBTOTALS (sum of lines 1-117)	228,161,751	18,436,515	2,825,635,717	181,190	26,689	39,205	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE		4,368				132	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	12,009,875	27,934,961	9,239,557	1,510,121	698,453	8,702,664	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.052638	1.514839	0.003270	8.334461	26.170070	221.233546	203
204	Cost to be allocated (Per Wkst. B, Part II)	1,211,350	3,090,145	578,489	130,089	57,349	573,621	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.005309	0.167570	0.000205	0.717970	2.148788	14.582225	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC HOURS WORKED	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	PARAMED ED PRGM PHARMACY TIME SPENT	
		18.03	21	22	23	23.01	
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	123					95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	3					105
106	Heart Acquisition						106
107	Liver Acquisition						107
108	Lung Acquisition						108
109	Pancreas Acquisition						109
118	SUBTOTALS (sum of lines 1-117)	4,087	14,363	14,363	100	100	118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191.01	OTHER NONREIMBURSABLE	116	1,535	1,535			191.01
191.02	MEDICAL SCHOOL						191.02
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	3,970,748	56,368,502	19,875,812	67,396	1,834,129	202
203	Unit Cost Multiplier (Wkst. B, Part I)	944.741375	3,545.634797	1,250.208328	673.960000	18,341.290000	203
204	Cost to be allocated (Per Wkst. B, Part II)	727,152	2,203,558	470,590	2,586	85,510	204
205	Unit Cost Multiplier (Wkst. B, Part II)	173.007852	138.605988	29.600579	25.860000	855.100000	205

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	212,450,255		212,450,255	1,301,437	213,751,692	30
31	Intensive Care Unit	60,731,100		60,731,100	253,350	60,984,450	31
32	Coronary Care Unit	12,196,785		12,196,785	37,650	12,234,435	32
33	Burn Intensive Care Unit	5,760,251		5,760,251	25,208	5,785,459	33
34.01	NURSERY SPECIAL CARE	6,590,219		6,590,219	57,302	6,647,521	34.01
35	NURSERY ICU	32,888,356		32,888,356	145,677	33,034,033	35
43	Nursery	2,839,114		2,839,114	26,778	2,865,892	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	132,079,143		132,079,143	1,410,353	133,489,496	50
52	Delivery Room & Labor Room	11,036,649		11,036,649		11,036,649	52
53	Anesthesiology	12,709,004		12,709,004	1,954	12,710,958	53
54	Radiology-Diagnostic	56,726,285		56,726,285	308,268	57,034,553	54
55	Radiology-Therapeutic	13,742,369		13,742,369	290,316	14,032,685	55
57	CT Scan	8,434,571		8,434,571		8,434,571	57
58	MRI	7,792,162		7,792,162		7,792,162	58
59	Cardiac Catheterization	6,781,345		6,781,345		6,781,345	59
60	Laboratory	57,121,202		57,121,202	207,371	57,328,573	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	18,419,942		18,419,942		18,419,942	63
65	Respiratory Therapy	20,611,772		20,611,772		20,611,772	65
66	Physical Therapy	10,992,352		10,992,352		10,992,352	66
69	Electrocardiology	23,065,244		23,065,244	443,522	23,508,766	69
70	Electroencephalography	5,658,390		5,658,390		5,658,390	70
70.01	BRACE AND PLASTER ROOM	451,609		451,609		451,609	70.01
71	Medical Supplies Charged to Patients	24,269,103		24,269,103		24,269,103	71
72	Impl. Dev. Charged to Patients	45,475,839		45,475,839		45,475,839	72
73	Drugs Charged to Patients	112,634,062		112,634,062		112,634,062	73
74	Renal Dialysis	5,577,947		5,577,947		5,577,947	74
76.97	CARDIAC REHABILITATION	195,332		195,332		195,332	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	170,320,189		170,320,189	2,351,830	172,672,019	90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	2,487,232		2,487,232		2,487,232	90.02
90.03	SILVER CROSS	3,083,139		3,083,139		3,083,139	90.03
90.04	SILVER CROSS PHARMACY	22,836,977		22,836,977		22,836,977	90.04
91	Emergency	33,872,272		33,872,272		33,872,272	91
92	Observation Beds (Non-Distinct Part)	13,038,597		13,038,597		13,038,597	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	1,124,468		1,124,468		1,124,468	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
105	Kidney Acquisition	4,907,077		4,907,077		4,907,077	105
106	Heart Acquisition	2,942,466		2,942,466		2,942,466	106
107	Liver Acquisition	3,558,742		3,558,742		3,558,742	107
108	Lung Acquisition	2,743,572		2,743,572		2,743,572	108
109	Pancreas Acquisition	1,268,305		1,268,305		1,268,305	109
200	Subtotal (sum of lines 30 thru 199)	1,169,413,438		1,169,413,438	6,861,016	1,176,274,454	200
201	Less Observation Beds	13,038,597		13,038,597		13,038,597	201
202	Total (line 200 minus line 201)	1,156,374,841		1,156,374,841		1,163,235,857	202

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	421,519,643		421,519,643				30
31	Intensive Care Unit	197,962,073		197,962,073				31
32	Coronary Care Unit	44,073,405		44,073,405				32
33	Burn Intensive Care Unit	19,708,844		19,708,844				33
34.01	NURSERY SPECIAL CARE	20,571,592		20,571,592				34.01
35	NURSERY ICU	95,626,374		95,626,374				35
43	Nursery	7,294,087		7,294,087				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	301,965,108	180,991,598	482,956,706	0.273480	0.273480	0.276401	50
52	Delivery Room & Labor Room	20,762,603	2,500,109	23,262,712	0.474435	0.474435	0.474435	52
53	Anesthesiology	87,935,614	77,824,750	165,760,364	0.076671	0.076671	0.076683	53
54	Radiology-Diagnostic	75,270,703	129,059,927	204,330,630	0.277620	0.277620	0.279129	54
55	Radiology-Therapeutic	41,523,882	86,942,488	128,466,070	0.106973	0.106973	0.109233	55
57	CT Scan	81,511,874	171,699,869	253,211,743	0.033310	0.033310	0.033310	57
58	MRI	32,093,624	84,879,479	116,973,103	0.066615	0.066615	0.066615	58
59	Cardiac Catheterization	43,417,235	34,417,106	77,834,341	0.087125	0.087125	0.087125	59
60	Laboratory	302,919,199	306,594,101	609,513,300	0.093716	0.093716	0.094056	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	100,472,655	17,378,888	117,851,543	0.156298	0.156298	0.156298	63
65	Respiratory Therapy	114,201,458	13,180,544	127,382,002	0.161811	0.161811	0.161811	65
66	Physical Therapy	19,331,719	20,630,590	39,962,309	0.275068	0.275068	0.275068	66
69	Electrocardiology	60,043,832	74,234,092	134,277,924	0.171772	0.171772	0.175075	69
70	Electroencephalography	19,323,376	13,626,313	32,949,689	0.171728	0.171728	0.171728	70
70.01	BRACE AND PLASTER ROOM	18,040	1,080,799	1,098,839	0.410987	0.410987	0.410987	70.01
71	Medical Supplies Charged to Patients	56,582,072	35,570,303	92,152,375	0.263358	0.263358	0.263358	71
72	Impl. Dev. Charged to Patients	133,202,765	64,136,518	197,339,283	0.230445	0.230445	0.230445	72
73	Drugs Charged to Patients	383,893,313	388,823,597	772,716,910	0.145764	0.145764	0.145764	73
74	Renal Dialysis	23,629,173	1,530,383	25,159,556	0.221703	0.221703	0.221703	74
76.97	CARDIAC REHABILITATION	599	1,109,972	1,110,571	0.175884	0.175884	0.175884	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	44,106,721	314,058,360	358,165,081	0.475535	0.475535	0.482102	90
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC	1,989,270	153,679	2,142,949	1.160659	1.160659	1.160659	90.02
90.03	SILVER CROSS	14,528	20,132,883	20,147,411	0.153029	0.153029	0.153029	90.03
90.04	SILVER CROSS PHARMACY	48,738	84,468,943	84,517,681	0.270204	0.270204	0.270204	90.04
91	Emergency	58,453,940	155,192,260	213,646,200	0.158544	0.158544	0.158544	91
92	Observation Beds (Non-Distinct Part)	3,046,100	30,305,389	33,351,489	0.390945	0.390945	0.390945	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	3,830	984	4,814	233.582883	233.582883	233.582883	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
105	Kidney Acquisition	5,150,196	556,951	5,707,147				105
106	Heart Acquisition	4,318,238		4,318,238				106
107	Liver Acquisition	3,787,873		3,787,873				107
108	Lung Acquisition	2,907,821		2,907,821				108
109	Pancreas Acquisition							109
200	Subtotal (sum of lines 30 thru 199)	2,828,681,817	2,311,080,875	5,139,762,692				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	2,828,681,817	2,311,080,875	5,139,762,692				202

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	14,252,775		14,252,775	135,888	104.89	39,810	4,175,671	30
31	Intensive Care Unit	3,580,372		3,580,372	24,967	143.40	6,155	882,627	31
32	Coronary Care Unit	664,802		664,802	3,710	179.19	2,233	400,131	32
33	Burn Intensive Care Unit	346,631		346,631	2,480	139.77	534	74,637	33
34	Surgical Intensive Care Unit								34
34.01	NURSERY SPECIAL CARE	451,480		451,480	5,613	80.43			34.01
35	NURSERY ICU	1,767,052		1,767,052	14,301	123.56			35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	152,737		152,737	2,520	60.61			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	21,215,849		21,215,849	189,479		48,732	5,533,066	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0088

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	12,279,525	482,956,706	0.025426	79,985,587	2,033,714	50
52	Delivery Room & Labor Room	915,182	23,262,712	0.039341	311,305	12,247	52
53	Anesthesiology	1,656,561	165,760,364	0.009994	23,152,427	231,385	53
54	Radiology-Diagnostic	7,264,215	204,330,630	0.035551	25,425,525	903,903	54
55	Radiology-Therapeutic	1,751,442	128,466,070	0.013633	10,283,061	140,189	55
57	CT Scan	1,025,987	253,211,743	0.004052	24,161,630	97,903	57
58	MRI	1,307,777	116,973,103	0.011180	8,578,127	95,903	58
59	Cardiac Catheterization	507,962	77,834,341	0.006526	14,124,745	92,178	59
60	Laboratory	5,181,740	609,513,300	0.008501	89,531,939	761,111	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	898,348	117,851,543	0.007623	32,826,810	250,239	63
65	Respiratory Therapy	1,530,234	127,382,002	0.012013	27,719,887	332,999	65
66	Physical Therapy	720,788	39,962,309	0.018037	7,260,419	130,956	66
69	Electrocardiology	1,692,722	134,277,924	0.012606	24,933,690	314,314	69
70	Electroencephalography	515,717	32,949,689	0.015652	2,884,159	45,143	70
70.01	BRACE AND PLASTER ROOM	22,090	1,098,839	0.020103	2,902	58	70.01
71	Medical Supplies Charged to Pat	577,634	92,152,375	0.006268	22,609,807	141,718	71
72	Impl. Dev. Charged to Patients	1,088,609	197,339,283	0.005516	45,101,775	248,781	72
73	Drugs Charged to Patients	2,680,609	772,716,910	0.003469	111,845,777	387,993	73
74	Renal Dialysis	411,708	25,159,556	0.016364	9,309,162	152,335	74
76.97	CARDIAC REHABILITATION	11,870	1,110,571	0.010688	599	6	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	10,656,396	358,165,081	0.029753	14,926,417	444,106	90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC	91,461	2,142,949	0.042680			90.02
90.03	SILVER CROSS	300,569	20,147,411	0.014918	5,382	80	90.03
90.04	SILVER CROSS PHARMACY	1,655,873	84,517,681	0.019592			90.04
91	Emergency	2,117,841	213,646,200	0.009913	22,089,599	218,974	91
92	Observation Beds (Non-Distinct	869,401	33,351,489	0.026068			92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	57,732,261	4,316,280,781		597,070,731	7,036,235	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	Cost Center Description	1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
34.01	NURSERY SPECIAL CARE						34.01
35	NURSERY ICU						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	135,888		39,810		30
31	Intensive Care Unit	24,967		6,155		31
32	Coronary Care Unit	3,710		2,233		32
33	Burn Intensive Care Unit	2,480		534		33
34	Surgical Intensive Care Unit					34
34.01	NURSERY SPECIAL CARE	5,613				34.01
35	NURSERY ICU	14,301				35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	2,520				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	189,479		48,732		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0088

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic			67,396		67,396	67,396	54
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
70.01	BRACE AND PLASTER ROOM							70.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			1,834,129		1,834,129	1,834,129	73
74	Renal Dialysis							74
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
90.01	DENTAL CLINIC							90.01
90.02	TRANSPLANT CLINIC							90.02
90.03	SILVER CROSS							90.03
90.04	SILVER CROSS PHARMACY							90.04
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			1,901,525		1,901,525	1,901,525	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0088

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	482,956,706			79,985,587		37,658,359		50
52	Delivery Room & Labor Room	23,262,712			311,305		38,336		52
53	Anesthesiology	165,760,364			23,152,427		16,661,052		53
54	Radiology-Diagnostic	204,330,630	0.000330	0.000330	25,425,525	8,390	35,270,401	11,639	54
55	Radiology-Therapeutic	128,466,070			10,283,061		27,410,851		55
57	CT Scan	253,211,743			24,161,630		57,489,750		57
58	MRI	116,973,103			8,578,127		19,234,935		58
59	Cardiac Catheterization	77,834,341			14,124,745		10,408,821		59
60	Laboratory	609,513,300			89,531,939		41,678,985		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	117,851,543			32,826,810		5,048,538		63
65	Respiratory Therapy	127,382,002			27,719,887		3,251,260		65
66	Physical Therapy	39,962,309			7,260,419		107,778		66
69	Electrocardiology	134,277,924			24,933,690		24,364,237		69
70	Electroencephalography	32,949,689			2,884,159		2,669,474		70
70.01	BRACE AND PLASTER ROOM	1,098,839			2,902		82,217		70.01
71	Medical Supplies Charged to Pat	92,152,375			22,609,807		11,825,013		71
72	Impl. Dev. Charged to Patients	197,339,283			45,101,775		22,315,227		72
73	Drugs Charged to Patients	772,716,910	0.002374	0.002374	111,845,777	265,522	126,614,044	300,582	73
74	Renal Dialysis	25,159,556			9,309,162		1,152,906		74
76.97	CARDIAC REHABILITATION	1,110,571			599		376,731		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	358,165,081			14,926,417		100,521,057		90
90.01	DENTAL CLINIC								90.01
90.02	TRANSPLANT CLINIC	2,142,949							90.02
90.03	SILVER CROSS	20,147,411			5,382		5,406,837		90.03
90.04	SILVER CROSS PHARMACY	84,517,681					30,626,808		90.04
91	Emergency	213,646,200			22,089,599		24,158,061		91
92	Observation Beds (Non-Distinct)	33,351,489							92
OTHER REIMBURSABLE COST CENTERS									
95	Ambulance Services								95
200	Total (sum of lines 50-199)	4,316,280,781			597,070,731	273,912	604,371,678	312,221	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0088

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.273480	37,658,359			10,298,808			50
52	Delivery Room & Labor Room	0.474435	38,336			18,188			52
53	Anesthesiology	0.076671	16,661,052			1,277,420			53
54	Radiology-Diagnostic	0.277620	35,270,401			9,791,769			54
55	Radiology-Therapeutic	0.106973	27,410,851			2,932,221			55
57	CT Scan	0.033310	57,489,750			1,914,984			57
58	MRI	0.066615	19,234,935			1,281,335			58
59	Cardiac Catheterization	0.087125	10,408,821			906,869			59
60	Laboratory	0.093716	41,678,985	84,987		3,905,988	7,965		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.156298	5,048,538			789,076			63
65	Respiratory Therapy	0.161811	3,251,260			526,090			65
66	Physical Therapy	0.275068	107,778			29,646			66
69	Electrocardiology	0.171772	24,364,237			4,185,094			69
70	Electroencephalography	0.171728	2,669,474			458,423			70
70.01	BRACE AND PLASTER ROOM	0.410987	82,217			33,790			70.01
71	Medical Supplies Charged to Pat	0.263358	11,825,013	22,426		3,114,212	5,906		71
72	Impl. Dev. Charged to Patients	0.230445	22,315,227			5,142,432			72
73	Drugs Charged to Patients	0.145764	126,614,044	14,935	422,386	18,455,770	2,177	61,569	73
74	Renal Dialysis	0.221703	1,152,906			255,603			74
76.97	CARDIAC REHABILITATION	0.175884	376,731			66,261			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.475535	100,521,057			47,801,281			90
90.01	DENTAL CLINIC								90.01
90.02	TRANSPLANT CLINIC	1.160659							90.02
90.03	SILVER CROSS	0.153029	5,406,837			827,403			90.03
90.04	SILVER CROSS PHARMACY	0.270204	30,626,808			8,275,486			90.04
91	Emergency	0.158544	24,158,061			3,830,116			91
92	Observation Beds (Non-Distinct)	0.390945							92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	233.582883							95
200	Subtotal (see instructions)		604,371,678	122,348	422,386	126,118,265	16,048	61,569	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		604,371,678	122,348	422,386	126,118,265	16,048	61,569	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	135,888	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	135,888	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	127,599	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	39,810	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	213,751,692	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	213,751,692	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	213,751,692	37

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,573.00	38	
39	Program general inpatient routine service cost (line 9 x line 38)					62,621,130	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)					62,621,130	41	
42	Nursery (Titles V and XIX only)	1	2	3	4	5	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	60,984,450	24,967	2,442.60	6,155	15,034,203	43	
44	Coronary Care Unit	12,234,435	3,710	3,297.69	2,233	7,363,742	44	
45	Burn Intensive Care Unit	5,785,459	2,480	2,332.85	534	1,245,742	45	
46	Surgical Intensive Care Unit						46	
46.01	NURSERY SPECIAL CARE	6,647,521	5,613	1,184.31			46.01	
47	NURSERY ICU	33,034,033	14,301	2,309.91			47	

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					105,168,403	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					191,433,220	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,533,066	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,310,147	51
52	Total Program excludable cost (sum of lines 50 and 51)					12,843,213	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					178,590,007	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					8,289	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,573.00	88
89	Observation bed cost (line 87 x line 88) (see instructions)					13,038,597	89
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	14,252,775	213,751,692	0.066679	13,038,597	869,401	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0088

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		122,292,907		30
31	Intensive Care Unit		60,899,159		31
32	Coronary Care Unit		12,208,367		32
33	Burn Intensive Care Unit		3,228,956		33
34.01	NURSERY SPECIAL CARE				34.01
35	NURSERY ICU				35
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.276401	79,985,587	22,108,096	50
52	Delivery Room & Labor Room	0.474435	311,305	147,694	52
53	Anesthesiology	0.076683	23,152,427	1,775,398	53
54	Radiology-Diagnostic	0.279129	25,425,525	7,097,001	54
55	Radiology-Therapeutic	0.109233	10,283,061	1,123,250	55
57	CT Scan	0.033310	24,161,630	804,824	57
58	MRI	0.066615	8,578,127	571,432	58
59	Cardiac Catheterization	0.087125	14,124,745	1,230,618	59
60	Laboratory	0.094056	89,531,939	8,421,016	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.156298	32,826,810	5,130,765	63
65	Respiratory Therapy	0.161811	27,719,887	4,485,383	65
66	Physical Therapy	0.275068	7,260,419	1,997,109	66
69	Electrocardiology	0.175075	24,933,690	4,365,266	69
70	Electroencephalography	0.171728	2,884,159	495,291	70
70.01	BRACE AND PLASTER ROOM	0.410987	2,902	1,193	70.01
71	Medical Supplies Charged to Patients	0.263358	22,609,807	5,954,474	71
72	Impl. Dev. Charged to Patients	0.230445	45,101,775	10,393,479	72
73	Drugs Charged to Patients	0.145764	111,845,777	16,303,088	73
74	Renal Dialysis	0.221703	9,309,162	2,063,869	74
76.97	CARDIAC REHABILITATION	0.175884	599	105	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.482102	14,926,417	7,196,055	90
90.01	DENTAL CLINIC				90.01
90.02	TRANSPLANT CLINIC	1.160659			90.02
90.03	SILVER CROSS	0.153029	5,382	824	90.03
90.04	SILVER CROSS PHARMACY	0.270204			90.04
91	Emergency	0.158544	22,089,599	3,502,173	91
92	Observation Beds (Non-Distinct Part)	0.390945			92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		597,070,731	105,168,403	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		597,070,731		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			1	D			
1	Adults & Pediatrics	181,500	38	1,573.00	73	114,829	1
2	Intensive Care Unit	70,617	43	2,442.60	9	21,983	2
3	Coronary Care Unit		44	3,297.69			3
4	Burn Intensive Care Unit		45	2,332.85			4
5	Surgical Intensive Care Unit		46				5
5.01	NURSERY SPECIAL CARE		46.01	1,184.31			5.01
6	NURSERY ICU		47	2,309.91			6
7	TOTAL (sum of lines 1-6)	252,117			82	136,812	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.273480	1,038,529	284,017	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.474435			10
11	Anesthesiology	53	0.076671	204,746	15,698	11
12	Radiology-Diagnostic	54	0.277620	950,084	263,762	12
13	Radiology-Therapeutic	55	0.106973			13
14	Radioisotope	56				14
15	CT Scan	57	0.033310	1,093,541	36,426	15
16	MRI	58	0.066615	27,721	1,847	16
17	Cardiac Catheterization	59	0.087125	53,455	4,657	17
18	Laboratory	60	0.093716	5,028,588	471,259	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.156298	159,190	24,881	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.161811	19,449	3,147	23
24	Physical Therapy	66	0.275068			24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.171772	1,915,416	329,015	27
28	Electroencephalography	70	0.171728	2,664	457	28
28.01	BRACE AND PLASTER ROOM	70.01	0.410987			28.01
29	Medical Supplies Charged to Patients	71	0.263358			29
30	Impl. Dev. Charged to Patients	72	0.230445			30
31	Drugs Charged to Patients	73	0.145764			31
32	Renal Dialysis	74	0.221703	1,544	342	32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.175884			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	0.475535	159,130	75,672	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.160659			37.02
37.03	SILVER CROSS	90.03	0.153029			37.03
37.04	SILVER CROSS PHARMACY	90.04	0.270204			37.04
38	Emergency	91	0.158544	715	113	38
39	Observation Beds (Non-Distinct Part)	92	0.390945			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			10,654,772	1,511,293	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		73		42
43	Intensive Care Unit	3		9		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			82		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	159,130	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	Emergency		715 24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	159,845				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	1,648,105		10,906,889		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	4,907,077		4,907,077		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	6,555,182		15,813,966		61
62	Total Usable Organs (see instructions)		81			62
63	Medicare Usable Organs (see instructions)		51			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.629630			64
65	Medicare Cost/Charges (see instructions)	4,127,339		9,956,947		65
66	Revenue for Organs Sold	70,142				66
67	Subtotal (line 65 minus line 66)	4,057,197		9,956,947		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	4,057,197		9,956,947		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	18	16		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	3			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		44		73
74	Total (sum of lines 70 thru 73)	21	60		74
75	Organs Transplanted	19	44		75
76	Organs Sold to Other Hospitals	2			76
77	Organs Sold to OPOs		16	70,142	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)	21	60		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			1	D			
1	Adults & Pediatrics		38	1,573.00			1
2	Intensive Care Unit	26,248	43	2,442.60	4	9,770	2
3	Coronary Care Unit		44	3,297.69			3
4	Burn Intensive Care Unit		45	2,332.85			4
5	Surgical Intensive Care Unit		46				5
5.01	NURSERY SPECIAL CARE		46.01	1,184.31			5.01
6	NURSERY ICU		47	2,309.91			6
7	TOTAL (sum of lines 1-6)	26,248			4	9,770	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.273480	34,458	9,424	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.474435			10
11	Anesthesiology	53	0.076671	20,188	1,548	11
12	Radiology-Diagnostic	54	0.277620	81,376	22,592	12
13	Radiology-Therapeutic	55	0.106973			13
14	Radioisotope	56				14
15	CT Scan	57	0.033310	41,306	1,376	15
16	MRI	58	0.066615			16
17	Cardiac Catheterization	59	0.087125	233,423	20,337	17
18	Laboratory	60	0.093716	213,106	19,971	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.156298	6,569	1,027	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.161811	14,839	2,401	23
24	Physical Therapy	66	0.275068			24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.171772	66,390	11,404	27
28	Electroencephalography	70	0.171728			28
28.01	BRACE AND PLASTER ROOM	70.01	0.410987			28.01
29	Medical Supplies Charged to Patients	71	0.263358			29
30	Impl. Dev. Charged to Patients	72	0.230445			30
31	Drugs Charged to Patients	73	0.145764			31
32	Renal Dialysis	74	0.221703			32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.175884			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	0.475535	54,194	25,771	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.160659			37.02
37.03	SILVER CROSS	90.03	0.153029			37.03
37.04	SILVER CROSS PHARMACY	90.04	0.270204			37.04
38	Emergency	91	0.158544	15,413	2,444	38
39	Observation Beds (Non-Distinct Part)	92	0.390945			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			781,262	118,295	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		2		42
43	Intensive Care Unit	3		4		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			4		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21	2		49
50	Federally Qualified Health Center		22			50
51	Clinic	54,194	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	Emergency	15,413	24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	69,607				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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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 [XX] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	128,065		807,510		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,942,466		2,942,466		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,070,531		3,749,976		61
62	Total Usable Organs (see instructions)		40			62
63	Medicare Usable Organs (see instructions)		10			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.250000			64
65	Medicare Cost/Charges (see instructions)	767,633		937,494		65
66	Revenue for Organs Sold	9,586				66
67	Subtotal (line 65 minus line 66)	758,047		937,494		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	758,047		937,494		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		4		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		36		73
74	Total (sum of lines 70 thru 73)		40		74
75	Organs Transplanted		36		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4	9,586	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)		40		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	41,025	38	1,573.00	3	4,719	1	
2	Intensive Care Unit	30,807	43	2,442.60	7	17,098	2	
3	Coronary Care Unit		44	3,297.69			3	
4	Burn Intensive Care Unit		45	2,332.85			4	
5	Surgical Intensive Care Unit		46				5	
5.01	NURSERY SPECIAL CARE		46.01	1,184.31			5.01	
6	NURSERY ICU		47	2,309.91			6	
7	TOTAL (sum of lines 1-6)	71,832			10	21,817	7	

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.273480	89,514	24,480	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.474435			10
11	Anesthesiology	53	0.076671	17,139	1,314	11
12	Radiology-Diagnostic	54	0.277620	217,166	60,290	12
13	Radiology-Therapeutic	55	0.106973			13
14	Radioisotope	56				14
15	CT Scan	57	0.033310	175,070	5,832	15
16	MRI	58	0.066615	60,595	4,037	16
17	Cardiac Catheterization	59	0.087125	130,832	11,399	17
18	Laboratory	60	0.093716	547,017	51,264	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.156298	24,926	3,896	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.161811	42,730	6,914	23
24	Physical Therapy	66	0.275068			24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.171772	193,147	33,177	27
28	Electroencephalography	70	0.171728			28
28.01	BRACE AND PLASTER ROOM	70.01	0.410987			28.01
29	Medical Supplies Charged to Patients	71	0.263358			29
30	Impl. Dev. Charged to Patients	72	0.230445			30
31	Drugs Charged to Patients	73	0.145764			31
32	Renal Dialysis	74	0.221703			32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.175884			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	0.475535	121,741	57,892	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.160659			37.02
37.03	SILVER CROSS	90.03	0.153029			37.03
37.04	SILVER CROSS PHARMACY	90.04	0.270204			37.04
38	Emergency	91	0.158544	4,923	781	38
39	Observation Beds (Non-Distinct Part)	92	0.390945			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			1,624,800	261,276	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		3		42
43	Intensive Care Unit	3		7		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			10		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21	2	3	49
50	Federally Qualified Health Center		22			50
51	Clinic	121,741	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	Emergency	4,923	24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	126,664				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	283,093		1,696,632		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,558,742		3,558,742		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,841,835		5,255,374		61
62	Total Usable Organs (see instructions)		37			62
63	Medicare Usable Organs (see instructions)		12			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.324324			64
65	Medicare Cost/Charges (see instructions)	1,245,999		1,704,444		65
66	Revenue for Organs Sold	16,776				66
67	Subtotal (line 65 minus line 66)	1,229,223		1,704,444		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,229,223		1,704,444		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	2	7		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		28		73
74	Total (sum of lines 70 thru 73)	2	35		74
75	Organs Transplanted	2	28		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		7	16,776	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	35		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	6,381	38	1,573.00				1
2	Intensive Care Unit	54,574	43	2,442.60		4	9,770	2
3	Coronary Care Unit		44	3,297.69				3
4	Burn Intensive Care Unit		45	2,332.85				4
5	Surgical Intensive Care Unit		46					5
5.01	NURSERY SPECIAL CARE		46.01	1,184.31				5.01
6	NURSERY ICU		47	2,309.91				6
7	TOTAL (sum of lines 1-6)	60,955				4	9,770	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.273480	33,351	9,121	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.474435			10
11	Anesthesiology	53	0.076671	8,166	626	11
12	Radiology-Diagnostic	54	0.277620	221,210	61,412	12
13	Radiology-Therapeutic	55	0.106973			13
14	Radioisotope	56				14
15	CT Scan	57	0.033310	126,945	4,229	15
16	MRI	58	0.066615	7,674	511	16
17	Cardiac Catheterization	59	0.087125	992,085	86,435	17
18	Laboratory	60	0.093716	533,350	49,983	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.156298	11,830	1,849	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.161811	60,991	9,869	23
24	Physical Therapy	66	0.275068	9,484	2,609	24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.171772	162,806	27,966	27
28	Electroencephalography	70	0.171728			28
28.01	BRACE AND PLASTER ROOM	70.01	0.410987			28.01
29	Medical Supplies Charged to Patients	71	0.263358			29
30	Impl. Dev. Charged to Patients	72	0.230445			30
31	Drugs Charged to Patients	73	0.145764			31
32	Renal Dialysis	74	0.221703			32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.175884	424	75	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	0.475535	253,563	120,578	37
37.01	DENTAL CLINIC	90.01				37.01
37.02	TRANSPLANT CLINIC	90.02	1.160659			37.02
37.03	SILVER CROSS	90.03	0.153029			37.03
37.04	SILVER CROSS PHARMACY	90.04	0.270204			37.04
38	Emergency	91	0.158544	4,591	728	38
39	Observation Beds (Non-Distinct Part)	92	0.390945			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			2,426,470	375,991	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		2		42
43	Intensive Care Unit	3		4		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			4		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21	2		49
50	Federally Qualified Health Center		22			50
51	Clinic	253,563	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	Emergency	4,591	24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	258,154				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	385,761		2,487,425		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,743,572		2,743,572		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,129,333		5,230,997		61
62	Total Usable Organs (see instructions)		49			62
63	Medicare Usable Organs (see instructions)		25			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.510204			64
65	Medicare Cost/Charges (see instructions)	1,596,598		2,668,876		65
66	Revenue for Organs Sold	9,586				66
67	Subtotal (line 65 minus line 66)	1,587,012		2,668,876		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,587,012		2,668,876		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		4		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		45		73
74	Total (sum of lines 70 thru 73)		49		74
75	Organs Transplanted		45		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4	9,586	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)		49		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)
		1	D	2	3		
1	Adults & Pediatrics		38	1,573.00			1
2	Intensive Care Unit	13,796	43	2,442.60			2
3	Coronary Care Unit		44	3,297.69			3
4	Burn Intensive Care Unit		45	2,332.85			4
5	Surgical Intensive Care Unit		46				5
5.01	NURSERY SPECIAL CARE		46.01	1,184.31			5.01
6	NURSERY ICU		47	2,309.91			6
7	TOTAL (sum of lines 1-6)	13,796					7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
		C	1		
8	Operating Room	50	0.273480	23,057	6,306
9	Recovery Room	51			9
10	Delivery Room & Labor Room	52	0.474435		10
11	Anesthesiology	53	0.076671	3,130	240
12	Radiology-Diagnostic	54	0.277620	29,441	8,173
13	Radiology-Therapeutic	55	0.106973		13
14	Radioisotope	56			14
15	CT Scan	57	0.033310	5,027	167
16	MRI	58	0.066615		16
17	Cardiac Catheterization	59	0.087125	2,534	221
18	Laboratory	60	0.093716	173,568	16,266
19	PBP Clinical Lab Services-Prgm Only	61			19
20	Whole Blood & Packed Red Blood Cells	62			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30			20.30
21	Blood Storing, Processing & Trans.	63	0.156298	15,415	2,409
22	Intravenous Therapy	64			22
23	Respiratory Therapy	65	0.161811	4,873	789
24	Physical Therapy	66	0.275068		24
25	Occupational Therapy	67			25
26	Speech Pathology	68			26
27	Electrocardiology	69	0.171772	65,846	11,310
28	Electroencephalography	70	0.171728	1,868	321
28.01	BRACE AND PLASTER ROOM	70.01	0.410987		28.01
29	Medical Supplies Charged to Patients	71	0.263358		29
30	Impl. Dev. Charged to Patients	72	0.230445		30
31	Drugs Charged to Patients	73	0.145764		31
32	Renal Dialysis	74	0.221703		32
33	ASC (Non-Distinct Part)	75			33
34	Other Ancillary (specify)	76			34
34.97	CARDIAC REHABILITATION	76.97	0.175884		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	0.475535	5,344	2,541
37.01	DENTAL CLINIC	90.01			37.01
37.02	TRANSPLANT CLINIC	90.02	1.160659		37.02
37.03	SILVER CROSS	90.03	0.153029		37.03
37.04	SILVER CROSS PHARMACY	90.04	0.270204		37.04
38	Emergency	91	0.158544		38
39	Observation Beds (Non-Distinct Part)	92	0.390945		39
40	Other Outpatient Service (specify)	93			40
41	TOTAL (sum of lines 8-40)			330,103	48,743

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3				43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)					48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	5,344	23			51
51.01	DENTAL CLINIC		23.01			51.01
51.02	TRANSPLANT CLINIC		23.02			51.02
51.03	SILVER CROSS		23.03			51.03
51.04	SILVER CROSS PHARMACY		23.04			51.04
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	5,344				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	48,743		343,899		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,268,305		1,268,305		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,317,048		1,612,204		61
62	Total Usable Organs (see instructions)		10			62
63	Medicare Usable Organs (see instructions)		8			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.800000			64
65	Medicare Cost/Charges (see instructions)	1,053,638		1,289,763		65
66	Revenue for Organs Sold	7,190				66
67	Subtotal (line 65 minus line 66)	1,046,448		1,289,763		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,046,448		1,289,763		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		3		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		7		73
74	Total (sum of lines 70 thru 73)		10		74
75	Organs Transplanted		7		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		3	7,190	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)		10		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 09:25 Version: 2015.10 (11/29/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	87,524,360			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)				1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	14,022,683			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	19,383,759			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	600.29			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)	491.27			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	1.66			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	492.93			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	599.97			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	492.93			12
13	Total allowable FTE count for the prior year	492.93			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	492.93			14
15	Sum of lines 12 through 14 divided by 3	492.93			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	492.93			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.821153			19
20	Prior year resident to bed ratio (see instructions)	0.821098			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.821098			21
22	IME payment adjustment (see instructions)	39,657,781			22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	107.04			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	39,657,781			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0986			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3390			31
32	Sum of lines 30 and 31	0.4376			32
33	Allowable disproportionate share percentage (see instructions)	0.2521			33
34	Disproportionate share adjustment (see instructions)	5,516,223			34
		Prior to	On or after		
		October 1	October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)	9,046,380,143			35
35.01	Factor 3 (see instructions)	0.001538056			35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	13,913,839	12,615,967		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,507,053	9,436,049		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	12,943,102			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	159,664,149			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	159,664,149			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	11,118,807			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	8,491,287			52
53	Nursing and allied health managed care payment	85,791			53
54	Special add-on payments for new technologies	29,963			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	8,677,927			55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	273,912			58
59	Total (sum of amounts on lines 49 through 58)	188,341,836			59
60	Primary payer payments	16,952			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	188,324,884			61
62	Deductibles billed to program beneficiaries	5,326,416			62
63	Coinsurance billed to program beneficiaries	1,138,817			63
64	Allowable bad debts (see instructions)	2,114,782			64
65	Adjusted reimbursable bad debts (see instructions)	1,374,608			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,677,218			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	183,234,259			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-406,078			70.93
70.94	HRR adjustment amount (see instructions)	-464,273			70.94
71	Amount due provider (see instructions)	182,363,908			71
71.01	Sequestration adjustment (see instructions)	3,647,278			71.01
72	Interim payments	184,559,394			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-5,842,764			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	1,748,000			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
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HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0088

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	77,617			1
2	Medical and other services reimbursed under OPPTS (see instructions)	125,806,044			2
3	PPS payments	81,476,710			3
4	Outlier payment (see instructions)	1,480,715			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	312,221			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	77,617			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	544,734			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	544,734			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	544,734			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	467,117			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)	77,617			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	83,269,646			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	2,154			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	16,047,333			26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	67,297,776			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	5,355,264			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	72,653,040			30
31	Primary payer payments	794			31
32	Subtotal (line 30 minus line 31)	72,652,246			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)	2,964,041			34
35	Adjusted reimbursable bad debts (see instructions)	1,926,627			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	74,578,873			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	74,578,873			40
40.01	Sequestration adjustment (see instructions)	1,491,577			40.01
41	Interim payments	73,069,079			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	18,217			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	518,000			44

TO BE COMPLETED BY CONTRACTOR

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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0088

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		184,559,394		73,069,079	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						3.01
						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)					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)		184,559,394		73,069,079	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						5.01
						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)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)				18,217	6.01
			-5,842,764			6.02
7	Total Medicare program liability (see instructions)		178,716,630		73,087,296	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 applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS**HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION**

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	28,498	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	48,732	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	11,658	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	178,670	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	5,139,762,692	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	57,032,707	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	2,177,334	8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	1,902,643	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	274,691	32

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

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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			492.60	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			1.66	2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cal (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.64	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)			494.90	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			644.70	6
7	Enter the lesser of line 5 or line 6			494.90	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	201.17	371.84	573.01	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	154.43	285.44	439.87	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	154.43	285.44		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	149.43	271.59		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	147.30	274.85		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	150.39	277.29		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	150.39	277.29		17
18	Per resident amount	102,969.32	97,502.88		18
19	Approved amount for resident costs	15,485.556	27,036.574	42,522.130	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)			149.80	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			42,522.130	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	48,732	11,658		26
27	Total inpatient days (see instructions)	180,396	180,396		27
28	Ratio of inpatient days to total inpatient days	0.270139	0.064624		28
29	Program direct GME amount	11,486,886	2,747,950		29
30	Reduction for direct GME payments for Medicare Advantage		388,285		30
31	Net Program direct GME amount			13,846,551	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			25,159,556	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)			191,433,220	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col I, line 69)			8,677,927	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			16,952	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			200,094,195	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			126,195,882	42
43	Primary payer payments (see instructions)			794	43
44	Total Part B reasonable cost (line 42 minus line 43)			126,195,088	44
45	Total reasonable cost (sum of lines 41 and 44)			326,289,283	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.613242	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.386758	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			13,846,551	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			8,491,287	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			5,355,264	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	163,969,000			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	236,000,000			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable				6
7	Inventory				7
8	Prepaid expenses				8
9	Other current assets	43,148,000			9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	443,117,000			11
FIXED ASSETS					
12	Land				12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings				15
16	Accumulated depreciation				16
17	Leasehold improvements				17
18	Accumulated depreciation				18
19	Fixed equipment	1,988,795,000			19
20	Accumulated depreciation	-756,011,000			20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment				23
24	Accumulated depreciation				24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	1,232,784,000			30
OTHER ASSETS					
31	Investments	1,013,224,000			31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	113,443,000			34
35	Total other assets (sum of lines 31-34)	1,126,667,000			35
36	Total assets (sum of lines 11, 30 and 35)	2,802,568,000			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	127,477,000			37
38	Salaries, wages and fees payable				38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)	11,732,000			40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	59,437,000			43
44	Other current liabilities	119,104,000			44
45	Total current liabilities (sum of lines 37 thru 44)	317,750,000			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable	868,008,000			47
48	Unsecured loans				48
49	Other long term liabilities	255,263,000			49
50	Total long term liabilities (sum of lines 46 thru 49)	1,123,271,000			50
51	Total liabilities (sum of lines 45 and 50)	1,441,021,000			51
CAPITAL ACCOUNTS					
52	General fund balance	1,361,547,000			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56
57	Plant fund balance - invested in plant				57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion				58
59	Total fund balances (sum of lines 52 thru 58)	1,361,547,000			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	2,802,568,000			60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		1,341,902,000			1
2	Net income (loss) (from Worksheet G-3, line 29)		-147,183,117			2
3	Total (sum of line 1 and line 2)		1,194,718,883			3
4	Additions (credit adjustments) (specify)					4
5	TEMPORARILY RESTRICTED CONT	2,697,000				5
6	PERMANENTLY RESTRICTED CONT	10,000				6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		2,707,000			10
11	Subtotal (line 3 plus line 10)		1,197,425,883			11
12	Deductions (debit adjustments) (specify)					12
13	MINIMUM PENSION LIABILITY-WEISS					13
14	CHANGE IN VALUATION OF DERIVATIVES					14
15	NET TRANSFER TO U OF C	70,501,000				15
16	EXPENDED FOR OPERATING PURPOSES	5,124,000				16
17	OTHER	5,406,000				17
18	Total deductions (sum of lines 12-17)		81,031,000			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,116,394,883			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5	TEMPORARILY RESTRICTED CONT					5
6	PERMANENTLY RESTRICTED CONT					6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	MINIMUM PENSION LIABILITY-WEISS					13
14	CHANGE IN VALUATION OF DERIVATIVES					14
15	NET TRANSFER TO U OF C					15
16	EXPENDED FOR OPERATING PURPOSES					16
17	OTHER					17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	427,718,967		427,718,967	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	427,718,967		427,718,967	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	198,479,416		198,479,416	11
12	Coronary Care Unit	44,167,840		44,167,840	12
13	Burn Intensive Care Unit	22,512,598		22,512,598	13
14	Surgical Intensive Care Unit				14
14.01	NURSERY SPECIAL CARE	20,746,226		20,746,226	14.01
15	NURSERY ICU	96,089,406		96,089,406	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	381,995,486		381,995,486	16
17	Total inpatient routine care services (sum of lines 10 and 16)	809,714,453		809,714,453	17
18	Ancillary services	2,050,876,056		2,050,876,056	18
19	Outpatient services		2,548,094,989	2,548,094,989	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	2,860,590,509	2,548,094,989	5,408,685,498	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,388,782,930	29
30	Add (specify)			30
31	BAD DEBTS AND EXCLUDED AREAS	380,080,187		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		380,080,187	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,768,863,117	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)	5,408,685,498	1
2	Less contractual allowances and discounts on patients' accounts	3,914,869,498	2
3	Net patient revenues (line 1 minus line 2)	1,493,816,000	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,768,863,117	4
5	Net income from service to patients (line 3 minus line 4)	-275,047,117	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts	8,193,000	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,706,000	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients	31,337,000	17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (CAPITATION REVENUE)	40,663,000	24.01
24.02	Other (OTHER MISC REVENUE)	18,744,000	24.02
24.03	Other (UNRESTRICTED GIFTS)		24.03
24.04	Other (INVESTMENT INCOME)	26,788,000	24.04
24.05	Other (DERIVATIVE INEFFECTIVENESS)	-567,000	24.05
24.06	Other (OTHER)		24.06
25	Total other income (sum of lines 6-24)	127,864,000	25
26	Total (line 5 plus line 25)	-147,183,117	26
29	Net income (or loss) for the period (line 26 minus line 28)	-147,183,117	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0088

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	6,996,758	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	1,216,995	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)	497.58	3
4	Number of interns & residents (see instructions)	492.93	4
5	Indirect medical education percentage (see instructions)	32.26	5
6	Indirect medical education adjustment (see instructions)	2,257,154	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0986	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3390	8
9	Sum of lines 7 and 8	0.4376	9
10	Allowable disproportionate share percentage (see instructions)	0.0926	10
11	Disproportionate share adjustment (see instructions)	647,900	11
12	Total prospective capital payments (see instructions)	11,118,807	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
1.01	DCAM CAPITAL						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS						18.03
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
23.01	PARAMED ED PRGM - PHARMACY						23.01
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34.01	NURSERY SPECIAL CARE						34.01
35	NURSERY ICU						35
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
70	Electroencephalography						70
70.01	BRACE AND PLASTER ROOM						70.01
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	DENTAL CLINIC						90.01
90.02	TRANSPLANT CLINIC						90.02
90.03	SILVER CROSS						90.03
90.04	SILVER CROSS PHARMACY						90.04
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE							191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202