

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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: 14:19	
	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		-2,071,614	-1,101,763	19,288		1
2	SUBPROVIDER - IPF		112,869				2
3	SUBPROVIDER - IRF		80,897				3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-1,877,848	-1,101,763	19,288		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.

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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		
3	Hospital	BOARD OF TRUSTEES OF THE UNIVERSITY	14-0150	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	BOT FOR THE UOFI - PSYCH	14-S150	16974	4	07 / 01 / 1984	N	P	O	4
5	Subprovider - IRF	BOT FOR THE UOFI - REHAB	14-T150	16974	5	07 / 01 / 1988	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	UIH	14-2316	16974		01 / 01 / 2004				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2014	To: 06 / 30 / 2015							20
21	Type of control (see instructions)	10								21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	Y	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	1	N		23

		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.	25,851	999	83		21,908	512	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.	877				706		25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	Y	40
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	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)	5.44			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
----	--	---	--	--	----

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	2.08	316.52	0.006529	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67	FAMILY PRACTICE	1350	0.41	21.99	0.018304

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	9,738,624	492,432	9,738,624	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			121

Transplant Center Information

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

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

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

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10 / 01 / 2013	09 / 30 / 2014	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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	12/22/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/02/2015	Y	11/02/2015
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.	Y		Y	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information			
41	First name: CYNTHIA	Last name: SCHMIEGELT	Title: ASSOC DIRECTOR OF HOSPITAL
42	Employer: UNIVERSITY OF ILLINOIS HOSPITAL		
43	Phone number: 3124138414	E-mail Address: CSCHMIEG@UIC.EDU	

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	312	113,880			14,670	13,582	65,548	1
2	HMO and other (see instructions)						4,065	23,502		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider							706		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		312	113,880			14,670	13,582	65,548	7
8	Intensive Care Unit	31	45	16,425			4,002	1,222	11,863	8
8.01	PEDS ICU	31.01	18	6,570			9	1,767	2,793	8.01
8.02	NEONATAL ICU	31.02	52	18,980				6,826	12,618	8.02
9	Coronary Care Unit	32	19	6,935			1,367	923	4,946	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,531	3,937	13
14	Total (see instructions)		446	162,790			20,048	25,851	101,705	14
15	CAH Visits									15
16	Subprovider - IPF	40	53	19,345			1,912	5,533	12,746	16
17	Subprovider - IRF	41	18	6,570			1,289	877	3,753	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		517							27
28	Observation Bed Days								5,849	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		8	2,920				610	1,820	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,530	4,799	20,549	1
2	HMO and other (see instructions)						5,811		2
3	HMO IPF Subprovider						317		3
4	HMO IRF Subprovider						74		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	PEDES ICU								8.01
8.02	NEONATAL ICU								8.02
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	460.71	3,926.37			3,530	4,799	20,549	14
15	CAH Visits								15
16	Subprovider - IPF	6.49	77.22			158	339	1,078	16
17	Subprovider - IRF		23.92			101	58	323	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)	467.20	4,027.51						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	270,374,179	9,247,993	279,622,172	7,566,134.00	36.96	1
2							2
3		899,251		899,251	12,480.00	72.06	3
4		1,744,354		1,744,354	13,576.00	128.49	4
4.01		112,557		112,557	1,054.00	106.79	4.01
5		1,119,536		1,119,536	12,584.00	88.97	5
6		3,903,382		3,903,382	73,521.00	53.09	6
7	21	17,728,852	9,247,993	26,976,845	1,022,429.00	26.39	7
7.01							7.01
8							8
9	44						9
10		13,893,274	-69,616	13,823,658	391,115.00	35.34	10
OTHER WAGES & RELATED COSTS							
11		1,503,992		1,503,992	24,810.55	60.62	11
12		177,683		177,683	532.25	333.83	12
13							13
14							14
15		6,097,047		6,097,047	31,059.00	196.31	15
16		22,590,220		22,590,220	106,324.00	212.47	16
WAGE-RELATED COSTS							
17		153,117,954		153,117,954			17
18							18
19		9,165,737		9,165,737			19
20							20
21		480,184		480,184			21
22		836,256		836,256			22
22.01		55,554		55,554			22.01
23		571,372		571,372			23
24		2,257,580		2,257,580			24
25		20,207,392		20,207,392			25
OVERHEAD COSTS - DIRECT SALARIES							
26		1,368,650		1,368,650	35,477.34	38.58	26
27		44,382,231	-814,048	43,568,183	1,076,608.27	40.47	27
28							28
29		972,241	373	972,614	22,384.93	43.45	29
30							30
31							31
32		242,754		242,754	6,068.85	40.00	32
33		4,525,437	260,242	4,785,679	260,242.00	18.39	33
34		3,093,279	-49,269	3,044,010	158,691.63	19.18	34
35							35
36							36
37							37
38		5,294,240	-622,947	4,671,293	125,608.85	37.19	38
39		3,014,061	24,035	3,038,096	126,066.53	24.10	39
40		2,945,237	-509,700	2,435,537	98,518.26	24.72	40
41		2,984,226	2,508	2,986,734	115,071.53	25.96	41
42		4,124,691	24,447	4,149,138	152,572.45	27.19	42
43		2,363,840	-6,450	2,357,390	46,684.86	50.50	43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	251,136,038	260,242	251,396,280	6,704,308.00	37.50	1
2	Excluded area salaries (see instructions)	13,893,274	-69,616	13,823,658	391,115.00	35.34	2
3	Subtotal salaries (line 1 minus line 2)	237,242,764	329,858	237,572,622	6,313,193.00	37.63	3
4	Subtotal other wages & related costs (see instructions)	7,778,722		7,778,722	56,401.80	137.92	4
5	Subtotal wage-related costs (see instructions)	153,954,210		153,954,210		64.80%	5
6	Total (sum of lines 3 through 5)	398,975,696	329,858	399,305,554	6,369,594.80	62.69	6
7	Total overhead cost (see instructions)	75,310,887	-1,690,809	73,620,078	2,223,995.50	33.10	7

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	110,734,368	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	64,346,044	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	472,458	10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,814,829	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	667,820	17
18	Medicare Taxes - Employers Portion Only	7,568,049	18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	1,111,582	23
24	Total Wage Related cost (Sum of lines 1-23)	186,715,150	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
----	------------------------------------	--	----

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	Supporting Exhibit for Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---	--	--

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	06/30/2018		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		07/01/2012	9,029,376	11.01
11.02		08/01/2012	9,029,376	11.02
11.03		09/01/2012	9,029,376	11.03
11.04		10/01/2012	9,029,376	11.04
11.05		11/01/2012	9,029,673	11.05
11.06		12/01/2012	9,029,673	11.06
11.07		01/01/2013	9,029,673	11.07
11.08		02/01/2013	9,029,673	11.08
11.09		03/01/2013	9,029,673	11.09
11.10		04/01/2013	9,029,376	11.10
11.11		05/01/2013	9,029,376	11.11
11.12		06/01/2013	9,029,376	11.12
11.13		07/01/2013	9,426,806	11.13
11.14		08/01/2013	9,426,806	11.14
11.15		09/01/2013	9,426,806	11.15
11.16		10/01/2013	9,426,806	11.16
11.17		11/01/2013	9,426,806	11.17
11.18		12/01/2013	9,426,806	11.18
11.19		01/01/2014	9,426,806	11.19
11.20		02/01/2014	9,426,806	11.20
11.21		03/01/2014	9,426,806	11.21
11.22		04/01/2014	9,426,806	11.22
11.23		05/01/2014	9,426,806	11.23
11.24		06/01/2014	9,426,806	11.24
11.25		07/01/2014	9,227,285	11.25
11.26		08/01/2014	9,227,285	11.26
11.27		09/01/2014	9,227,285	11.27
11.28		10/01/2014	9,227,285	11.28
11.29		11/01/2014	9,227,285	11.29
11.30		12/01/2014	9,227,285	11.30
11.31		01/01/2015	9,227,285	11.31
11.32		02/01/2015	9,227,285	11.32
11.33		03/01/2015	9,227,285	11.33
11.34		04/01/2015	9,227,285	11.34
11.35		05/01/2015	9,227,285	11.35
11.36		06/01/2015	9,227,285	11.36
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)	36		12
13	Total Contributions Made During Averaging Period	332,203,089		13
14	Average Monthly Contribution (Line 13 divided by Line 12)	9,227,864		14
15	Number of MOnths in Provider Cost Reporting Period on Line 2	12		15
16	Average Pension Contributions (Line 14 times Line 15)	110,734,368		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)	110,734,368		19

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	1,503,992		1
2	Hospital	1,503,992		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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	142				6	25	1
2	Number of times per week patient receives dialysis	3.00				4.00		2
3	Average patient dialysis time including setup	4.50						3
4	CAPD exchanges per day				4		4	4
5	Number of days in year dialysis furnished	313						5
6	Number of stations	24						6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	0.86						8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

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

TRANSPLANT INFORMATION

11	Number of patients on transplant list		59
12	Number of patients transplanted during the cost reporting period		14

EPOETIN

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

ARANESP

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

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

		INITIAL METHOD
21	MCP X	

Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ARANESP	218,201		96,508		22
22.01		EPOGEN	8,709		1,294		22.01

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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)		0.310879	1
---	--	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid		210,776,394	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		33,507,827	5
6	Medicaid charges		829,519,420	6
7	Medicaid cost (line 1 times line 6)		257,880,168	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.		13,595,947	8

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

9	Net revenue from stand-alone SCHIP		2,253,973	9
10	Stand-alone SCHIP charges		6,841,822	10
11	Stand-alone SCHIP cost (line 1 times line 10)		2,126,979	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)		468,435	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		24,198,901	14
15	State or local indigent care program cost (line 1 times line 14)		7,522,930	15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.		7,054,495	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)		20,650,442		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	24,123,125	4,035,311	28,158,436	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,499,373	1,254,493	8,753,866	21
22	Partial payment by patients approved for charity care	107,177	1,454,034	1,561,211	22
23	Cost of charity care (line 21 minus line 22)	7,392,196	-199,541	7,192,655	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			38,365,504	26
27	Medicare bad debts for the entire hospital complex (see instructions)			1,326,007	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			37,039,497	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			11,514,802	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			18,707,457	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			39,357,899	31

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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				6,276,942	6,276,942		6,276,942	1
2	00200	Cap Rel Costs-Mvble Equip				13,818,615	13,818,615	-1,482,340	12,336,275	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,368,650	172,043	1,540,693	-2,647,117	-1,106,424	198,711,122	197,604,698	4
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GEN	33,364,991	159,814,930	193,179,921	-27,809,466	165,370,455	-89,036,154	76,334,301	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	6,467,410	3,095,873	9,563,283	40,393	9,603,676	-80,142	9,523,534	5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	4,549,830	10,128,381	14,678,211	-35,674	14,642,537	-124,540	14,517,997	5.03
6	00600	Maintenance & Repairs	972,241	13,813,523	14,785,764	-3,915	14,781,849	5,187,592	19,969,441	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping	242,754	5,864,332	6,107,086	-59,387	6,047,699		6,047,699	9
10	01000	Dietary	3,093,279	3,548,861	6,642,140	-55,736	6,586,404	-2,032,789	4,553,615	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	5,294,240	1,121,184	6,415,424	-625,939	5,789,485	-94,934	5,694,551	13
14	01400	Central Services & Supply	3,014,061	5,668,045	8,682,106	991,029	9,673,135	-85	9,673,050	14
15	01500	Pharmacy	2,945,237	42,490,734	45,435,971	-38,739,782	6,696,189	-1,300,276	5,395,913	15
16	01600	Medical Records & Library	2,984,226	1,100,260	4,084,486	1,970	4,086,456	-165,327	3,921,129	16
17	01700	Social Service	3,766,308	320,908	4,087,216	7,433	4,094,649	-1,800	4,092,849	17
17.01	01701	PALLIATIVE CARE	358,383	23,818	382,201	5,215	387,416	-141,744	245,672	17.01
18	01850	UTILMGMT / DSCH PLANNING	2,363,840	113,856	2,477,696	53,815	2,531,511		2,531,511	18
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	17,728,852	-225,102	17,503,750	9,499,211	27,002,961	-160,002	26,842,959	21
22	02200	I&R Services-Other Prgm Costs Apprvd	724,988	2,148,569	2,873,557	110,078	2,983,635	13,720,496	16,704,131	22
23	02300	PARAMED ED PRGM-(SPECIFY)				1,734,070	1,734,070	208,394	1,942,464	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	37,015,032	3,756,008	40,771,040	2,582,045	43,353,085	-867,684	42,485,401	30
31	03100	Intensive Care Unit	11,779,931	1,455,245	13,235,176	-966,439	12,268,737		12,268,737	31
31.01	02080	PEDS ICU	3,424,757	326,108	3,750,865	-193,492	3,557,373	-40	3,557,333	31.01
31.02	02060	NEONATAL ICU	10,123,058	899,563	11,022,621	-621,655	10,400,966		10,400,966	31.02
32	03200	Coronary Care Unit	5,221,598	827,525	6,049,123	-585,973	5,463,150		5,463,150	32
40	04000	Subprovider - IPF	6,208,879	319,015	6,527,894	-29,111	6,498,783	-43,880	6,454,903	40
41	04100	Subprovider - IRF	2,050,404	118,857	2,169,261	1,996	2,171,257	-78,877	2,092,380	41
43	04300	Nursery				1,079,358	1,079,358		1,079,358	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	12,267,207	37,210,414	49,477,621	-34,012,248	15,465,373	-255,827	15,209,546	50
51	05100	Recovery Room	3,553,377	343,632	3,897,009	-189,929	3,707,080	-84	3,706,996	51
52	05200	Delivery Room & Labor Room	10,238,158	1,417,664	11,655,822	-5,786,574	5,869,248	-1,126,260	4,742,988	52
53	05300	Anesthesiology	1,524,064	1,784,642	3,308,706	-1,608,323	1,700,383	-788,794	911,589	53
54	05400	Radiology-Diagnostic	5,335,389	1,395,011	6,730,400	-3,764,801	2,965,599	-2,513	2,963,086	54
54.01	03630	RADIO ULTRASOUND	759,643	89,379	849,022	121,240	970,262		970,262	54.01
54.02	03650	RADIO ANGIOGRAPHY	1,352,563	4,291,922	5,644,485	-2,850,933	2,793,552	-162,728	2,630,824	54.02
54.03	05401	RADIO WEST HARRISON	369,199	439,032	808,231	178,645	986,876	-3,168	983,708	54.03
54.04	05402	RADIO MILE SQUARE	158,198	5,898	164,096	31,053	195,149		195,149	54.04
55	05500	Radiology-Therapeutic	1,524,424	3,670,527	5,194,951	55,849	5,250,800	-526,347	4,724,453	55
56	05600	Radioisotope	273,527	803,681	1,077,208	36,287	1,113,495		1,113,495	56
57	05700	CT Scan	912,758	310,887	1,223,645	796,725	2,020,370		2,020,370	57
58	05800	MRI	1,053,097	310,347	1,363,444	538,408	1,901,852	-187	1,901,665	58
59	05900	Cardiac Catheterization	870,821	1,908,752	2,779,573	-1,778,420	1,001,153		1,001,153	59
60	06000	Laboratory	10,959,193	15,582,077	26,541,270	-4,079,513	22,461,757	-5,964	22,455,793	60
60.01	03420	LAB TISSUE TYPING	259,682	625,272	884,954	2,258	887,212		887,212	60.01
60.02	06001	LAB OUTREACH	1,700,542	1,859,626	3,560,168	4,078,546	7,638,714	-454	7,638,260	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		6,443,614	6,443,614	-13	6,443,601	-151,108	6,292,493	63
64	06400	Intravenous Therapy	241,713	94,661	336,374	-86,150	250,224		250,224	64
65	06500	Respiratory Therapy	2,813,543	520,175	3,333,718	-460,717	2,873,001	-198	2,872,803	65
66	06600	Physical Therapy	3,706,625	166,895	3,873,520	-12,065	3,861,455	-23,034	3,838,421	66
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	55,492	454,769	510,261		510,261		510,261	66.01
67	06700	Occupational Therapy	1,369,894	36,750	1,406,644	19,674	1,426,318	-11,250	1,415,068	67
68	06800	Speech Pathology	419,705	2,352	422,057		422,057		422,057	68
69	06900	Electrocardiology	197,761	9,829	207,590	-4,299	203,291		203,291	69
70	07000	Electroencephalography	221,785	23,564	245,349	-10,841	234,508		234,508	70
71	07100	Medical Supplies Charged to Patients				50,597,138	50,597,138		50,597,138	71
73	07300	Drugs Charged to Patients				56,706,467	56,706,467	-1,250,825	55,455,642	73
74	07400	Renal Dialysis	3,384,968	2,438,654	5,823,622	-1,514,235	4,309,387		4,309,387	74
76	03950	OTHER ANCILLARY SVC								76
76.01	03340	GASTROENTEROLOGY	1,564,786	1,201,963	2,766,749	-939,994	1,826,755	-48,182	1,778,573	76.01
76.02	03951	BONE MARROW TRANSPLANT	583,286	1,130,916	1,714,202	-4,570	1,709,632	-462	1,709,170	76.02
76.03	03140	CARDIAC SERVICES	1,588,866	1,133,273	2,722,139	-1,206,390	1,515,749	-306	1,515,443	76.03
76.04	03952	TELEMEDICINE PROGRAM				935,507	935,507	52,208	987,715	76.04

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
76.05	03953	SLEEP LAB WEST HARRISON	176,686	935,697	1,112,383	-1,321	1,111,062	-23,146	1,087,916	76.05
76.06	03954	SICKLE CELL	468,733	61,212	529,945	-90,051	439,894	-256,001	183,893	76.06
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	16,967,069	19,599,675	36,566,744	-15,473,361	21,093,383	-769,180	20,324,203	90
91	09100	Emergency	7,084,612	1,280,271	8,364,883	-670,648	7,694,235		7,694,235	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	OCC EEI	2,169,413	2,528,086	4,697,499	-2,107,528	2,589,971	-19,036	2,570,935	93.01
93.02	04952	OCC PSYCH	1,335,391	53,787	1,389,178	-476	1,388,702	-88,679	1,300,023	93.02
93.03	04951	OCC ADOLESCENTS	2,215,069	956,553	3,171,622	-571,579	2,600,043	-59,899	2,540,144	93.03
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	2,051,308	2,332,886	4,384,194	-437,896	3,946,298	-205,827	3,740,471	105
107	10700	Liver Acquisition	495,274	816,036	1,311,310	-276,989	1,034,321	1,595	1,035,916	107
109	10900	Pancreas Acquisition	11,321	493,853	505,174	59,147	564,321	274	564,595	109
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)		190,703	190,703	25,799	216,502		216,502	112
118		SUBTOTALS (sum of lines 1-117)	267,298,091	371,857,473	639,155,564	71,363	639,226,927	116,491,608	755,718,535	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	33,739	48,802	82,541	11,085	93,626	-45,677	47,949	190
191	19100	Research	488,619	67,063	555,682	-2,374	553,308	-873	552,435	191
192	19200	Physicians' Private Offices	2,553,730	6,351,452	8,905,182	-80,074	8,825,108	-7,311,161	1,513,947	192
200		TOTAL (sum of lines 118-199)	270,374,179	378,324,790	648,698,969		648,698,969	109,133,897	757,832,866	200

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	WOMENS HEALTH	A	Adults & Pediatrics	30	3,722,479	246,465	1
2	WOMENS HEALTH	A	Nursery	43	1,012,332	67,026	2
500	Total reclassifications				4,734,811	313,491	500
	Code Letter - A						
1	CHARGEABLE MED SPLS	B	Central Services & Supply	14		2,604,820	1
2	CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		60,265	2
3	CHARGEABLE MED SPLS	B	RADIO MILE SQUARE	54.04		4,628	3
4	CHARGEABLE MED SPLS	B	Medical Supplies Charged to P	71		50,597,138	4
5	CHARGEABLE MED SPLS	B					5
6	CHARGEABLE MED SPLS	B					6
7	CHARGEABLE MED SPLS	B					7
8	CHARGEABLE MED SPLS	B					8
9	CHARGEABLE MED SPLS	B					9
10	CHARGEABLE MED SPLS	B					10
11	CHARGEABLE MED SPLS	B					11
12	CHARGEABLE MED SPLS	B					12
13	CHARGEABLE MED SPLS	B					13
14	CHARGEABLE MED SPLS	B					14
15	CHARGEABLE MED SPLS	B					15
16	CHARGEABLE MED SPLS	B					16
17	CHARGEABLE MED SPLS	B					17
18	CHARGEABLE MED SPLS	B					18
19	CHARGEABLE MED SPLS	B					19
20	CHARGEABLE MED SPLS	B					20
21	CHARGEABLE MED SPLS	B					21
22	CHARGEABLE MED SPLS	B					22
23	CHARGEABLE MED SPLS	B					23
24	CHARGEABLE MED SPLS	B					24
25	CHARGEABLE MED SPLS	B					25
26	CHARGEABLE MED SPLS	B					26
27	CHARGEABLE MED SPLS	B					27
28	CHARGEABLE MED SPLS	B					28
29	CHARGEABLE MED SPLS	B					29
30	CHARGEABLE MED SPLS	B					30
31	CHARGEABLE MED SPLS	B					31
32	CHARGEABLE MED SPLS	B					32
33	CHARGEABLE MED SPLS	B					33
34	CHARGEABLE MED SPLS	B					34
35	CHARGEABLE MED SPLS	B					35
36	CHARGEABLE MED SPLS	B					36
37	CHARGEABLE MED SPLS	B					37
38	CHARGEABLE MED SPLS	B					38
39	CHARGEABLE MED SPLS	B					39
40	CHARGEABLE MED SPLS	B					40
41	CHARGEABLE MED SPLS	B					41
42	CHARGEABLE MED SPLS	B					42
43	CHARGEABLE MED SPLS	B					43
44	CHARGEABLE MED SPLS	B					44
45	CHARGEABLE MED SPLS	B					45
46	CHARGEABLE MED SPLS	B					46
47	CHARGEABLE MED SPLS	B					47
48	CHARGEABLE MED SPLS	B					48
49	CHARGEABLE MED SPLS	B					49
50	CHARGEABLE MED SPLS	B					50
51	CHARGEABLE MED SPLS	B					51
52	CHARGEABLE MED SPLS	B					52
53	CHARGEABLE MED SPLS	B					53
54	CHARGEABLE MED SPLS	B					54
55	CHARGEABLE MED SPLS	B					55
56	CHARGEABLE MED SPLS	B					56
500	Total reclassifications					53,266,851	500
	Code Letter - B						
1	CHARGEABLE DRUGS	C	Drugs Charged to Patients	73		56,706,467	1
2	CHARGEABLE DRUGS	C	Renal Dialysis	74		226,909	2
3	CHARGEABLE DRUGS	C					3
4	CHARGEABLE DRUGS	C					4
5	CHARGEABLE DRUGS	C					5
6	CHARGEABLE DRUGS	C					6
7	CHARGEABLE DRUGS	C					7
8	CHARGEABLE DRUGS	C					8
9	CHARGEABLE DRUGS	C					9
10	CHARGEABLE DRUGS	C					10
11	CHARGEABLE DRUGS	C					11
12	CHARGEABLE DRUGS	C					12

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
13	CHARGEABLE DRUGS	C					13
14	CHARGEABLE DRUGS	C					14
15	CHARGEABLE DRUGS	C					15
16	CHARGEABLE DRUGS	C					16
17	CHARGEABLE DRUGS	C					17
18	CHARGEABLE DRUGS	C					18
19	CHARGEABLE DRUGS	C					19
20	CHARGEABLE DRUGS	C					20
21	CHARGEABLE DRUGS	C					21
22	CHARGEABLE DRUGS	C					22
23	CHARGEABLE DRUGS	C					23
24	CHARGEABLE DRUGS	C					24
25	CHARGEABLE DRUGS	C					25
26	CHARGEABLE DRUGS	C					26
27	CHARGEABLE DRUGS	C					27
28	CHARGEABLE DRUGS	C					28
29	CHARGEABLE DRUGS	C					29
30	CHARGEABLE DRUGS	C					30
31	CHARGEABLE DRUGS	C					31
32	CHARGEABLE DRUGS	C					32
33	CHARGEABLE DRUGS	C					33
34	CHARGEABLE DRUGS	C					34
35	CHARGEABLE DRUGS	C					35
36	CHARGEABLE DRUGS	C					36
37	CHARGEABLE DRUGS	C					37
38	CHARGEABLE DRUGS	C					38
39	CHARGEABLE DRUGS	C					39
40	CHARGEABLE DRUGS	C					40
500	Total reclassifications					56,933,376	500
	Code Letter - C						
1	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	509,700		1
2	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,224,370	2
500	Total reclassifications				509,700	1,224,370	500
	Code Letter - D						
1	RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	140,058	57,027	1
2	RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	652,811	265,801	2
3	RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	162,630	66,217	3
4	RADIOLOGY ADMIN & NURSING	E	RADIO MILE SQUARE	54.04	18,779	7,646	4
5	RADIOLOGY ADMIN & NURSING	E	Radiology-Therapeutic	55	255,178	103,899	5
6	RADIOLOGY ADMIN & NURSING	E	Radioisotope	56	83,767	34,107	6
7	RADIOLOGY ADMIN & NURSING	E	CT Scan	57	742,202	302,198	7
8	RADIOLOGY ADMIN & NURSING	E	MRI	58	531,555	216,430	8
500	Total reclassifications				2,586,980	1,053,325	500
	Code Letter - E						
1	DEPRECIATION-BLDG	F	Cap Rel Costs-Bldg & Fixt	1		6,276,942	1
2	DEPRECIATION-EQUIP	F	Cap Rel Costs-Mvble Equip	2		12,336,274	2
3	AMORTIZATION BOND DSCT	F	Cap Rel Costs-Mvble Equip	2		230,399	3
4	INTEREST ON INDEBTEDNESS	F	Cap Rel Costs-Mvble Equip	2		1,131,397	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		120,545	5
500	Total reclassifications					20,095,557	500
	Code Letter - F						
1	BENEFIT EXPENSE	G	Employee Benefits Department	4		6,600,876	1
500	Total reclassifications					6,600,876	500
	Code Letter - G						
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	91,080		1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	131,564		2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	716,184		3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	300,098		4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	94,677		5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	69,840		6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	12,359		7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	13,903		8
9							9
10							10
11							11
12							12
13							13
14							14
500	Total reclassifications				1,429,705		500
	Code Letter - H						

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	PSYCH RESEARCH	I	Research	191	6,820	350	1
500	Total reclassifications				6,820	350	500
	Code Letter - I						
1	TELEMEDICINE PERSONNEL	J	TELEMEDICINE PROGRAM	76.04		935,507	1
2							2
500	Total reclassifications					935,507	500
	Code Letter - J						
1	OUTREACH LAB	K	LAB OUTREACH	60.02	1,365,794	2,706,159	1
2	OUTREACH LAB	K					2
3	OUTREACH LAB	K					3
500	Total reclassifications				1,365,794	2,706,159	500
	Code Letter - K						
1	HOSPITAL PART A - TEACHING	L	I&R Services-Other Prgm Costs	22	112,557		1
500	Total reclassifications				112,557		500
	Code Letter - L						
1	TRANSPLANT DIRECTOR	M	Kidney Acquisition	105	15,098		1
2	TRANSPLANT DIRECTOR	M	Pancreas Acquisition	109	308		2
500	Total reclassifications				15,406		500
	Code Letter - M						
1	RESIDENT BILLING BENEFITS	N	I&R Services-Salary & Fringes	21	9,247,993		1
500	Total reclassifications				9,247,993		500
	Code Letter - N						
1	RAPID RESPONSE TEAM	O	Adults & Pediatrics	30	555,664	720	1
2	RAPID RESPONSE TEAM	O	Intensive Care Unit	31	97,848	127	2
3	RAPID RESPONSE TEAM	O	Coronary Care Unit	32	40,796	53	3
500	Total reclassifications				694,308	900	500
	Code Letter - O						
1	TERM PAY OUT	S	HOSPITAL ADMIN & GENERAL	5.02	42,736		1
2	TERM PAY OUT	S	AMBULATORY ADMIN & GENERAL	5.03	6,002		2
3	TERM PAY OUT	S	Maintenance & Repairs	6	373		3
4	TERM PAY OUT	S	Dietary	10	934		4
5	TERM PAY OUT	S	Nursing Administration	13	76,358		5
6	TERM PAY OUT	S	Central Services & Supply	14	24,035		6
7	TERM PAY OUT	S	Medical Records & Library	16	2,508		7
8	TERM PAY OUT	S	Social Service	17	19,232		8
9	TERM PAY OUT	S	PALLIATIVE CARE	17.01	5,215		9
10	TERM PAY OUT	S	UTILMGMT / DSCH PLANNING	18	7,850		10
11	TERM PAY OUT	S	Adults & Pediatrics	30	85,007		11
12	TERM PAY OUT	S	Intensive Care Unit	31	17,168		12
13	TERM PAY OUT	S	NEONATAL ICU	31.02	8,859		13
14	TERM PAY OUT	S	Coronary Care Unit	32	22,954		14
15	TERM PAY OUT	S	Subprovider - IPF	40	12,018		15
16	TERM PAY OUT	S	Subprovider - IRF	41	26,324		16
17	TERM PAY OUT	S	Operating Room	50	52,184		17
18	TERM PAY OUT	S	Recovery Room	51	3,496		18
19	TERM PAY OUT	S	Delivery Room & Labor Room	52	1,525		19
20	TERM PAY OUT	S	Radiology-Diagnostic	54	4,979		20
21	TERM PAY OUT	S	Radiology-Therapeutic	55	693		21
22	TERM PAY OUT	S	MRI	58	11,478		22
23	TERM PAY OUT	S	Cardiac Catheterization	59	13,600		23
24	TERM PAY OUT	S	Laboratory	60	18,238		24
25	TERM PAY OUT	S	LAB TISSUE TYPING	60.01	10,468		25
26	TERM PAY OUT	S	LAB OUTREACH	60.02	6,661		26
27	TERM PAY OUT	S	Intravenous Therapy	64	8,398		27
28	TERM PAY OUT	S	Respiratory Therapy	65	15,178		28
29	TERM PAY OUT	S	Physical Therapy	66	19,466		29
30	TERM PAY OUT	S	Occupational Therapy	67	38,340		30
31	TERM PAY OUT	S	Electroencephalography	70	103		31
32	TERM PAY OUT	S	GASTROENTEROLOGY	76.01	12,366		32
33	TERM PAY OUT	S	Clinic	90	85,345		33
34	TERM PAY OUT	S	Emergency	91	55,531		34
35	TERM PAY OUT	S	OCC EEI	93.01	29,115		35
36	TERM PAY OUT	S	OCC PSYCH	93.02	3,582		36
37	TERM PAY OUT	S	OCC ADOLESCENTS	93.03	4,380		37
38	TERM PAY OUT	S	Kidney Acquisition	105	18,998		38
39	TERM PAY OUT	S	Gift, Flower, Coffee Shop & C	190	11,085		39
500	Total reclassifications				782,782		500
	Code Letter - S						

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
1		1	2	3	4	5	
1	RADIATION ONCOLOGY RESIDENTS	T	I&R Services-Salary & Fringes	21		251,218	1
500	Total reclassifications					251,218	500
	Code Letter - T						
1	SICKLE CELL	U	Clinic	90	48,119		1
500	Total reclassifications				48,119		500
	Code Letter - U						
GRAND TOTAL (Increases)					21,534,975	143,381,980	

(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.

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	WOMENS HEALTH	A	Delivery Room & Labor Room	52	4,734,811	313,491	1	
2	WOMENS HEALTH	A					2	
500	Total reclassifications				4,734,811	313,491	500	
	Code letter - A							
1	CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		83,802	1	
2	CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		2,343	2	
3	CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		8,642	3	
4	CHARGEABLE MED SPLS	B	Maintenance & Repairs	6		4,288	4	
5	CHARGEABLE MED SPLS	B	Housekeeping	9		59,387	5	
6	CHARGEABLE MED SPLS	B	Dietary	10		6	6	
7	CHARGEABLE MED SPLS	B	Nursing Administration	13		2,092	7	
8	CHARGEABLE MED SPLS	B	Pharmacy	15		707,610	8	
9	CHARGEABLE MED SPLS	B	Medical Records & Library	16		538	9	
10	CHARGEABLE MED SPLS	B	Social Service	17		11,799	10	
11	CHARGEABLE MED SPLS	B	I&R Services-Other Prgm Costs	22		2,479	11	
12	CHARGEABLE MED SPLS	B	Adults & Pediatrics	30		1,519,065	12	
13	CHARGEABLE MED SPLS	B	Intensive Care Unit	31		906,073	13	
14	CHARGEABLE MED SPLS	B	PEDS ICU	31.01		164,804	14	
15	CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		602,826	15	
16	CHARGEABLE MED SPLS	B	Coronary Care Unit	32		547,347	16	
17	CHARGEABLE MED SPLS	B	Subprovider - IPF	40		32,261	17	
18	CHARGEABLE MED SPLS	B	Subprovider - IRF	41		22,655	18	
19	CHARGEABLE MED SPLS	B	Operating Room	50		33,982,364	19	
20	CHARGEABLE MED SPLS	B	Recovery Room	51		155,059	20	
21	CHARGEABLE MED SPLS	B	Delivery Room & Labor Room	52		679,927	21	
22	CHARGEABLE MED SPLS	B	Anesthesiology	53		1,417,790	22	
23	CHARGEABLE MED SPLS	B	Radiology-Diagnostic	54		108,585	23	
24	CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		56,930	24	
25	CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		3,598,908	25	
26	CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		12,569	26	
27	CHARGEABLE MED SPLS	B	Radiology-Therapeutic	55		48,379	27	
28	CHARGEABLE MED SPLS	B	Radioisotope	56		13,961	28	
29	CHARGEABLE MED SPLS	B	CT Scan	57		152,827	29	
30	CHARGEABLE MED SPLS	B	MRI	58		79,199	30	
31	CHARGEABLE MED SPLS	B	Cardiac Catheterization	59		1,702,088	31	
32	CHARGEABLE MED SPLS	B	Laboratory	60		33,453	32	
33	CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		174	33	
34	CHARGEABLE MED SPLS	B	LAB OUTREACH	60.02		68	34	
35	CHARGEABLE MED SPLS	B	Blood Storing, Processing & T	63		13	35	
36	CHARGEABLE MED SPLS	B	Intravenous Therapy	64		94,548	36	
37	CHARGEABLE MED SPLS	B	Respiratory Therapy	65		446,736	37	
38	CHARGEABLE MED SPLS	B	Physical Therapy	66		31,458	38	
39	CHARGEABLE MED SPLS	B	Occupational Therapy	67		18,666	39	
40	CHARGEABLE MED SPLS	B	Electrocardiology	69		4,299	40	
41	CHARGEABLE MED SPLS	B	Electroencephalography	70		10,944	41	
42	CHARGEABLE MED SPLS	B	Renal Dialysis	74		1,629,061	42	
43	CHARGEABLE MED SPLS	B	GASTROENTROLOGY	76.01		938,030	43	
44	CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		1,208	44	
45	CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		1,206,390	45	
46	CHARGEABLE MED SPLS	B	SLEEP LAB WEST HARRISON	76.05		1,321	46	
47	CHARGEABLE MED SPLS	B	SICKLE CELL	76.06		15,109	47	
48	CHARGEABLE MED SPLS	B	Clinic	90		1,277,872	48	
49	CHARGEABLE MED SPLS	B	Emergency	91		574,925	49	
50	CHARGEABLE MED SPLS	B	OCC EEI	93.01		80,504	50	
51	CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		4,033	51	
52	CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		120,843	52	
53	CHARGEABLE MED SPLS	B	Kidney Acquisition	105		592	53	
54	CHARGEABLE MED SPLS	B	OTHER ORGAN ACQUISITION (SPEC	112		383	54	
55	CHARGEABLE MED SPLS	B	Research	191		9,544	55	
56	CHARGEABLE MED SPLS	B	Physicians' Private Offices	192		80,074	56	
500	Total reclassifications					53,266,851	500	
	Code letter - B							
1	CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		107,787	1	
2	CHARGEABLE DRUGS	C	AMBULATORY ADMIN & GENERAL	5.03		392	2	
3	CHARGEABLE DRUGS	C	Dietary	10		6,461	3	
4	CHARGEABLE DRUGS	C	Central Services & Supply	14		1,637,826	4	
5	CHARGEABLE DRUGS	C	Pharmacy	15		35,453,895	5	
6	CHARGEABLE DRUGS	C	Adults & Pediatrics	30		509,225	6	
7	CHARGEABLE DRUGS	C	Intensive Care Unit	31		175,347	7	
8	CHARGEABLE DRUGS	C	PEDS ICU	31.01		28,688	8	
9	CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		27,688	9	
10	CHARGEABLE DRUGS	C	Coronary Care Unit	32		85,065	10	
11	CHARGEABLE DRUGS	C	Subprovider - IPF	40		1,698	11	

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	
12	CHARGEABLE DRUGS	C	Subprovider - IRF	41		1,673	12	
13	CHARGEABLE DRUGS	C	Operating Room	50		82,068	13	
14	CHARGEABLE DRUGS	C	Recovery Room	51		38,366	14	
15	CHARGEABLE DRUGS	C	Delivery Room & Labor Room	52		59,870	15	
16	CHARGEABLE DRUGS	C	Anesthesiology	53		190,533	16	
17	CHARGEABLE DRUGS	C	Radiology-Diagnostic	54		20,890	17	
18	CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		18,915	18	
19	CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		170,637	19	
20	CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		37,633	20	
21	CHARGEABLE DRUGS	C	Radiology-Therapeutic	55		4,324	21	
22	CHARGEABLE DRUGS	C	Radioisotope	56		67,626	22	
23	CHARGEABLE DRUGS	C	CT Scan	57		94,848	23	
24	CHARGEABLE DRUGS	C	MRI	58		141,856	24	
25	CHARGEABLE DRUGS	C	Cardiac Catheterization	59		89,932	25	
26	CHARGEABLE DRUGS	C	Laboratory	60		381	26	
27	CHARGEABLE DRUGS	C	Respiratory Therapy	65		29,159	27	
28	CHARGEABLE DRUGS	C	Physical Therapy	66		73	28	
29	CHARGEABLE DRUGS	C	Renal Dialysis	74		237,047	29	
30	CHARGEABLE DRUGS	C	GASTROENTROLOGY	76.01		14,330	30	
31	CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		3,362	31	
32	CHARGEABLE DRUGS	C	SICKLE CELL	76.06		26,823	32	
33	CHARGEABLE DRUGS	C	Clinic	90		14,968,651	33	
34	CHARGEABLE DRUGS	C	Emergency	91		151,254	34	
35	CHARGEABLE DRUGS	C	OCC EEI	93.01		2,027,164	35	
36	CHARGEABLE DRUGS	C	OCC PSYCH	93.02		25	36	
37	CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		421,643	37	
38	CHARGEABLE DRUGS	C	Kidney Acquisition	105		139	38	
39	CHARGEABLE DRUGS	C	Pancreas Acquisition	109		2	39	
40	CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	112		80	40	
500	Total reclassifications					56,933,376	500	
	Code letter - C							
1	PHARMACY ALLIED HEALTH	D	Pharmacy	15	509,700		1	
2	PHARMACY ALLIED HEALTH	D	Pharmacy	15		1,224,370	2	
500	Total reclassifications				509,700	1,224,370	500	
	Code letter - D							
1	RADIOLOGY ADMIN & NURSING	E	Radiology-Diagnostic	54	2,586,980	1,053,325	1	
2	RADIOLOGY ADMIN & NURSING	E					2	
3	RADIOLOGY ADMIN & NURSING	E					3	
4	RADIOLOGY ADMIN & NURSING	E					4	
5	RADIOLOGY ADMIN & NURSING	E					5	
6	RADIOLOGY ADMIN & NURSING	E					6	
7	RADIOLOGY ADMIN & NURSING	E					7	
8	RADIOLOGY ADMIN & NURSING	E					8	
500	Total reclassifications				2,586,980	1,053,325	500	
	Code letter - E							
1	DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADMI	5.01		18,613,216	9	
2	DEPRECIATION-EQUIP	F					2	
3	AMORTIZATION BOND DSCT	F	MEDICAL CENTER ALL OTHER ADMI	5.01		230,399	3	
4	INTEREST ON INDEBTEDNESS	F	MEDICAL CENTER ALL OTHER ADMI	5.01		1,251,942	4	
5	INTEREST ON RETIREMENT	F					5	
500	Total reclassifications					20,095,557	500	
	Code letter - F							
1	BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADMI	5.01		6,600,876	1	
500	Total reclassifications					6,600,876	500	
	Code letter - G							
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	10,479		1	
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	AMBULATORY ADMIN & GENERAL	5.03	32,642		2	
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Dietary	10	50,203		3	
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Nursing Administration	13	4,997		4	
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	UTILMGMT / DSCH PLANNING	18	14,300		5	
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Intensive Care Unit	31	162		6	
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Coronary Care Unit	32	17,364		7	
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	6,600		8	
9			Clinic	90	76,486		9	
10			OCC EEI	93.01	28,975		10	
11			OCC ADOLESCENTS	93.03	33,473		11	
12			Kidney Acquisition	105	771,359		12	
13			Liver Acquisition	107	371,666		13	
14			Pancreas Acquisition	109	10,999		14	
500	Total reclassifications				1,429,705		500	

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	
	Code letter - H							
1	PSYCH RESEARCH	I	Subprovider - IPF	40	6,820	350	1	
500	Total reclassifications				6,820	350	500	
	Code letter - I							
1	TELEMEDICINE PERSONNEL	J	Pharmacy	15		844,207	1	
2			MEDICAL CENTER ALL OTHER ADMI	5.01		91,300	2	
500	Total reclassifications					935,507	500	
	Code letter - J							
1	OUTREACH LAB	K	Laboratory	60	1,362,040	2,701,877	1	
2	OUTREACH LAB	K	LAB TISSUE TYPING	60.01	3,754	4,282	2	
3	OUTREACH LAB	K					3	
500	Total reclassifications				1,365,794	2,706,159	500	
	Code letter - K							
1	HOSPITAL PART A - TEACHING	L	MEDICAL CENTER ALL OTHER ADMI	5.01	112,557		1	
500	Total reclassifications				112,557		500	
	Code letter - L							
1	TRANSPLANT DIRECTOR	M	MEDICAL CENTER ALL OTHER ADMI	5.01	15,406		1	
2	TRANSPLANT DIRECTOR	M					2	
500	Total reclassifications				15,406		500	
	Code letter - M							
1	RESIDENT BILLING BENEFITS	N	Employee Benefits Department	4		9,247,993	1	
500	Total reclassifications					9,247,993	500	
	Code letter - N							
1	RAPID RESPONSE TEAM	O	Nursing Administration	13	694,308	900	1	
2	RAPID RESPONSE TEAM	O					2	
3	RAPID RESPONSE TEAM	O					3	
500	Total reclassifications				694,308	900	500	
	Code letter - O							
1	TERM PAY OUT	S	MEDICAL CENTER ALL OTHER ADMI	5.01	782,782		1	
2	TERM PAY OUT	S					2	
3	TERM PAY OUT	S					3	
4	TERM PAY OUT	S					4	
5	TERM PAY OUT	S					5	
6	TERM PAY OUT	S					6	
7	TERM PAY OUT	S					7	
8	TERM PAY OUT	S					8	
9	TERM PAY OUT	S					9	
10	TERM PAY OUT	S					10	
11	TERM PAY OUT	S					11	
12	TERM PAY OUT	S					12	
13	TERM PAY OUT	S					13	
14	TERM PAY OUT	S					14	
15	TERM PAY OUT	S					15	
16	TERM PAY OUT	S					16	
17	TERM PAY OUT	S					17	
18	TERM PAY OUT	S					18	
19	TERM PAY OUT	S					19	
20	TERM PAY OUT	S					20	
21	TERM PAY OUT	S					21	
22	TERM PAY OUT	S					22	
23	TERM PAY OUT	S					23	
24	TERM PAY OUT	S					24	
25	TERM PAY OUT	S					25	
26	TERM PAY OUT	S					26	
27	TERM PAY OUT	S					27	
28	TERM PAY OUT	S					28	
29	TERM PAY OUT	S					29	
30	TERM PAY OUT	S					30	
31	TERM PAY OUT	S					31	
32	TERM PAY OUT	S					32	
33	TERM PAY OUT	S					33	
34	TERM PAY OUT	S					34	
35	TERM PAY OUT	S					35	
36	TERM PAY OUT	S					36	
37	TERM PAY OUT	S					37	
38	TERM PAY OUT	S					38	
39	TERM PAY OUT	S					39	

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
500	Total reclassifications				782,782		500	
	Code letter - S							
1	RADIATION ONCOLOGY RESIDENTS	T	Radiology-Therapeutic	55		251,218	1	
500	Total reclassifications					251,218	500	
	Code letter - T							
1	SICKLE CELL	U	SICKLE CELL	76.06	48,119		1	
500	Total reclassifications				48,119		500	
	Code letter - U							
	GRAND TOTAL (Decreases)				12,286,982	152,629,973		

(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.

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	770,917					770,917		1
2	Land Improvements								2
3	Buildings and Fixtures	196,220,063	38,008,997		38,008,997		234,229,060		3
4	Building Improvements	44,186,295	12,202,250		12,202,250	38,761,644	17,626,901		4
5	Fixed Equipment								5
6	Movable Equipment	191,912,636	7,164,687		7,164,687	13,963,450	185,113,873		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	433,089,911	57,375,934		57,375,934	52,725,094	437,740,751		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	433,089,911	57,375,934		57,375,934	52,725,094	437,740,751		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt								1	
2	Cap Rel Costs-Mvble Equip								2	
3	Total (sum of lines 1-2)								3	

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	252,626,878		252,626,878	0.577115					1
2	Cap Rel Costs-Mvble Equip	185,113,873		185,113,873	0.422885					2
3	Total (sum of lines 1-2)	437,740,751		437,740,751	1.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	6,276,942						6,276,942	1	
2	Cap Rel Costs-Mvble Equip	12,336,274		-230,398			230,399	12,336,275	2	
3	Total (sum of lines 1-2)	18,613,216		-230,398			230,399	18,613,217	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.)

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1		1
2	Investment income-movable equipment (chapter 2)	B	-1,482,340	Cap Rel Costs-Mvble Equip	2	11	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)						9
10	Provider-based physician adjustment	Wkst A-8-2	-6,484,908				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	169,897,539				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests						14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						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	BAD DEBT - INPATIENT	A	-18,640,398	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		33
33.01	BAD DEBT - OUTPATIENT	A	-19,725,106	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		33.01
34	ORGAN ACQ NON ALLOW	A	-754	Clinic	90		34
34.01	ORGAN ACQ NON ALLOW	A	-18,547	Kidney Acquisition	105		34.01
34.02	ORGAN ACQ NON ALLOW	A	-2,244	Liver Acquisition	107		34.02
34.03	TRANSPLANT DIRECTOR	A	23,309	Kidney Acquisition	105		34.03
34.04	TRANSPLANT DIRECTOR	A	3,839	Liver Acquisition	107		34.04
34.05	TRANSPLANT DIRECTOR	A	274	Pancreas Acquisition	109		34.05
35	MOONLIGHTING PHYSICIANS	A	-204,820	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		35
36							36
37	NON PHYSICIAN ANESTHETIST	A	-110,457	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		37
37.01	NON-PHYSICIAN ANESTHETIST	A	-788,794	Anesthesiology	53		37.01
38	NURSE PRACTITIONER	A	-1,060,391	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		38
38.01	NURSE PRACTITIONER	A	-72,704	Nursing Administration	13		38.01
38.02	NURSE PRACTITIONER	A	-97,829	PALLATIVE CARE	17.01		38.02
38.03	NURSE PRACTITIONER	A	-867,453	Adults & Pediatrics	30		38.03
38.04	NURSE PRACTITIONER	A	-42,355	Subprovider - IPF	40		38.04
38.05	NURSE PRACTITIONER	A	-61,146	Operating Room	50		38.05
38.06	NURSE PRACTITIONER	A	-1,119,544	Delivery Room & Labor Room	52		38.06
38.07	NURSE PRACTITIONER	A	-162,915	RADIO ANGIOGRAPHY	54.02		38.07
38.08	NURSE PRACTITIONER	A	-47,759	GASTROENTROLOGY	76.01		38.08
38.09	NURSE PRACTITIONER	A	-78,103	Clinic	90		38.09
38.10	NURSE PRACTITIONER	A	-90,483	OCC PSYCH	93.02		38.10
38.11	NURSE PRACTITIONER	A	-202,700	Kidney Acquisition	105		38.11
39	PHYSICIAN-PART B & NON-ALLOW	A	-1,119,536	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		39
40	COM - MD SALARIES ADMIN	A	3,706,164	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		40
40.01	COM - MD SALARIES TEACHING	A	13,731,739	I&R Services-Other Prgm Costs Apprvd	22		40.01
41	EMPLOYEE HEATH SVCS	A	-938,996	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		41
42	MISC INCOME	B	-3,370,630	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		42
42.01	MISC INCOME	B	-76,963	AMBULATORY ADMIN & GENERAL	5.03		42.01
42.02	MISC INOCME	B	-1,967,211	Dietary	10		42.02
42.03	MISC INCOME	B	-65,578	Dietary	10		42.03
42.04	MISC INCOME	B	-13,000	Nursing Administration	13		42.04

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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
42.05	MISC INCOME	B	-1,300,000	Pharmacy	15	42.05
42.06	MISC INCOME	B	-27,638	Medical Records & Library	16	42.06
42.07	MISC INCOME	B	-43,840	PALLATIVE CARE	17.01	42.07
42.08	MISC INCOME	B	-160,002	I&R Services-Salary & Fringes Apprvd	21	42.08
42.09	MISC INCOME	B	-1,236	I&R Services-Other Prgm Costs Apprvd	22	42.09
42.10	MISC INCOME	B	-40	PEDS ICU	31.01	42.10
42.11	MISC INCOME	B	-78,646	Subprovider - IRF	41	42.11
42.12	MISC INCOME	B	-194,681	Operating Room	50	42.12
42.13	MISC INCOME	B	-6,618	Delivery Room & Labor Room	52	42.13
42.14	MISC INCOME	B	-524,035	Radiology-Therapeutic	55	42.14
42.15	MISC INCOME	B	-151,108	Blood Storing, Processing & Trans.	63	42.15
42.16	MISC INCOME	B	-23,034	Physical Therapy	66	42.16
42.17	MISC INCOME	B	-11,250	Occupational Therapy	67	42.17
42.18	MISC INCOME	B	-3,700,000	Drugs Charged to Patients	73	42.18
42.19	MISC INCOME	B	-23,146	SLEEP LAB WEST HARRISON	76.05	42.19
42.20	MISC INCOME	B	-299,478	Clinic	90	42.20
42.21	MISC INCOME	B	-350	OCC EEI	93.01	42.21
42.22	MISC INCOME	B	-45,677	Gift, Flower, Coffee Shop & Canteen	190	42.22
42.23	MISC INCOME	B	-271,511	Physicians' Private Offices	192	42.23
43	NON-ALLOWABLE COST	A	-35,289	Employee Benefits Department	4	43
43.01	NON-ALLOWABLE COST	A	-2,456,648	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	43.01
43.02	NON-ALLOWABLE COST	A	-80,142	HOSPITAL ADMIN & GENERAL	5.02	43.02
43.03	NON-ALLOWABLE COST	A	-47,577	AMBULATORY ADMIN & GENERAL	5.03	43.03
43.04	NON-ALLOWABLE COST	A	-9,230	Nursing Administration	13	43.04
43.05	NON-ALLOWABLE COST	A	-85	Central Services & Supply	14	43.05
43.06	NON-ALLOWABLE COST	A	-276	Pharmacy	15	43.06
43.07	NON-ALLOWABLE COST	A	-137,689	Medical Records & Library	16	43.07
43.08	NON-ALLOWABLE COST	A	-1,800	Social Service	17	43.08
43.09	NON-ALLOWABLE COST	A	-75	PALLATIVE CARE	17.01	43.09
43.10	NON-ALLOWABLE COST	A	-10,007	I&R Services-Other Prgm Costs Apprvd	22	43.10
43.11	NON-ALLOWABLE COST	A	-231	Adults & Pediatrics	30	43.11
43.12	NON-ALLOWABLE COST	A	-1,525	Subprovider - IPF	40	43.12
43.13	NON-ALLOWABLE COST	A	-231	Subprovider - IRF	41	43.13
43.14	NON-ALLOWABLE COST	A	-84	Recovery Room	51	43.14
43.15	NON-ALLOWABLE COST	A	-98	Delivery Room & Labor Room	52	43.15
43.16	NON-ALLOWABLE COST	A	-2,513	Radiology-Diagnostic	54	43.16
43.17	NON-ALLOWABLE COST	A	187	RADIO ANGIOGRAPHY	54.02	43.17
43.18	NON-ALLOWABLE COST	A	-3,168	RADIO WEST HARRISON	54.03	43.18
43.19	NON-ALLOWABLE COST	A	-2,312	Radiology-Therapeutic	55	43.19
43.20	NON-ALLOWABLE COST	A	-187	MRI	58	43.20
43.21	NON-ALLOWABLE COST	A	-5,964	Laboratory	60	43.21
43.22	NON-ALLOWABLE COST	A	-454	LAB OUTREACH	60.02	43.22
43.23	NON-ALLOWABLE COST	A	-198	Respiratory Therapy	65	43.23
43.24	NON-ALLOWABLE COST	A	-423	GASTROENTROLOGY	76.01	43.24
43.25	NON-ALLOWABLE COST	A	-462	BONE MARROW TRANSPLANT	76.02	43.25
43.26	NON-ALLOWABLE COST	A	-306	CARDIAC SERVICES	76.03	43.26
43.27	NON-ALLOWABLE COST	A	-390,845	Clinic	90	43.27
43.28	NON-ALLOWABLE COST	A	-18,686	OCC EEI	93.01	43.28
43.30	NON-ALLOWABLE COST	A	1,804	OCC PSYCH	93.02	43.30
43.31	NON-ALLOWABLE COST	A	-59,899	OCC ADOLESCENTS	93.03	43.31
43.32	NON-ALLOWABLE COST	A	-7,889	Kidney Acquisition	105	43.32
43.33	NON-ALLOWABLE COST	A	-873	Research	191	43.33
44	TIS DRUG COST ADJUSTMENT	A	-3,460,000	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	44
44.01	BERWYN INFUSION	A	-7,527	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	44.01
44.02	BERWYN INFUSION	A	-7,039,650	Physicians' Private Offices	192	44.02
45	GAIN/LOSS ON DISPOSAL	A	-205,645	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	45
46	NON-HOSPITAL EXPENSE	A	-4,309	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46
46.01	VOL TERM PAYOUT	A	-1,802	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.01
46.02	VOL TERM PAYOUT	A	432	Employee Benefits Department	4	46.02
46.03	VALET PARKING	A	-246,204	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.03
46.04	SICKLE CELL	A	-256,001	SICKLE CELL	76.06	46.04
46.05	NON-HOSPITAL MC PRGM	A	-408,307	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	46.05
46.06	TIS DRUG COST	A	2,449,175	Drugs Charged to Patients	73	46.06
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		109,133,897			50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1
(2) Basis for adjustment (see instructions)

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	4	Employee Benefits Department	OTBO - UNIVERSITY BENEFIT	205,346,855	6,600,876	198,745,979		1
2	6	Maintenance & Repairs	OTBO - UTILITIES	5,187,592		5,187,592		2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	MALPRACTICE EXPENSE	9,738,624	9,738,624			3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	ADMINISTRATIVE ALLOWANCE	18,592,167	18,972,167	-380,000		3.01
3.02	2	Cap Rel Costs-Mvble Equip	EQUIPMENT DEPRECIATION	9,911,352	9,911,352		9	3.02
3.03	1	Cap Rel Costs-Bldg & Fixt	BUILDING DEPRECIATION	6,276,942	6,276,942		9	3.03
3.04	2	Cap Rel Costs-Mvble Equip	SOFTWARE DEPRECIATION	2,352,548	2,352,548		9	3.04
3.05	2	Cap Rel Costs-Mvble Equip	LEASEHOLD DEPRECIATION	72,374	72,374		9	3.05
3.06	2	Cap Rel Costs-Mvble Equip	BOND AMORTIZATION	230,398	230,398		14	3.06
3.07	2	Cap Rel Costs-Mvble Equip	INTEREST EXPENSE	1,251,941	1,251,941		11	3.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	1,432,764	1,224,370	208,394		3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT	370,958		370,958		3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	525,457	844,207	-318,750		3.10
3.11	73	Drugs Charged to Patients	TELEMEDICINE COP DRUGCOST	9,780,602	9,780,602			3.11
3.12	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	COM SUPPORT	4,233,305	38,149,939	-33,916,634		3.12
4								4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		275,303,879	105,406,340	169,897,539		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	A	STATE OF ILLINOIS		BOARD OF TRUSTEES FOR THE U OF		UNIVERSITY	6
7							7
8							8
9							9
10							10

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

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY	3,201,506		3,201,506	200,300	16,987	1,635,815	81,791	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	368,372		368,372	177,200	2,842	242,117	12,106	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	258,176		258,176	177,200	1,962	167,147	8,357	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	1,230,586		1,230,586	177,200	9,286	791,096	39,555	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY	41,688		41,688	177,200	408	34,758	1,738	5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	2,750,258		2,750,258	138,700	26,993	1,799,966	89,998	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG	217,965		217,965	177,200	2,495	212,555	10,628	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	891,511		891,511	208,000	5,550	555,000	27,750	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	115,683		115,683	177,200	1,093	93,115	4,656	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	437,033		437,033	177,200	3,961	337,447	16,872	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY	36,709		36,709	177,200	249	21,213	1,061	11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	62,003		62,003	177,200	809	68,921	3,446	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	1,161,424		1,161,424	165,600	13,029	1,037,309	51,865	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY	7,685		7,685	196,400	63	5,949	297	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	186,378		186,378	177,200	1,320	112,454	5,623	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	363,567		363,567	177,200	3,732	317,938	15,897	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	328,611		328,611	208,000	1,630	163,000	8,150	17
18	5.01	MEDICAL CENTER ALL O OB/GYN	1,809,381		1,809,381	196,400	13,368	1,262,248	63,112	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	147,895		147,895	177,200	1,573	134,008	6,700	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	90,602		90,602	140,600	468	31,635	1,582	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	727,376		727,376	208,000	5,189	518,900	25,945	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	462,155		462,155	177,200	2,839	241,861	12,093	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	608,132		608,132	215,700	5,480	568,286	28,414	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	133,732		133,732	140,600	1,661	112,277	5,614	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	1,021,563		1,021,563	140,600	9,349	631,957	31,598	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	257,861		257,861	154,100	4,086	302,718	15,136	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,427,575		1,427,575	225,300	7,917	857,548	42,877	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	57,369		57,369	177,200	549	46,771	2,339	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY	86,143		86,143	177,200	1,053	89,708	4,485	29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO				208,000				30
31	5.01	MEDICAL CENTER ALL O UROLOGY	509,393		509,393	177,200	3,311	282,072	14,104	31
32	5.01	MEDICAL CENTER ALL O ALLERGY	71,785		71,785	177,200	939	79,996	4,000	32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME	213,894		213,894	140,600	1,581	106,869	5,343	33
200		TOTAL	19,284,011		19,284,011		151,772	12,862,654	643,132	200

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY					1,635,815	1,565,691	1,565,691	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY					242,117	126,255	126,255	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY					167,147	91,029	91,029	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC					791,096	439,490	439,490	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY					34,758	6,930	6,930	5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE					1,799,966	950,292	950,292	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG					212,555	5,410	5,410	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY					555,000	336,511	336,511	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC					93,115	22,568	22,568	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO					337,447	99,586	99,586	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY					21,213	15,496	15,496	11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE					68,921			12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI					1,037,309	124,115	124,115	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY					5,949	1,736	1,736	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY					112,454	73,924	73,924	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY					317,938	45,629	45,629	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY					163,000	165,611	165,611	17
18	5.01	MEDICAL CENTER ALL O OB/GYN					1,262,248	547,133	547,133	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY					134,008	13,887	13,887	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL					31,635	58,967	58,967	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS					518,900	208,476	208,476	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY					241,861	220,294	220,294	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY					568,286	39,846	39,846	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI					112,277	21,455	21,455	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS					631,957	389,606	389,606	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY					302,718			26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY					857,548	570,027	570,027	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C					46,771	10,598	10,598	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY					89,708			29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO								30
31	5.01	MEDICAL CENTER ALL O UROLOGY					282,072	227,321	227,321	31
32	5.01	MEDICAL CENTER ALL O ALLERGY					79,996			32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME					106,869	107,025	107,025	33
200		TOTAL					12,862,654	6,484,908	6,484,908	200

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	6,276,942	6,276,942					1
2	Cap Rel Costs-Mvble Equip	12,336,275		12,336,275				2
4	Employee Benefits Department	197,604,698	36,648		197,641,346			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	76,334,301	558,905	2,816,793	23,109,242	102,819,241	102,819,241	5.01
5.02	HOSPITAL ADMIN & GENERAL	9,523,534	77,310	55,807	4,624,105	14,280,756	2,241,693	5.02
5.03	AMBULATORY ADMIN & GENERAL	14,517,997	33,394	38,123	3,212,786	17,802,300	2,794,480	5.03
6	Maintenance & Repairs	19,969,441	113,577	1,109,904	690,840	21,883,762	3,435,160	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,047,699	81,750	7,637	172,426	6,309,512	990,423	9
10	Dietary	4,553,615	185,504	25,236	2,162,136	6,926,491	1,087,272	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	5,694,551	30,531	116,802	3,317,982	9,159,866	1,437,852	13
14	Central Services & Supply	9,673,050	150,198	311,424	2,157,935	12,292,607	1,929,607	14
15	Pharmacy	5,395,913	85,575	46,629	1,729,942	7,258,059	1,139,319	15
16	Medical Records & Library	3,921,129	99,947	4,583	2,121,453	6,147,112	964,931	16
17	Social Service	4,092,849	28,818	2,094	2,688,839	6,812,600	1,069,394	17
17.01	PALLIATIVE CARE	245,672			258,261	503,933	79,104	17.01
18	UTILMGMT / DSCH PLANNING	2,531,511			1,674,435	4,205,946	660,220	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	26,842,959			19,161,437	46,004,396	7,221,448	21
22	I&R Services-Other Prgm Costs Apprvd	16,704,131	24,994		594,902	17,324,027	2,719,404	22
23	PARAMED ED PRGM-(SPECIFY)	1,942,464			362,036	2,304,500	361,744	23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	42,485,401	740,358	15,795	29,390,690	72,632,244	11,401,089	30
31	Intensive Care Unit	12,268,737	114,529	37,671	8,448,771	20,869,708	3,275,981	31
31.01	PEDS ICU	3,557,333	40,617	7,859	2,432,577	6,038,386	947,864	31.01
31.02	NEONATAL ICU	10,400,966	75,516	74,018	7,196,620	17,747,120	2,785,819	31.02
32	Coronary Care Unit	5,463,150	70,559	31,995	3,741,807	9,307,511	1,461,028	32
40	Subprovider - IPF	6,454,903	154,973		4,413,809	11,023,685	1,730,421	40
41	Subprovider - IRF	2,092,380	60,907		1,475,083	3,628,370	569,556	41
43	Nursery	1,079,358	21,922	20,813	719,051	1,841,144	289,010	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	15,209,546	268,677	2,645,671	8,750,365	26,874,259	4,218,533	50
51	Recovery Room	3,706,996		7,517	2,526,418	6,240,931	979,658	51
52	Delivery Room & Labor Room	4,742,988	119,159	266,751	3,910,067	9,038,965	1,418,873	52
53	Anesthesiology	911,589	42,656	405,284	1,082,530	2,442,059	383,337	53
54	Radiology-Diagnostic	2,963,086	30,041	310,507	1,955,709	5,259,343	825,575	54
54.01	RADIO ULTRASOUND	970,262	16,593	196,924	639,050	1,822,829	286,135	54.01
54.02	RADIO ANGIOGRAPHY	2,630,824	77,328	75,422	1,424,401	4,207,975	660,538	54.02
54.03	RADIO WEST HARRISON	983,708	72,244	465,685	377,754	1,899,391	298,153	54.03
54.04	RADIO MILE SQUARE	195,149	13,204	37,218	125,705	371,276	58,280	54.04
55	Radiology-Therapeutic	4,724,453	122,821	396,110	1,264,529	6,507,913	1,021,567	55
56	Radioisotope	1,113,495	9,923		253,783	1,377,201	216,183	56
57	CT Scan	2,020,370	87,922	7,289	1,175,505	3,291,086	516,612	57
58	MRI	1,901,665	62,964	479,745	1,133,718	3,578,092	561,664	58
59	Cardiac Catheterization	1,001,153	49,199	40,529	628,197	1,719,078	269,849	59
60	Laboratory	22,455,793	436,528	683,374	6,829,735	30,405,430	4,772,832	60
60.01	LAB TISSUE TYPING	887,212	8,953	63,811	189,219	1,149,195	180,393	60.01
60.02	LAB OUTREACH	7,638,260	60,880		2,182,725	9,881,865	1,551,186	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,292,493	16,430	7,250		6,316,173	991,469	63
64	Intravenous Therapy	250,224			177,652	427,876	67,165	64
65	Respiratory Therapy	2,872,803	18,106	154,969	2,009,218	5,055,096	793,514	65
66	Physical Therapy	3,838,421	130,523	23,088	2,646,613	6,638,645	1,042,088	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	510,261			39,416	549,677	86,284	66.01
67	Occupational Therapy	1,415,068	39,901	8,250	1,000,257	2,463,476	386,699	67
68	Speech Pathology	422,057	5,700	5,505	298,113	731,375	114,806	68
69	Electrocardiology	203,291	13,820		140,468	357,579	56,130	69
70	Electroencephalography	234,508	6,624	102,807	157,605	501,544	78,729	70
71	Medical Supplies Charged to Patients	50,597,138				50,597,138	7,942,385	71
73	Drugs Charged to Patients	55,455,642				55,455,642	8,705,038	73
74	Renal Dialysis	4,309,387	111,348	59,647	2,493,077	6,973,459	1,094,645	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	1,778,573	55,379	314,138	1,120,238	3,268,328	513,039	76.01
76.02	BONE MARROW TRANSPLANT	1,709,170		17,280	414,303	2,140,753	336,040	76.02
76.03	CARDIAC SERVICES	1,515,443	65,946	297,470	1,128,559	3,007,418	472,083	76.03
76.04	TELEMEDICINE PROGRAM	987,715	10,195			997,910	156,645	76.04
76.05	SLEEP LAB WEST HARRISON	1,087,916		1,150	125,499	1,214,565	190,654	76.05
76.06	SICKLE CELL	183,893			298,759	482,652	75,763	76.06

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,324,203	817,757	483,786	12,600,744	34,226,490	5,372,635	90
91	Emergency	7,694,235	127,161	28,745	5,071,586	12,921,727	2,028,362	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	2,570,935	140,755	10,705	1,541,016	4,263,411	669,240	93.01
93.02	OCC PSYCH	1,300,023	282,697	2,046	951,062	2,535,828	398,057	93.02
93.03	OCC ADOLESCENTS	2,540,144	86,708	9,593	1,552,681	4,189,126	657,580	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,740,471	18,741	1,877	1,146,513	4,907,602	770,361	105
107	Liver Acquisition	1,035,916	2,220		155,046	1,193,182	187,297	107
109	Pancreas Acquisition	564,595	517		50,054	615,166	96,564	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	216,502	22,248	2,033	18,654	259,437	40,725	112
118	SUBTOTALS (sum of lines 1-117)	755,718,535	6,238,400	12,335,359	195,443,708	753,481,439	102,136,184	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	47,949	7,576		31,838	87,363	13,714	190
191	Research	552,435	28,791	587	351,906	933,719	146,569	191
192	Physicians' Private Offices	1,513,947	2,175	329	1,813,894	3,330,345	522,774	192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	757,832,866	6,276,942	12,336,275	197,641,346	757,832,866	102,819,241	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	16,522,449	16,522,449					5.02
5.03	AMBULATORY ADMIN & GENERAL	20,596,780		20,596,780	20,596,780			5.03
6	Maintenance & Repairs	25,318,922	629,504	25,948,426		25,948,426		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	7,299,935	181,498	7,481,433		388,722	7,870,155	9
10	Dietary	8,013,763	199,246	8,213,009		882,067	271,600	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	10,597,718	263,491	10,861,209		145,173	44,701	13
14	Central Services & Supply	14,222,214	353,607	14,575,821		714,186	219,907	14
15	Pharmacy	8,397,378	208,784	8,606,162		406,906	125,291	15
16	Medical Records & Library	7,112,043	176,827	7,288,870		475,248	146,335	16
17	Social Service	7,881,994	195,970	8,077,964		137,029	42,193	17
17.01	PALLIATIVE CARE	583,037	14,496	597,533				17.01
18	UTILMGMT / DSCH PLANNING	4,866,166	120,987	4,987,153				18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	53,225,844	1,323,354	54,549,198				21
22	I&R Services-Other Prgm Costs Apprvd	20,043,431	498,340	20,541,771		118,844	36,594	22
23	PARAMED ED PRGM-(SPECIFY)	2,666,244	66,291	2,732,535				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	84,033,333	2,089,110	86,122,443		3,520,384	1,083,971	30
31	Intensive Care Unit	24,145,689	600,334	24,746,023		544,581	167,683	31
31.01	PEDS ICU	6,986,250	173,699	7,159,949		193,133	59,468	31.01
31.02	NEONATAL ICU	20,532,939	510,510	21,043,449		359,075	110,564	31.02
32	Coronary Care Unit	10,768,539	267,738	11,036,277		335,505	103,306	32
40	Subprovider - IPF	12,754,106	317,105	13,071,211		736,895	226,899	40
41	Subprovider - IRF	4,197,926	104,373	4,302,299		289,613	89,175	41
43	Nursery	2,130,154	52,962	2,183,116		104,237	32,096	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	31,092,792	773,060	31,865,852		1,277,554	393,375	50
51	Recovery Room	7,220,589	179,526	7,400,115				51
52	Delivery Room & Labor Room	10,457,838	260,013	10,717,851		566,600	174,463	52
53	Anesthesiology	2,825,396	70,248	2,895,644		202,828	62,453	53
54	Radiology-Diagnostic	6,084,918	151,289	6,236,207		142,846	43,984	54
54.01	RADIO ULTRASOUND	2,108,964	52,435	2,161,399		78,899	24,294	54.01
54.02	RADIO ANGIOGRAPHY	4,868,513	121,046	4,989,559		367,693	113,217	54.02
54.03	RADIO WEST HARRISON	2,197,544	54,638	2,252,182		343,519	105,774	54.03
54.04	RADIO MILE SQUARE	429,556	10,680	440,236		62,783	19,332	54.04
55	Radiology-Therapeutic	7,529,480	187,205	7,716,685		584,009	179,824	55
56	Radioisotope	1,593,384	39,616	1,633,000		47,184	14,529	56
57	CT Scan	3,807,698	94,671	3,902,369		418,066	128,728	57
58	MRI	4,139,756	102,927	4,242,683		299,394	92,187	58
59	Cardiac Catheterization	1,988,927	49,451	2,038,378		233,940	72,033	59
60	Laboratory	35,178,262	874,637	36,052,899		2,075,681	639,128	60
60.01	LAB TISSUE TYPING	1,329,588	33,058	1,362,646		42,574	13,109	60.01
60.02	LAB OUTREACH	11,433,051	284,260	11,717,311		289,484	89,136	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,307,642	181,690	7,489,332		78,124	24,055	63
64	Intravenous Therapy	495,041	12,308	507,349				64
65	Respiratory Therapy	5,848,610	145,414	5,994,024		86,095	26,510	65
66	Physical Therapy	7,680,733	190,966	7,871,699		620,636	191,102	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	635,961	15,812	651,773				66.01
67	Occupational Therapy	2,850,175	70,864	2,921,039		189,729	58,420	67
68	Speech Pathology	846,181	21,039	867,220		27,104	8,346	68
69	Electrocardiology	413,709	10,286	423,995		65,713	20,234	69
70	Electroencephalography	580,273	14,427	594,700		31,499	9,699	70
71	Medical Supplies Charged to Patients	58,539,523	1,455,468	59,994,991				71
73	Drugs Charged to Patients	64,160,680	1,595,227	65,755,907				73
74	Renal Dialysis	8,068,104	200,597	8,268,701		529,456	163,026	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	3,781,367	94,016	3,875,383		263,328	81,082	76.01
76.02	BONE MARROW TRANSPLANT	2,476,793	61,581	2,538,374	890,611			76.02
76.03	CARDIAC SERVICES	3,479,501	86,511	3,566,012		313,571	96,553	76.03
76.04	TELEMEDICINE PROGRAM	1,154,555	28,706	1,183,261		48,477	14,927	76.04
76.05	SLEEP LAB WEST HARRISON	1,405,219	34,938	1,440,157				76.05
76.06	SICKLE CELL	558,415	13,884	572,299				76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	39,599,125		39,599,125	13,893,713	3,888,422	1,197,293	90
91	Emergency	14,950,089	371,704	15,321,793		604,649	186,179	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	4,932,651		4,932,651	1,730,665	669,285	206,081	93.01
93.02	OCC PSYCH	2,933,885		2,933,885	1,029,380	1,344,216	413,901	93.02
93.03	OCC ADOLESCENTS	4,846,706		4,846,706	1,700,510	412,292	126,950	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	5,677,963	141,171	5,819,134		89,112	27,439	105
107	Liver Acquisition	1,380,479	34,323	1,414,802		10,557	3,251	107
109	Pancreas Acquisition	711,730	17,696	729,426		2,456	756	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	300,162	7,463	307,625		105,788	32,573	112
118	SUBTOTALS (sum of lines 1-117)	752,798,382	16,493,077	752,769,010	19,244,879	25,765,161	7,813,726	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	101,077	2,513	103,590		36,024	11,092	190
191	Research	1,080,288	26,859	1,107,147		136,899	42,153	191
192	Physicians' Private Offices	3,853,119		3,853,119	1,351,901	10,342	3,184	192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	757,832,866	16,522,449	757,832,866	20,596,780	25,948,426	7,870,155	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	9,366,676						10
11	Cafeteria	3,289,452	3,289,452					11
12	Maintenance of Personnel							12
13	Nursing Administration		66,687	11,117,770				13
14	Central Services & Supply		43,372		15,553,286			14
15	Pharmacy		34,770		106,127	9,279,256		15
16	Medical Records & Library		42,639			81	7,953,173	16
17	Social Service		54,042	343	1,770			17
17.01	PALLATIVE CARE		5,191					17.01
18	UTILMGMT / DSCH PLANNING		33,654					18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		385,121					21
22	I&R Services-Other Prgm Costs Apprvd		11,957		372			22
23	PARAMED ED PRGM-(SPECIFY)		7,276					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,956,836	590,604	3,438,525	227,828	53,269	574,222	30
31	Intensive Care Unit	696,772	169,810	1,103,592	135,892	18,343	167,900	31
31.01	PEDS ICU	164,051	48,892	314,331	24,717	3,001	39,089	31.01
31.02	NEONATAL ICU		144,643	968,634	90,411	2,896	170,641	31.02
32	Coronary Care Unit	290,500	75,206	498,969	82,091	8,898	78,434	32
40	Subprovider - IPF	747,813	88,712	402,472	4,838	178	91,011	40
41	Subprovider - IRF	220,431	29,647	147,779	3,398	175	27,369	41
43	Nursery		14,452	82,875			15,934	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		175,872	911,056	5,096,641	8,585	548,203	50
51	Recovery Room		50,778	317,536	23,256	4,013	46,120	51
52	Delivery Room & Labor Room		78,588	450,549	101,975	6,263	87,417	52
53	Anesthesiology		21,758	114	212,639	19,931	230,296	53
54	Radiology-Diagnostic		39,307	16,712	16,285	2,185	109,060	54
54.01	RADIO ULTRASOUND		12,844	6,868	8,538	1,979	45,438	54.01
54.02	RADIO ANGIOGRAPHY		28,629	43,727	539,761	17,850	211,785	54.02
54.03	RADIO WEST HARRISON		7,592	8,013	1,885	3,937	52,760	54.03
54.04	RADIO MILE SQUARE		2,527	916			6,092	54.04
55	Radiology-Therapeutic		25,415	29,075	7,256	452	82,785	55
56	Radioisotope		5,101	4,121	2,094	7,074	27,176	56
57	CT Scan		23,626	36,630	22,921	9,922	240,785	57
58	MRI		22,786	26,557	11,878	14,839	172,447	58
59	Cardiac Catheterization		12,626	41,438	255,277	9,408	61,033	59
60	Laboratory		137,269	40,865	5,017	40	1,044,809	60
60.01	LAB TISSUE TYPING		3,803		26		15,263	60.01
60.02	LAB OUTREACH		43,870		10		536,931	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				2		105,848	63
64	Intravenous Therapy		3,571	15,339	14,180		5,475	64
65	Respiratory Therapy		40,383		67,001	3,050	138,600	65
66	Physical Therapy		53,194		4,718	8	77,628	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		792				235	66.01
67	Occupational Therapy		20,104		2,800		23,728	67
68	Speech Pathology		5,992				6,403	68
69	Electrocardiology		2,823		645		17,142	69
70	Electroencephalography		3,168		1,641		23,152	70
71	Medical Supplies Charged to Patients				7,588,457		719,506	71
73	Drugs Charged to Patients					5,954,513	972,100	73
74	Renal Dialysis		50,108	154,075	244,325	24,797	114,231	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		22,515	125,687	140,685	1,499	90,309	76.01
76.02	BONE MARROW TRANSPLANT		8,327	16,712	181	352	13,220	76.02
76.03	CARDIAC SERVICES		22,683	50,252	180,933		81,808	76.03
76.04	TELEMEDICINE PROGRAM					1,023,129	5,450	76.04
76.05	SLEEP LAB WEST HARRISON		2,522		198		15,048	76.05
76.06	SICKLE CELL		6,005	69,368	2,266	2,806	12,381	76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		253,260	811,583	191,654	1,803,586	367,736	90
91	Emergency		101,933	614,468	86,227	15,822	311,432	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		30,973	20,146	12,074	212,058	69,401	93.01
93.02	OCC PSYCH		19,115	14,766	605	3	19,289	93.02
93.03	OCC ADOLESCENTS		31,207	126,259	18,124	44,107	40,428	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		23,044	68,109	89	15	27,704	105
107	Liver Acquisition		3,116	13,851			7,618	107
109	Pancreas Acquisition		1,006	5,838			4,009	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		375	2,175	57	8	292	112
118	SUBTOTALS (sum of lines 1-117)	9,365,855	3,245,282	11,000,325	15,539,846	9,278,991	7,953,173	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		640					190
191	Research	821	7,073	6,639	1,431	265		191
192	Physicians' Private Offices		36,457	110,806	12,009			192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,366,676	3,289,452	11,117,770	15,553,286	9,279,256	7,953,173	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	8,313,341						17
17.01	PALLATIVE CARE		602,724					17.01
18	UTILMGMT / DSCH PLANNING			5,020,807				18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				54,934,319			21
22	I&R Services-Other Prgm Costs Apprvd					20,709,538		22
23	PARAMED ED PRGM-(SPECIFY)						2,739,811	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,455,999	334,229	2,784,203	5,281,614	1,500,462	1,519,315	30
31	Intensive Care Unit	95,150	60,490	503,890	840,634	438,728	274,969	31
31.01	PEDS ICU	185,833	14,242	118,635	475,622	102,141	64,738	31.01
31.02	NEONATAL ICU	199,681	64,339	535,959	1,576,189	445,892	292,468	31.02
32	Coronary Care Unit	89,119	25,220	210,085	746,616	204,950	114,642	32
40	Subprovider - IPF		64,992	541,396	724,494	237,815	295,435	40
41	Subprovider - IRF	418,124	19,137	159,412			86,990	41
43	Nursery		20,075	167,227	121,671	41,637	91,254	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	46,458			7,161,980	1,432,473		50
51	Recovery Room	53,606				120,512		51
52	Delivery Room & Labor Room	139,375			984,427	228,424		52
53	Anesthesiology				1,581,719	601,770		53
54	Radiology-Diagnostic					284,977		54
54.01	RADIO ULTRASOUND				204,628	118,730		54.01
54.02	RADIO ANGIOGRAPHY				1,642,554	553,401		54.02
54.03	RADIO WEST HARRISON					137,865		54.03
54.04	RADIO MILE SQUARE					15,919		54.04
55	Radiology-Therapeutic	74,378			2,024,158	216,319		55
56	Radioisotope				221,219	71,011		56
57	CT Scan				956,774	629,179		57
58	MRI				934,652	450,610		58
59	Cardiac Catheterization				2,013,097	159,481		59
60	Laboratory				6,631,053	2,729,261		60
60.01	LAB TISSUE TYPING					39,883		60.01
60.02	LAB OUTREACH					1,403,020		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				1,338,378	276,585		63
64	Intravenous Therapy					14,305		64
65	Respiratory Therapy				1,448,987	362,168		65
66	Physical Therapy				304,177	202,845		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					614		66.01
67	Occupational Therapy				160,384	62,003		67
68	Speech Pathology				154,854	16,732		68
69	Electrocardiology				453,500	44,792		69
70	Electroencephalography					60,498		70
71	Medical Supplies Charged to Patients				1,919,079	1,880,095		71
73	Drugs Charged to Patients				8,765,820	2,540,130		73
74	Renal Dialysis				934,652	298,489		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					235,981		76.01
76.02	BONE MARROW TRANSPLANT	25,686				34,543		76.02
76.03	CARDIAC SERVICES					213,767		76.03
76.04	TELEMEDICINE PROGRAM					14,242		76.04
76.05	SLEEP LAB WEST HARRISON					39,321		76.05
76.06	SICKLE CELL					32,352		76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,793,332			1,543,006	960,907		90
91	Emergency	145,852			1,609,371	813,783		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	348,437			320,768	181,347		93.01
93.02	OCC PSYCH				414,786	50,403		93.02
93.03	OCC ADOLESCENTS				569,640	105,641		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	256,860			265,463	72,390		105
107	Liver Acquisition	42,885			243,341	19,906		107
109	Pancreas Acquisition	36,407				10,477		109
112	OTHER ORGAN ACQUISITION (SPECIFY)				55,305	762		112
118	SUBTOTALS (sum of lines 1-117)	7,407,182	602,724	5,020,807	54,624,612	20,709,538	2,739,811	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	906,159			309,707			192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,313,341	602,724	5,020,807	54,934,319	20,709,538	2,739,811	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN					5.01
5.02	HOSPITAL ADMIN & GENERAL					5.02
5.03	AMBULATORY ADMIN & GENERAL					5.03
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
17.01	PALLATIVE CARE					17.01
18	UTILMGMT / DSCH PLANNING					18
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	114,443,904	-6,782,076	107,661,828		30
31	Intensive Care Unit	29,964,457	-1,279,362	28,685,095		31
31.01	PEDS ICU	8,967,842	-577,763	8,390,079		31.01
31.02	NEONATAL ICU	26,004,841	-2,022,081	23,982,760		31.02
32	Coronary Care Unit	13,899,818	-951,566	12,948,252		32
40	Subprovider - IPF	17,234,161	-962,309	16,271,852		40
41	Subprovider - IRF	5,793,549		5,793,549		41
43	Nursery	2,874,574	-163,308	2,711,266		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	48,918,049	-8,594,453	40,323,596		50
51	Recovery Room	8,015,936	-120,512	7,895,424		51
52	Delivery Room & Labor Room	13,535,932	-1,212,851	12,323,081		52
53	Anesthesiology	5,829,152	-2,183,489	3,645,663		53
54	Radiology-Diagnostic	6,891,563	-284,977	6,606,586		54
54.01	RADIO ULTRASOUND	2,663,617	-323,358	2,340,259		54.01
54.02	RADIO ANGIOGRAPHY	8,508,176	-2,195,955	6,312,221		54.02
54.03	RADIO WEST HARRISON	2,913,527	-137,865	2,775,662		54.03
54.04	RADIO MILE SQUARE	547,805	-15,919	531,886		54.04
55	Radiology-Therapeutic	10,940,356	-2,240,477	8,699,879		55
56	Radioisotope	2,032,509	-292,230	1,740,279		56
57	CT Scan	6,369,000	-1,585,953	4,783,047		57
58	MRI	6,268,033	-1,385,262	4,882,771		58
59	Cardiac Catheterization	4,896,711	-2,172,578	2,724,133		59
60	Laboratory	49,356,022	-9,360,314	39,995,708		60
60.01	LAB TISSUE TYPING	1,477,304	-39,883	1,437,421		60.01
60.02	LAB OUTREACH	14,079,762	-1,403,020	12,676,742		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	9,312,324	-1,614,963	7,697,361		63
64	Intravenous Therapy	560,219	-14,305	545,914		64
65	Respiratory Therapy	8,166,818	-1,811,155	6,355,663		65
66	Physical Therapy	9,326,007	-507,022	8,818,985		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	653,414	-614	652,800		66.01
67	Occupational Therapy	3,438,207	-222,387	3,215,820		67
68	Speech Pathology	1,086,651	-171,586	915,065		68
69	Electrocardiology	1,028,844	-498,292	530,552		69
70	Electroencephalography	724,357	-60,498	663,859		70
71	Medical Supplies Charged to Patients	72,102,128	-3,799,174	68,302,954		71
73	Drugs Charged to Patients	83,988,470	-11,305,950	72,682,520		73
74	Renal Dialysis	10,781,860	-1,460,051	9,321,809		74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY	4,836,469	-235,981	4,600,488		76.01
76.02	BONE MARROW TRANSPLANT	3,528,006	-34,543	3,493,463		76.02
76.03	CARDIAC SERVICES	4,525,579	-213,767	4,311,812		76.03
76.04	TELEMEDICINE PROGRAM	2,289,486	-14,242	2,275,244		76.04
76.05	SLEEP LAB WEST HARRISON	1,497,246	-39,321	1,457,925		76.05
76.06	SICKLE CELL	697,477	-32,352	665,125		76.06
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	66,303,617	-2,503,913	63,799,704			90
91	Emergency	19,811,509	-2,423,154	17,388,355			91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCC EEI	8,733,886	-502,115	8,231,771			93.01
93.02	OCC PSYCH	6,240,349	-465,189	5,775,160			93.02
93.03	OCC ADOLESCENTS	8,021,864	-675,281	7,346,583			93.03
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	6,649,359	-337,853	6,311,506			105
107	Liver Acquisition	1,759,327	-263,247	1,496,080			107
109	Pancreas Acquisition	790,375	-10,477	779,898			109
112	OTHER ORGAN ACQUISITION (SPECIFY)	504,960	-56,067	448,893			112
118	SUBTOTALS (sum of lines 1-117)	749,785,408	-75,561,060	674,224,348			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	151,346		151,346			190
191	Research	1,302,428		1,302,428			191
192	Physicians' Private Offices	6,593,684	-309,707	6,283,977			192
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	757,832,866	-75,870,767	681,962,099			202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		36,648		36,648	36,648		4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN		558,905	2,816,793	3,375,698	4,295	3,379,993	5.01
5.02	HOSPITAL ADMIN & GENERAL		77,310	55,807	133,117	859	73,689	5.02
5.03	AMBULATORY ADMIN & GENERAL		33,394	38,123	71,517	597	91,860	5.03
6	Maintenance & Repairs		113,577	1,109,904	1,223,481	128	112,920	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping		81,750	7,637	89,387	32	32,557	9
10	Dietary		185,504	25,236	210,740	402	35,741	10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration		30,531	116,802	147,333	617	47,265	13
14	Central Services & Supply		150,198	311,424	461,622	401	63,430	14
15	Pharmacy		85,575	46,629	132,204	321	37,452	15
16	Medical Records & Library		99,947	4,583	104,530	394	31,719	16
17	Social Service		28,818	2,094	30,912	500	35,153	17
17.01	PALLATIVE CARE					48	2,600	17.01
18	UTILMGMT / DSCH PLANNING					311	21,703	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					3,561	237,383	21
22	I&R Services-Other Prgm Costs Apprvd		24,994		24,994	111	89,392	22
23	PARAMED ED PRGM-(SPECIFY)					67	11,891	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		740,358	15,795	756,153	5,384	374,907	30
31	Intensive Care Unit		114,529	37,671	152,200	1,570	107,688	31
31.01	PEDS ICU		40,617	7,859	48,476	452	31,158	31.01
31.02	NEONATAL ICU		75,516	74,018	149,534	1,337	91,575	31.02
32	Coronary Care Unit		70,559	31,995	102,554	695	48,027	32
40	Subprovider - IPF		154,973		154,973	820	56,882	40
41	Subprovider - IRF		60,907		60,907	274	18,722	41
43	Nursery		21,922	20,813	42,735	134	9,500	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		268,677	2,645,671	2,914,348	1,626	138,671	50
51	Recovery Room			7,517	7,517	470	32,203	51
52	Delivery Room & Labor Room		119,159	266,751	385,910	727	46,641	52
53	Anesthesiology		42,656	405,284	447,940	201	12,601	53
54	Radiology-Diagnostic		30,041	310,507	340,548	363	27,138	54
54.01	RADIO ULTRASOUND		16,593	196,924	213,517	119	9,406	54.01
54.02	RADIO ANGIOGRAPHY		77,328	75,422	152,750	265	21,713	54.02
54.03	RADIO WEST HARRISON		72,244	465,685	537,929	70	9,801	54.03
54.04	RADIO MILE SQUARE		13,204	37,218	50,422	23	1,916	54.04
55	Radiology-Therapeutic		122,821	396,110	518,931	235	33,581	55
56	Radioisotope		9,923		9,923	47	7,106	56
57	CT Scan		87,922	7,289	95,211	218	16,982	57
58	MRI		62,964	479,745	542,709	211	18,463	58
59	Cardiac Catheterization		49,199	40,529	89,728	117	8,870	59
60	Laboratory		436,528	683,374	1,119,902	1,269	156,892	60
60.01	LAB TISSUE TYPING		8,953	63,811	72,764	35	5,930	60.01
60.02	LAB OUTREACH		60,880		60,880	406	50,990	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		16,430	7,250	23,680		32,591	63
64	Intravenous Therapy					33	2,208	64
65	Respiratory Therapy		18,106	154,969	173,075	373	26,084	65
66	Physical Therapy		130,523	23,088	153,611	492	34,255	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					7	2,836	66.01
67	Occupational Therapy		39,901	8,250	48,151	186	12,712	67
68	Speech Pathology		5,700	5,505	11,205	55	3,774	68
69	Electrocardiology		13,820		13,820	26	1,845	69
70	Electroencephalography		6,624	102,807	109,431	29	2,588	70
71	Medical Supplies Charged to Patients						261,081	71
73	Drugs Charged to Patients						286,151	73
74	Renal Dialysis		111,348	59,647	170,995	463	35,983	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY		55,379	314,138	369,517	208	16,865	76.01
76.02	BONE MARROW TRANSPLANT			17,280	17,280	77	11,046	76.02
76.03	CARDIAC SERVICES		65,946	297,470	363,416	210	15,518	76.03
76.04	TELEMEDICINE PROGRAM		10,195		10,195		5,149	76.04
76.05	SLEEP LAB WEST HARRISON			1,150	1,150	23	6,267	76.05
76.06	SICKLE CELL					56	2,490	76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		817,757	483,786	1,301,543	2,342	176,609	90
91	Emergency		127,161	28,745	155,906	942	66,676	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		140,755	10,705	151,460	286	21,999	93.01
93.02	OCC PSYCH		282,697	2,046	284,743	177	13,085	93.02
93.03	OCC ADOLESCENTS		86,708	9,593	96,301	289	21,616	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		18,741	1,877	20,618	213	25,323	105
107	Liver Acquisition		2,220		2,220	29	6,157	107
109	Pancreas Acquisition		517		517	9	3,174	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		22,248	2,033	24,281	3	1,339	112
118	SUBTOTALS (sum of lines 1-117)		6,238,400	12,335,359	18,573,759	36,240	3,357,539	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		7,576		7,576	6	451	190
191	Research		28,791	587	29,378	65	4,818	191
192	Physicians' Private Offices		2,175	329	2,504	337	17,185	192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		6,276,942	12,336,275	18,613,217	36,648	3,379,993	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN-TENANCE & REPAIRS	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	207,665						5.02
5.03	AMBULATORY ADMIN & GENERAL		163,974					5.03
6	Maintenance & Repairs	7,900		1,344,429				6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	2,278		20,140	144,394			9
10	Dietary	2,500		45,701	4,983	300,067		10
11	Cafeteria					105,380	105,380	11
12	Maintenance of Personnel							12
13	Nursing Administration	3,306		7,522	820		2,135	13
14	Central Services & Supply	4,437		37,003	4,035		1,388	14
15	Pharmacy	2,620		21,082	2,299		1,113	15
16	Medical Records & Library	2,219		24,623	2,685		1,365	16
17	Social Service	2,459		7,100	774		1,730	17
17.01	PALLIATIVE CARE	182					166	17.01
18	UTILMGMT / DSCH PLANNING	1,518					1,077	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	16,606					12,328	21
22	I&R Services-Other Prgm Costs Apprvd	6,254		6,158	671		383	22
23	PARAMED ED PRGM-(SPECIFY)	832					233	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	26,544		182,397	19,888	126,759	18,990	30
31	Intensive Care Unit	7,533		28,216	3,076	22,322	5,436	31
31.01	PEDS ICU	2,180		10,007	1,091	5,255	1,565	31.01
31.02	NEONATAL ICU	6,406		18,604	2,029		4,630	31.02
32	Coronary Care Unit	3,360		17,383	1,895	9,306	2,407	32
40	Subprovider - IPF	3,979		38,180	4,163	23,957	2,840	40
41	Subprovider - IRF	1,310		15,005	1,636	7,062	949	41
43	Nursery	665		5,401	589		463	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	9,701		66,192	7,217		5,630	50
51	Recovery Room	2,253					1,625	51
52	Delivery Room & Labor Room	3,263		29,356	3,201		2,516	52
53	Anesthesiology	882		10,509	1,146		696	53
54	Radiology-Diagnostic	1,898		7,401	807		1,258	54
54.01	RADIO ULTRASOUND	658		4,088	446		411	54.01
54.02	RADIO ANGIOGRAPHY	1,519		19,051	2,077		916	54.02
54.03	RADIO WEST HARRISON	686		17,798	1,941		243	54.03
54.04	RADIO MILE SQUARE	134		3,253	355		81	54.04
55	Radiology-Therapeutic	2,349		30,258	3,299		814	55
56	Radioisotope	497		2,445	267		163	56
57	CT Scan	1,188		21,661	2,362		756	57
58	MRI	1,292		15,512	1,691		729	58
59	Cardiac Catheterization	621		12,121	1,322		404	59
60	Laboratory	10,976		107,544	11,726		4,394	60
60.01	LAB TISSUE TYPING	415		2,206	241		122	60.01
60.02	LAB OUTREACH	3,567		14,999	1,635		1,404	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,280		4,048	441			63
64	Intravenous Therapy	154					114	64
65	Respiratory Therapy	1,825		4,461	486		1,293	65
66	Physical Therapy	2,396		32,156	3,506		1,703	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	198					25	66.01
67	Occupational Therapy	889		9,830	1,072		644	67
68	Speech Pathology	264		1,404	153		192	68
69	Electrocardiology	129		3,405	371		90	69
70	Electroencephalography	181		1,632	178		101	70
71	Medical Supplies Charged to Patients	18,264						71
73	Drugs Charged to Patients	20,018						73
74	Renal Dialysis	2,517		27,432	2,991		1,604	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	1,180		13,643	1,488		721	76.01
76.02	BONE MARROW TRANSPLANT	773	7,090				267	76.02
76.03	CARDIAC SERVICES	1,086		16,247	1,771		726	76.03
76.04	TELEMEDICINE PROGRAM	360		2,512	274			76.04
76.05	SLEEP LAB WEST HARRISON	438					81	76.05
76.06	SICKLE CELL	174					192	76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN-TENANCE & REPAIRS	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		110,614	201,463	21,966		8,107	90
91	Emergency	4,664		31,328	3,416		3,263	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		13,777	34,677	3,781		991	93.01
93.02	OCC PSYCH		8,194	69,646	7,594		612	93.02
93.03	OCC ADOLESCENTS		13,537	21,362	2,329		999	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,772		4,617	503		738	105
107	Liver Acquisition	431		547	60		100	107
109	Pancreas Acquisition	222		127	14		32	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	94		5,481	598		12	112
118	SUBTOTALS (sum of lines 1-117)	207,296	153,212	1,334,934	143,359	300,041	103,967	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	32		1,866	204		20	190
191	Research	337		7,093	773	26	226	191
192	Physicians' Private Offices		10,762	536	58		1,167	192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	207,665	163,974	1,344,429	144,394	300,067	105,380	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	208,998						13
14	Central Services & Supply		572,316					14
15	Pharmacy		3,905	200,996				15
16	Medical Records & Library		3		167,538			16
17	Social Service	6	65			78,699		17
17.01	PALLATIVE CARE						2,996	17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd		14					22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	64,639	8,384	1,154	12,058	32,716	1,661	30
31	Intensive Care Unit	20,746	5,001	397	3,526	901	301	31
31.01	PEDS ICU	5,909	910	65	821	1,759	71	31.01
31.02	NEONATAL ICU	18,209	3,327	63	3,583	1,890	320	31.02
32	Coronary Care Unit	9,380	3,021	193	1,647	844	125	32
40	Subprovider - IPF	7,566	178	4	1,911		323	40
41	Subprovider - IRF	2,778	125	4	575	3,958	95	41
43	Nursery	1,558			335		100	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	17,127	187,549	186	11,511	440		50
51	Recovery Room	5,969	856	87	968	507		51
52	Delivery Room & Labor Room	8,470	3,753	136	1,836	1,319		52
53	Anesthesiology	2	7,825	432	4,836			53
54	Radiology-Diagnostic	314	599	47	2,290			54
54.01	RADIO ULTRASOUND	129	314	43	954			54.01
54.02	RADIO ANGIOGRAPHY	822	19,862	387	4,447			54.02
54.03	RADIO WEST HARRISON	151	69	85	1,108			54.03
54.04	RADIO MILE SQUARE	17			128			54.04
55	Radiology-Therapeutic	547	267	10	1,738	704		55
56	Radioisotope	77	77	153	571			56
57	CT Scan	689	843	215	5,056			57
58	MRI	499	437	321	3,621			58
59	Cardiac Catheterization	779	9,394	204	1,282			59
60	Laboratory	768	185	1	22,475			60
60.01	LAB TISSUE TYPING		1		320			60.01
60.02	LAB OUTREACH				11,275			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				2,223			63
64	Intravenous Therapy	288	522		115			64
65	Respiratory Therapy		2,466	66	2,910			65
66	Physical Therapy		174		1,630			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				5			66.01
67	Occupational Therapy		103		498			67
68	Speech Pathology				134			68
69	Electrocardiology		24		360			69
70	Electroencephalography		60		486			70
71	Medical Supplies Charged to Patients		279,221		15,108			71
73	Drugs Charged to Patients			128,975	20,412			73
74	Renal Dialysis	2,896	8,991	537	2,399			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,363	5,177	32	1,896			76.01
76.02	BONE MARROW TRANSPLANT	314	7	8	278	243		76.02
76.03	CARDIAC SERVICES	945	6,658		1,718			76.03
76.04	TELEMEDICINE PROGRAM			22,163	114			76.04
76.05	SLEEP LAB WEST HARRISON		7		316			76.05
76.06	SICKLE CELL	1,304	83	61	260			76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	15,257	7,053	39,069	7,722	16,977		90
91	Emergency	11,551	3,173	343	6,539	1,381		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	379	444	4,594	1,457	3,299		93.01
93.02	OCC PSYCH	278	22		405			93.02
93.03	OCC ADOLESCENTS	2,373	667	955	849			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,280	3		582	2,432		105
107	Liver Acquisition	260			160	406		107
109	Pancreas Acquisition	110			84	345		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	41	2		6			112
118	SUBTOTALS (sum of lines 1-117)	206,790	571,821	200,990	167,538	70,121	2,996	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research	125	53	6				191
192	Physicians' Private Offices	2,083	442			8,578		192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	208,998	572,316	200,996	167,538	78,699	2,996	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLIATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING	24,609						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		269,878					21
22	I&R Services-Other Prgm Costs Apprvd			127,977				22
23	PARAMED ED PRGM-(SPECIFY)				13,023			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	13,646				1,645,280		30
31	Intensive Care Unit	2,470				361,383		31
31.01	PEDS ICU	581				110,300		31.01
31.02	NEONATAL ICU	2,627				304,134		31.02
32	Coronary Care Unit	1,030				201,867		32
40	Subprovider - IPF	2,654				298,430		40
41	Subprovider - IRF	781				114,181		41
43	Nursery	820				62,300		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					3,360,198		50
51	Recovery Room					52,455		51
52	Delivery Room & Labor Room					487,128		52
53	Anesthesiology					487,070		53
54	Radiology-Diagnostic					382,663		54
54.01	RADIO ULTRASOUND					230,085		54.01
54.02	RADIO ANGIOGRAPHY					223,809		54.02
54.03	RADIO WEST HARRISON					569,881		54.03
54.04	RADIO MILE SQUARE					56,329		54.04
55	Radiology-Therapeutic					592,733		55
56	Radioisotope					21,326		56
57	CT Scan					145,181		57
58	MRI					585,485		58
59	Cardiac Catheterization					124,842		59
60	Laboratory					1,436,132		60
60.01	LAB TISSUE TYPING					82,034		60.01
60.02	LAB OUTREACH					145,156		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					65,263		63
64	Intravenous Therapy					3,434		64
65	Respiratory Therapy					213,039		65
66	Physical Therapy					229,923		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					3,071		66.01
67	Occupational Therapy					74,085		67
68	Speech Pathology					17,181		68
69	Electrocardiology					20,070		69
70	Electroencephalography					114,686		70
71	Medical Supplies Charged to Patients					573,674		71
73	Drugs Charged to Patients					455,556		73
74	Renal Dialysis					256,808		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					413,090		76.01
76.02	BONE MARROW TRANSPLANT					37,383		76.02
76.03	CARDIAC SERVICES					408,295		76.03
76.04	TELEMEDICINE PROGRAM					40,767		76.04
76.05	SLEEP LAB WEST HARRISON					8,282		76.05
76.06	SICKLE CELL					4,620		76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					1,908,722		90
91	Emergency					289,182		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI					237,144		93.01
93.02	OCC PSYCH					384,756		93.02
93.03	OCC ADOLESCENTS					161,277		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					58,081		105
107	Liver Acquisition					10,370		107
109	Pancreas Acquisition					4,634		109
112	OTHER ORGAN ACQUISITION (SPECIFY)					31,857		112
118	SUBTOTALS (sum of lines 1-117)	24,609				18,105,632		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					10,155		190
191	Research					42,900		191
192	Physicians' Private Offices					43,652		192
200	Cross Foot Adjustments		269,878	127,977	13,023	410,878		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	24,609	269,878	127,977	13,023	18,613,217		202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	1,645,280					30
31	Intensive Care Unit	361,383					31
31.01	PEDS ICU	110,300					31.01
31.02	NEONATAL ICU	304,134					31.02
32	Coronary Care Unit	201,867					32
40	Subprovider - IPF	298,430					40
41	Subprovider - IRF	114,181					41
43	Nursery	62,300					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,360,198					50
51	Recovery Room	52,455					51
52	Delivery Room & Labor Room	487,128					52
53	Anesthesiology	487,070					53
54	Radiology-Diagnostic	382,663					54
54.01	RADIO ULTRASOUND	230,085					54.01
54.02	RADIO ANGIOGRAPHY	223,809					54.02
54.03	RADIO WEST HARRISON	569,881					54.03
54.04	RADIO MILE SQUARE	56,329					54.04
55	Radiology-Therapeutic	592,733					55
56	Radioisotope	21,326					56
57	CT Scan	145,181					57
58	MRI	585,485					58
59	Cardiac Catheterization	124,842					59
60	Laboratory	1,436,132					60
60.01	LAB TISSUE TYPING	82,034					60.01
60.02	LAB OUTREACH	145,156					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	65,263					63
64	Intravenous Therapy	3,434					64
65	Respiratory Therapy	213,039					65
66	Physical Therapy	229,923					66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	3,071					66.01
67	Occupational Therapy	74,085					67
68	Speech Pathology	17,181					68
69	Electrocardiology	20,070					69
70	Electroencephalography	114,686					70
71	Medical Supplies Charged to Patients	573,674					71
73	Drugs Charged to Patients	455,556					73
74	Renal Dialysis	256,808					74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	413,090					76.01
76.02	BONE MARROW TRANSPLANT	37,383					76.02
76.03	CARDIAC SERVICES	408,295					76.03
76.04	TELEMEDICINE PROGRAM	40,767					76.04
76.05	SLEEP LAB WEST HARRISON	8,282					76.05
76.06	SICKLE CELL	4,620					76.06
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,908,722					90
91	Emergency	289,182					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCC EEI	237,144					93.01
93.02	OCC PSYCH	384,756					93.02
93.03	OCC ADOLESCENTS	161,277					93.03
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	58,081					105
107	Liver Acquisition	10,370					107
109	Pancreas Acquisition	4,634					109
112	OTHER ORGAN ACQUISITION (SPECIFY)	31,857					112
118	SUBTOTALS (sum of lines 1-117)	18,105,632					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	10,155					190
191	Research	42,900					191
192	Physicians' Private Offices	43,652					192
200	Cross Foot Adjustments	410,878					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	18,613,217					202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ALL OTHER ADMIN ACCUM COST	RECON-CILIATION	
		1	2	4	5A.01	5.01		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	692,648						1
2	Cap Rel Costs-Mvble Equip		9,911,343					2
4	Employee Benefits Department	4,044		278,253,522				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	61,674	2,263,098	32,534,847	-102,819,241	655,013,625		5.01
5.02	HOSPITAL ADMIN & GENERAL	8,531	44,837	6,510,146		14,280,756	-16,522,449	5.02
5.03	AMBULATORY ADMIN & GENERAL	3,685	30,629	4,523,190		17,802,300	-20,596,780	5.03
6	Maintenance & Repairs	12,533	891,731	972,614		21,883,762		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	9,021	6,136	242,754		6,309,512		9
10	Dietary	20,470	20,275	3,044,010		6,926,491		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	3,369	93,842	4,671,293		9,159,866		13
14	Central Services & Supply	16,574	250,208	3,038,096		12,292,607		14
15	Pharmacy	9,443	37,463	2,435,537		7,258,059		15
16	Medical Records & Library	11,029	3,682	2,986,734		6,147,112		16
17	Social Service	3,180	1,682	3,785,540		6,812,600		17
17.01	PALLIATIVE CARE			363,598		503,933		17.01
18	UTILMGMT / DSCH PLANNING			2,357,390		4,205,946		18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			26,976,845		46,004,396		21
22	I&R Services-Other Prgm Costs Apprvd	2,758		837,545		17,324,027		22
23	PARAMED ED PRGM-(SPECIFY)			509,700		2,304,500		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	81,697	12,690	41,378,182		72,632,244		30
31	Intensive Care Unit	12,638	30,266	11,894,785		20,869,708		31
31.01	PEDS ICU	4,482	6,314	3,424,757		6,038,386		31.01
31.02	NEONATAL ICU	8,333	59,468	10,131,917		17,747,120		31.02
32	Coronary Care Unit	7,786	25,706	5,267,984		9,307,511		32
40	Subprovider - IPF	17,101		6,214,077		11,023,685		40
41	Subprovider - IRF	6,721		2,076,728		3,628,370		41
43	Nursery	2,419	16,722	1,012,332		1,841,144		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	29,648	2,125,614	12,319,391		26,874,259		50
51	Recovery Room		6,039	3,556,873		6,240,931		51
52	Delivery Room & Labor Room	13,149	214,316	5,504,872		9,038,965		52
53	Anesthesiology	4,707	325,618	1,524,064		2,442,059		53
54	Radiology-Diagnostic	3,315	249,471	2,753,388		5,259,343		54
54.01	RADIO ULTRASOUND	1,831	158,215	899,701		1,822,829		54.01
54.02	RADIO ANGIOGRAPHY	8,533	60,596	2,005,374		4,207,975		54.02
54.03	RADIO WEST HARRISON	7,972	374,146	531,829		1,899,391		54.03
54.04	RADIO MILE SQUARE	1,457	29,902	176,977		371,276		54.04
55	Radiology-Therapeutic	13,553	318,247	1,780,295		6,507,913		55
56	Radioisotope	1,095		357,294		1,377,201		56
57	CT Scan	9,702	5,856	1,654,960		3,291,086		57
58	MRI	6,948	385,442	1,596,130		3,578,092		58
59	Cardiac Catheterization	5,429	32,562	884,421		1,719,078		59
60	Laboratory	48,170	549,044	9,615,391		30,405,430		60
60.01	LAB TISSUE TYPING	988	51,268	266,396		1,149,195		60.01
60.02	LAB OUTREACH	6,718		3,072,997		9,881,865		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,813	5,825			6,316,173		63
64	Intravenous Therapy			250,111		427,876		64
65	Respiratory Therapy	1,998	124,507	2,828,721		5,055,096		65
66	Physical Therapy	14,403	18,550	3,726,091		6,638,645		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD			55,492		549,677		66.01
67	Occupational Therapy	4,403	6,628	1,408,234		2,463,476		67
68	Speech Pathology	629	4,423	419,705		731,375		68
69	Electrocardiology	1,525		197,761		357,579		69
70	Electroencephalography	731	82,598	221,888		501,544		70
71	Medical Supplies Charged to Patients					50,597,138		71
73	Drugs Charged to Patients					55,455,642		73
74	Renal Dialysis	12,287	47,922	3,509,932		6,973,459		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	6,111	252,388	1,577,152		3,268,328		76.01
76.02	BONE MARROW TRANSPLANT		13,883	583,286		2,140,753		76.02
76.03	CARDIAC SERVICES	7,277	238,997	1,588,866		3,007,418		76.03
76.04	TELEMEDICINE PROGRAM	1,125				997,910		76.04
76.05	SLEEP LAB WEST HARRISON		924	176,686		1,214,565		76.05
76.06	SICKLE CELL			420,614		482,652		76.06
76.97	CARDIAC REHABILITATION							76.97

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ALL OTHER ADMIN ACCUM COST	RECON- CILIATION	
		1	2	4	5A.01	5.01		
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	90,238	388,689	17,740,231		34,226,490	-39,599,125	90
91	Emergency	14,032	23,095	7,140,143		12,921,727		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	15,532	8,601	2,169,553		4,263,411	-4,932,651	93.01
93.02	OCC PSYCH	31,195	1,644	1,338,973		2,535,828	-2,933,885	93.02
93.03	OCC ADOLESCENTS	9,568	7,707	2,185,976		4,189,126	-4,846,706	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,068	1,508	1,614,143		4,907,602		105
107	Liver Acquisition	245		218,285		1,193,182		107
109	Pancreas Acquisition	57		70,470		615,166		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,455	1,633	26,262		259,437		112
118	SUBTOTALS (sum of lines 1-117)	688,395	9,910,607	275,159,529	-102,819,241	650,662,198	-89,431,596	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	836		44,824		87,363		190
191	Research	3,177	472	495,439		933,719		191
192	Physicians' Private Offices	240	264	2,553,730		3,330,345	-3,853,119	192
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	6,276,942	12,336,275	197,641,346		102,819,241		202
203	Unit Cost Multiplier (Wkst. B, Part I)	9.062239	1.244662	0.710292		0.156973		203
204	Cost to be allocated (Per Wkst. B, Part II)			36,648		3,379,993		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000132		0.005160		205

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	664,548,151						5.02
5.03	AMBULATORY ADMIN & GENERAL		-20,596,780	58,703,860				5.03
6	Maintenance & Repairs	25,318,922	-25,948,426		602,181			6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	7,299,935	-7,481,433		9,021	593,160		9
10	Dietary	8,013,763	-8,213,009		20,470	20,470	821,042	10
11	Cafeteria						288,339	11
12	Maintenance of Personnel							12
13	Nursing Administration	10,597,718	-10,861,209		3,369	3,369		13
14	Central Services & Supply	14,222,214	-14,575,821		16,574	16,574		14
15	Pharmacy	8,397,378	-8,606,162		9,443	9,443		15
16	Medical Records & Library	7,112,043	-7,288,870		11,029	11,029		16
17	Social Service	7,881,994	-8,077,964		3,180	3,180		17
17.01	PALLATIVE CARE	583,037	-597,533					17.01
18	UTILMGMT / DSCH PLANNING	4,866,166	-4,987,153					18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	53,225,844	-54,549,198					21
22	I&R Services-Other Prgm Costs Apprvd	20,043,431	-20,541,771		2,758	2,758		22
23	PARAMED ED PRGM-(SPECIFY)	2,666,244	-2,732,535					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	84,033,333	-86,122,443		81,697	81,697	346,839	30
31	Intensive Care Unit	24,145,689	-24,746,023		12,638	12,638	61,076	31
31.01	PEDS ICU	6,986,250	-7,159,949		4,482	4,482	14,380	31.01
31.02	NEONATAL ICU	20,532,939	-21,043,449		8,333	8,333		31.02
32	Coronary Care Unit	10,768,539	-11,036,277		7,786	7,786	25,464	32
40	Subprovider - IPF	12,754,106	-13,071,211		17,101	17,101	65,550	40
41	Subprovider - IRF	4,197,926	-4,302,299		6,721	6,721	19,322	41
43	Nursery	2,130,154	-2,183,116		2,419	2,419		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	31,092,792	-31,865,852		29,648	29,648		50
51	Recovery Room	7,220,589	-7,400,115					51
52	Delivery Room & Labor Room	10,457,838	-10,717,851		13,149	13,149		52
53	Anesthesiology	2,825,396	-2,895,644		4,707	4,707		53
54	Radiology-Diagnostic	6,084,918	-6,236,207		3,315	3,315		54
54.01	RADIO ULTRASOUND	2,108,964	-2,161,399		1,831	1,831		54.01
54.02	RADIO ANGIOGRAPHY	4,868,513	-4,989,559		8,533	8,533		54.02
54.03	RADIO WEST HARRISON	2,197,544	-2,252,182		7,972	7,972		54.03
54.04	RADIO MILE SQUARE	429,556	-440,236		1,457	1,457		54.04
55	Radiology-Therapeutic	7,529,480	-7,716,685		13,553	13,553		55
56	Radioisotope	1,593,384	-1,633,000		1,095	1,095		56
57	CT Scan	3,807,698	-3,902,369		9,702	9,702		57
58	MRI	4,139,756	-4,242,683		6,948	6,948		58
59	Cardiac Catheterization	1,988,927	-2,038,378		5,429	5,429		59
60	Laboratory	35,178,262	-36,052,899		48,170	48,170		60
60.01	LAB TISSUE TYPING	1,329,588	-1,362,646		988	988		60.01
60.02	LAB OUTREACH	11,433,051	-11,717,311		6,718	6,718		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,307,642	-7,489,332		1,813	1,813		63
64	Intravenous Therapy	495,041	-507,349					64
65	Respiratory Therapy	5,848,610	-5,994,024		1,998	1,998		65
66	Physical Therapy	7,680,733	-7,871,699		14,403	14,403		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	635,961	-651,773					66.01
67	Occupational Therapy	2,850,175	-2,921,039		4,403	4,403		67
68	Speech Pathology	846,181	-867,220		629	629		68
69	Electrocardiology	413,709	-423,995		1,525	1,525		69
70	Electroencephalography	580,273	-594,700		731	731		70
71	Medical Supplies Charged to Patients	58,539,523	-59,994,991					71
73	Drugs Charged to Patients	64,160,680	-65,755,907					73
74	Renal Dialysis	8,068,104	-8,268,701		12,287	12,287		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	3,781,367	-3,875,383		6,111	6,111		76.01
76.02	BONE MARROW TRANSPLANT	2,476,793		2,538,374				76.02
76.03	CARDIAC SERVICES	3,479,501	-3,566,012		7,277	7,277		76.03
76.04	TELEMEDICINE PROGRAM	1,154,555	-1,183,261		1,125	1,125		76.04
76.05	SLEEP LAB WEST HARRISON	1,405,219	-1,440,157					76.05
76.06	SICKLE CELL	558,415	-572,299					76.06
76.97	CARDIAC REHABILITATION							76.97

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			39,599,125	90,238	90,238		90
91	Emergency	14,950,089	-15,321,793		14,032	14,032		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			4,932,651	15,532	15,532		93.01
93.02	OCC PSYCH			2,933,885	31,195	31,195		93.02
93.03	OCC ADOLESCENTS			4,846,706	9,568	9,568		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	5,677,963	-5,819,134		2,068	2,068		105
107	Liver Acquisition	1,380,479	-1,414,802		245	245		107
109	Pancreas Acquisition	711,730	-729,426		57	57		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	300,162	-307,625		2,455	2,455		112
118	SUBTOTALS (sum of lines 1-117)	663,366,786	-697,918,269	54,850,741	597,928	588,907	820,970	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	101,077	-103,590		836	836		190
191	Research	1,080,288	-1,107,147		3,177	3,177	72	191
192	Physicians' Private Offices			3,853,119	240	240		192
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	16,522,449		20,596,780	25,948,426	7,870,155	9,366,676	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.024863		0.350859	43.090742	13.268182	11.408279	203
204	Cost to be allocated (Per Wkst. B, Part II)	207,665		163,974	1,344,429	144,394	300,067	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000312		0.002793	2.232600	0.243432	0.365471	205

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED	PHARMACY	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		GROSS SALARIES	NRSING HRS	REQUIS.	COSTED REQUIS.	REVENUE	SPENT	
		11	13	14	15	16	17	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	230,425,961						11
12	Maintenance of Personnel							12
13	Nursing Administration	4,671,293	97,125					13
14	Central Services & Supply	3,038,096		103,703,430				14
15	Pharmacy	2,435,537		707,610	88,704,718			15
16	Medical Records & Library	2,986,734		538		2,168,765,695		16
17	Social Service	3,785,540	3	11,799			37,220	17
17.01	PALLATIVE CARE	363,598						17.01
18	UTILMGMT / DSCH PLANNING	2,357,390						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	26,976,845						21
22	I&R Services-Other Prgm Costs Apprvd	837,545		2,479				22
23	PARAMED ED PRGM-(SPECIFY)	509,700						23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	41,378,182	30,039	1,519,065	509,225	156,591,777	15,473	30
31	Intensive Care Unit	11,894,785	9,641	906,073	175,347	45,786,683	426	31
31.01	PEDS ICU	3,424,757	2,746	164,804	28,688	10,659,648	832	31.01
31.02	NEONATAL ICU	10,131,917	8,462	602,826	27,688	46,534,325	894	31.02
32	Coronary Care Unit	5,267,984	4,359	547,347	85,065	21,389,107	399	32
40	Subprovider - IPF	6,214,077	3,516	32,261	1,698	24,818,943		40
41	Subprovider - IRF	2,076,728	1,291	22,655	1,673	7,463,633	1,872	41
43	Nursery	1,012,332	724			4,345,296		43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	12,319,391	7,959	33,982,364	82,068	149,496,274	208	50
51	Recovery Room	3,556,873	2,774	155,059	38,366	12,576,946	240	51
52	Delivery Room & Labor Room	5,504,872	3,936	679,927	59,870	23,838,814	624	52
53	Anesthesiology	1,524,064	1	1,417,790	190,533	62,802,180		53
54	Radiology-Diagnostic	2,753,388	146	108,585	20,890	29,740,898		54
54.01	RADIO ULTRASOUND	899,701	60	56,930	18,915	12,390,979		54.01
54.02	RADIO ANGIOGRAPHY	2,005,374	382	3,598,908	170,637	57,754,270		54.02
54.03	RADIO WEST HARRISON	531,829	70	12,569	37,633	14,387,888		54.03
54.04	RADIO MILE SQUARE	176,977	8			1,661,378		54.04
55	Radiology-Therapeutic	1,780,295	254	48,379	4,324	22,575,578	333	55
56	Radioisotope	357,294	36	13,961	67,626	7,410,870		56
57	CT Scan	1,654,960	320	152,827	94,848	65,662,623		57
58	MRI	1,596,130	232	79,199	141,856	47,026,721		58
59	Cardiac Catheterization	884,421	362	1,702,088	89,932	16,643,814		59
60	Laboratory	9,615,391	357	33,453	381	284,837,963		60
60.01	LAB TISSUE TYPING	266,396		174		4,162,271		60.01
60.02	LAB OUTREACH	3,072,997		68		146,422,457		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			13		28,865,041		63
64	Intravenous Therapy	250,111	134	94,548		1,492,955		64
65	Respiratory Therapy	2,828,721		446,736	29,159	37,796,658		65
66	Physical Therapy	3,726,091		31,458	73	21,169,330		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	55,492				64,061		66.01
67	Occupational Therapy	1,408,234		18,666		6,470,816		67
68	Speech Pathology	419,705				1,746,218		68
69	Electrocardiology	197,761		4,299		4,674,610		69
70	Electroencephalography	221,888		10,944		6,313,737		70
71	Medical Supplies Charged to Patients			50,597,139		196,211,084		71
73	Drugs Charged to Patients				56,921,839	265,093,975		73
74	Renal Dialysis	3,509,932	1,346	1,629,061	237,047	31,150,963		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	1,577,152	1,098	938,030	14,330	24,627,495		76.01
76.02	BONE MARROW TRANSPLANT	583,286	146	1,208	3,362	3,605,036	115	76.02
76.03	CARDIAC SERVICES	1,588,866	439	1,206,390		22,309,230		76.03
76.04	TELEMEDICINE PROGRAM				9,780,602	1,486,292		76.04
76.05	SLEEP LAB WEST HARRISON	176,686		1,321		4,103,681		76.05
76.06	SICKLE CELL	420,614	606	15,109	26,823	3,376,313		76.06
76.97	CARDIAC REHABILITATION							76.97

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	17,740,231	7,090	1,277,872	17,241,379	100,282,542	8,029	90
91	Emergency	7,140,143	5,368	574,925	151,254	84,928,285	653	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	2,169,553	176	80,504	2,027,164	18,925,749	1,560	93.01
93.02	OCC PSYCH	1,338,973	129	4,033	25	5,260,225		93.02
93.03	OCC ADOLESCENTS	2,185,976	1,103	120,843	421,643	11,024,903		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,614,143	595	592	139	7,554,816	1,150	105
107	Liver Acquisition	218,285	121			2,077,422	192	107
109	Pancreas Acquisition	70,470	51		2	1,093,380	163	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	26,262	19	383	80	79,542		112
118	SUBTOTALS (sum of lines 1-117)	227,331,968	96,099	103,613,812	88,702,184	2,168,765,695	33,163	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	44,824						190
191	Research	495,439	58	9,544	2,534			191
192	Physicians' Private Offices	2,553,730	968	80,074			4,057	192
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,289,452	11,117,770	15,553,286	9,279,256	7,953,173	8,313,341	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.014276	114.468674	0.149979	0.104608	0.003667	223.356824	203
204	Cost to be allocated (Per Wkst. B, Part II)	105,380	208,998	572,316	200,996	167,538	78,699	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000457	2.151846	0.005519	0.002266	0.000077	2.114428	205

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLATIVE CARE	118,204					17.01
18	UTILMGMT / DSCH PLANNING		118,204				18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			9,933			21
22	I&R Services-Other Prgm Costs Apprvd				2,161,302,062		22
23	PARAMED ED PRGM-(SPECIFY)					118,204	23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	65,548	65,548	955	156,591,777	65,548	30
31	Intensive Care Unit	11,863	11,863	152	45,786,683	11,863	31
31.01	PEDS ICU	2,793	2,793	86	10,659,648	2,793	31.01
31.02	NEONATAL ICU	12,618	12,618	285	46,534,325	12,618	31.02
32	Coronary Care Unit	4,946	4,946	135	21,389,107	4,946	32
40	Subprovider - IPF	12,746	12,746	131	24,818,943	12,746	40
41	Subprovider - IRF	3,753	3,753			3,753	41
43	Nursery	3,937	3,937	22	4,345,296	3,937	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,295	149,496,274		50
51	Recovery Room				12,576,946		51
52	Delivery Room & Labor Room			178	23,838,814		52
53	Anesthesiology			286	62,802,180		53
54	Radiology-Diagnostic				29,740,898		54
54.01	RADIO ULTRASOUND			37	12,390,979		54.01
54.02	RADIO ANGIOGRAPHY			297	57,754,270		54.02
54.03	RADIO WEST HARRISON				14,387,888		54.03
54.04	RADIO MILE SQUARE				1,661,378		54.04
55	Radiology-Therapeutic			366	22,575,578		55
56	Radioisotope			40	7,410,870		56
57	CT Scan			173	65,662,623		57
58	MRI			169	47,026,721		58
59	Cardiac Catheterization			364	16,643,814		59
60	Laboratory			1,199	284,837,963		60
60.01	LAB TISSUE TYPING				4,162,271		60.01
60.02	LAB OUTREACH				146,422,457		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			242	28,865,041		63
64	Intravenous Therapy				1,492,955		64
65	Respiratory Therapy			262	37,796,658		65
66	Physical Therapy			55	21,169,330		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				64,061		66.01
67	Occupational Therapy			29	6,470,816		67
68	Speech Pathology			28	1,746,218		68
69	Electrocardiology			82	4,674,610		69
70	Electroencephalography				6,313,737		70
71	Medical Supplies Charged to Patients			347	196,211,084		71
73	Drugs Charged to Patients			1,585	265,093,975		73
74	Renal Dialysis			169	31,150,963		74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY				24,627,495		76.01
76.02	BONE MARROW TRANSPLANT				3,605,036		76.02
76.03	CARDIAC SERVICES				22,309,230		76.03
76.04	TELEMEDICINE PROGRAM				1,486,292		76.04
76.05	SLEEP LAB WEST HARRISON				4,103,681		76.05

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	22	23		
76.06	SICKLE CELL				3,376,313			76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			279	100,282,542			90
91	Emergency			291	84,928,285			91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			58	18,925,749			93.01
93.02	OCC PSYCH			75	5,260,225			93.02
93.03	OCC ADOLESCENTS			103	11,024,903			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			48	7,554,816			105
107	Liver Acquisition			44	2,077,422			107
109	Pancreas Acquisition				1,093,380			109
112	OTHER ORGAN ACQUISITION (SPECIFY)			10	79,542			112
118	SUBTOTALS (sum of lines 1-117)	118,204	118,204	9,877	2,161,302,062	118,204		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices			56				192
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	602,724	5,020,807	54,934,319	20,709,538	2,739,811		202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.099015	42.475779	5,530.486157	0.009582	23.178666		203
204	Cost to be allocated (Per Wkst. B, Part II)	2,996	24,609	269,878	127,977	13,023		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.025346	0.208191	27.169838	0.000059	0.110174		205

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET			
		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-226,910	5

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	107,661,828		107,661,828		107,661,828	30
31	Intensive Care Unit	28,685,095		28,685,095		28,685,095	31
31.01	PEDS ICU	8,390,079		8,390,079		8,390,079	31.01
31.02	NEONATAL ICU	23,982,760		23,982,760		23,982,760	31.02
32	Coronary Care Unit	12,948,252		12,948,252		12,948,252	32
40	Subprovider - IPF	16,271,852		16,271,852		16,271,852	40
41	Subprovider - IRF	5,793,549		5,793,549		5,793,549	41
43	Nursery	2,711,266		2,711,266		2,711,266	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	40,323,596		40,323,596		40,323,596	50
51	Recovery Room	7,895,424		7,895,424		7,895,424	51
52	Delivery Room & Labor Room	12,323,081		12,323,081		12,323,081	52
53	Anesthesiology	3,645,663		3,645,663		3,645,663	53
54	Radiology-Diagnostic	6,606,586		6,606,586		6,606,586	54
54.01	RADIO ULTRASOUND	2,340,259		2,340,259		2,340,259	54.01
54.02	RADIO ANGIOGRAPHY	6,312,221		6,312,221		6,312,221	54.02
54.03	RADIO WEST HARRISON	2,775,662		2,775,662		2,775,662	54.03
54.04	RADIO MILE SQUARE	531,886		531,886		531,886	54.04
55	Radiology-Therapeutic	8,699,879		8,699,879		8,699,879	55
56	Radioisotope	1,740,279		1,740,279		1,740,279	56
57	CT Scan	4,783,047		4,783,047		4,783,047	57
58	MRI	4,882,771		4,882,771		4,882,771	58
59	Cardiac Catheterization	2,724,133		2,724,133		2,724,133	59
60	Laboratory	39,995,708		39,995,708		39,995,708	60
60.01	LAB TISSUE TYPING	1,437,421		1,437,421		1,437,421	60.01
60.02	LAB OUTREACH	12,676,742		12,676,742		12,676,742	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	7,697,361		7,697,361		7,697,361	63
64	Intravenous Therapy	545,914		545,914		545,914	64
65	Respiratory Therapy	6,355,663		6,355,663		6,355,663	65
66	Physical Therapy	8,818,985		8,818,985		8,818,985	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	652,800		652,800		652,800	66.01
67	Occupational Therapy	3,215,820		3,215,820		3,215,820	67
68	Speech Pathology	915,065		915,065		915,065	68
69	Electrocardiology	530,552		530,552		530,552	69
70	Electroencephalography	663,859		663,859		663,859	70
71	Medical Supplies Charged to Patients	68,302,954		68,302,954		68,302,954	71
73	Drugs Charged to Patients	72,682,520		72,682,520		72,682,520	73
74	Renal Dialysis	9,321,809		9,321,809		9,321,809	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	4,600,488		4,600,488		4,600,488	76.01
76.02	BONE MARROW TRANSPLANT	3,493,463		3,493,463		3,493,463	76.02
76.03	CARDIAC SERVICES	4,311,812		4,311,812		4,311,812	76.03
76.04	TELEMEDICINE PROGRAM	2,275,244		2,275,244		2,275,244	76.04
76.05	SLEEP LAB WEST HARRISON	1,457,925		1,457,925		1,457,925	76.05
76.06	SICKLE CELL	665,125		665,125		665,125	76.06
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	63,799,704		63,799,704		63,799,704	90
91	Emergency	17,388,355		17,388,355		17,388,355	91
92	Observation Beds (Non-Distinct Part)	8,819,883		8,819,883		8,819,883	92
93.01	OCC EEI	8,231,771		8,231,771		8,231,771	93.01
93.02	OCC PSYCH	5,775,160		5,775,160		5,775,160	93.02
93.03	OCC ADOLESCENTS	7,346,583		7,346,583		7,346,583	93.03
	OTHER REIMBURSABLE COST CENTERS						
105	Kidney Acquisition	6,311,506		6,311,506		6,311,506	105
107	Liver Acquisition	1,496,080		1,496,080		1,496,080	107
109	Pancreas Acquisition	779,898		779,898		779,898	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	448,893		448,893		448,893	112
200	Subtotal (sum of lines 30 thru 199)	683,044,231		683,044,231		683,044,231	200
201	Less Observation Beds	8,819,883		8,819,883		8,819,883	201
202	Total (line 200 minus line 201)	674,224,348		674,224,348		674,224,348	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	144,222,664		144,222,664				30
31	Intensive Care Unit	45,786,683		45,786,683				31
31.01	PEDS ICU	10,659,648		10,659,648				31.01
31.02	NEONATAL ICU	46,534,325		46,534,325				31.02
32	Coronary Care Unit	21,389,107		21,389,107				32
40	Subprovider - IPF	24,818,943		24,818,943				40
41	Subprovider - IRF	7,463,633		7,463,633				41
43	Nursery	4,345,296		4,345,296				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	76,633,745	72,862,529	149,496,274	0.269730	0.269730	0.269730	50
51	Recovery Room	4,327,294	8,249,652	12,576,946	0.627770	0.627770	0.627770	51
52	Delivery Room & Labor Room	18,794,626	5,044,188	23,838,814	0.516933	0.516933	0.516933	52
53	Anesthesiology	34,955,380	27,846,800	62,802,180	0.058050	0.058050	0.058050	53
54	Radiology-Diagnostic	7,603,109	22,137,789	29,740,898	0.222138	0.222138	0.222138	54
54.01	RADIO ULTRASOUND	4,270,054	8,120,925	12,390,979	0.188868	0.188868	0.188868	54.01
54.02	RADIO ANGIOGRAPHY	31,131,678	26,622,592	57,754,270	0.109294	0.109294	0.109294	54.02
54.03	RADIO WEST HARRISON	36,073	14,351,815	14,387,888	0.192917	0.192917	0.192917	54.03
54.04	RADIO MILE SQUARE	559	1,660,819	1,661,378	0.320147	0.320147	0.320147	54.04
55	Radiology-Therapeutic	2,596,756	19,978,822	22,575,578	0.385367	0.385367	0.385367	55
56	Radioisotope	1,912,306	5,498,564	7,410,870	0.234828	0.234828	0.234828	56
57	CT Scan	26,586,077	39,076,546	65,662,623	0.072843	0.072843	0.072843	57
58	MRI	14,898,600	32,128,121	47,026,721	0.103830	0.103830	0.103830	58
59	Cardiac Catheterization	7,863,875	8,779,939	16,643,814	0.163672	0.163672	0.163672	59
60	Laboratory	108,069,675	176,768,288	284,837,963	0.140416	0.140416	0.140416	60
60.01	LAB TISSUE TYPING	469,887	3,692,384	4,162,271	0.345345	0.345345	0.345345	60.01
60.02	LAB OUTREACH		146,422,457	146,422,457	0.086576	0.086576	0.086576	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	21,242,038	7,623,003	28,865,041	0.266667	0.266667	0.266667	63
64	Intravenous Therapy	1,407,320	85,635	1,492,955	0.365660	0.365660	0.365660	64
65	Respiratory Therapy	32,765,481	5,031,177	37,796,658	0.168154	0.168154	0.168154	65
66	Physical Therapy	5,920,832	15,248,498	21,169,330	0.416593	0.416593	0.416593	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		64,061	64,061	10.190287	10.190287	10.190287	66.01
67	Occupational Therapy	4,312,564	2,158,252	6,470,816	0.496973	0.496973	0.496973	67
68	Speech Pathology	1,213,612	532,606	1,746,218	0.524027	0.524027	0.524027	68
69	Electrocardiology	2,948,773	1,725,837	4,674,610	0.113497	0.113497	0.113497	69
70	Electroencephalography	5,733,984	579,753	6,313,737	0.105145	0.105145	0.105145	70
71	Medical Supplies Charged to Patients	124,073,281	72,137,803	196,211,084	0.348110	0.348110	0.348110	71
73	Drugs Charged to Patients	141,621,681	123,472,294	265,093,975	0.274176	0.274176	0.274176	73
74	Renal Dialysis	6,133,647	25,017,316	31,150,963	0.299246	0.299246	0.299246	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	5,006,473	19,621,022	24,627,495	0.186803	0.186803	0.186803	76.01
76.02	BONE MARROW TRANSPLANT	3,277,091	327,945	3,605,036	0.969051	0.969051	0.969051	76.02
76.03	CARDIAC SERVICES	12,382,433	9,926,797	22,309,230	0.193275	0.193275	0.193275	76.03
76.04	TELEMEDICINE PROGRAM		1,486,292	1,486,292	1.530819	1.530819	1.530819	76.04
76.05	SLEEP LAB WEST HARRISON	2,202	4,101,479	4,103,681	0.355272	0.355272	0.355272	76.05
76.06	SICKLE CELL	471,630	2,904,683	3,376,313	0.196997	0.196997	0.196997	76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	767,753	99,514,789	100,282,542	0.636200	0.636200	0.636200	90
91	Emergency	25,145,909	59,782,376	84,928,285	0.204742	0.204742	0.204742	91
92	Observation Beds (Non-Distinct Part)	682,109	11,687,004	12,369,113	0.713057	0.713057	0.713057	92
93.01	OCC EEI	37,007	18,888,742	18,925,749	0.434951	0.434951	0.434951	93.01
93.02	OCC PSYCH	2,133	5,258,092	5,260,225	1.097892	1.097892	1.097892	93.02
93.03	OCC ADOLESCENTS	88,054	10,936,849	11,024,903	0.666363	0.666363	0.666363	93.03
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	7,554,816		7,554,816				105
107	Liver Acquisition	2,077,422		2,077,422				107
109	Pancreas Acquisition	1,093,380		1,093,380				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	79,542		79,542				112
200	Subtotal (sum of lines 30 thru 199)	1,051,411,160	1,117,354,535	2,168,765,695				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,051,411,160	1,117,354,535	2,168,765,695				202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,645,280		1,645,280	71,397	23.04	14,670	337,997	30
31	Intensive Care Unit	361,383		361,383	11,863	30.46	4,002	121,901	31
31.01	PEDS ICU	110,300		110,300	2,793	39.49	9	355	31.01
31.02	NEONATAL ICU	304,134		304,134	12,618	24.10			31.02
32	Coronary Care Unit	201,867		201,867	4,946	40.81	1,367	55,787	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	298,430		298,430	12,746	23.41	1,912	44,760	40
41	Subprovider - IRF	114,181		114,181	3,753	30.42	1,289	39,211	41
42	Subprovider I								42
43	Nursery	62,300		62,300	3,937	15.82			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,097,875		3,097,875	124,053		23,249	600,011	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0150

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,360,198	149,496,274	0.022477	13,537,563	304,284	50
51	Recovery Room	52,455	12,576,946	0.004171	731,078	3,049	51
52	Delivery Room & Labor Room	487,128	23,838,814	0.020434	42,129	861	52
53	Anesthesiology	487,070	62,802,180	0.007756	4,904,282	38,038	53
54	Radiology-Diagnostic	382,663	29,740,898	0.012867	1,985,029	25,541	54
54.01	RADIO ULTRASOUND	230,085	12,390,979	0.018569	994,501	18,467	54.01
54.02	RADIO ANGIOGRAPHY	223,809	57,754,270	0.003875	7,728,938	29,550	54.02
54.03	RADIO WEST HARRISON	569,881	14,387,888	0.039608	26,890	1,065	54.03
54.04	RADIO MILE SQUARE	56,329	1,661,378	0.033905	559	19	54.04
55	Radiology-Therapeutic	592,733	22,575,578	0.026255	713,836	18,742	55
56	Radioisotope	21,326	7,410,870	0.002878	596,207	1,716	56
57	CT Scan	145,181	65,662,623	0.002211	6,930,451	15,323	57
58	MRI	585,485	47,026,721	0.012450	3,197,158	39,805	58
59	Cardiac Catheterization	124,842	16,643,814	0.007501	2,416,027	18,123	59
60	Laboratory	1,436,132	284,837,963	0.005042	26,057,880	131,384	60
60.01	LAB TISSUE TYPING	82,034	4,162,271	0.019709	230,191	4,537	60.01
60.02	LAB OUTREACH	145,156	146,422,457	0.000991			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	65,263	28,865,041	0.002261	4,654,607	10,524	63
64	Intravenous Therapy	3,434	1,492,955	0.002300	357,373	822	64
65	Respiratory Therapy	213,039	37,796,658	0.005636	6,697,417	37,747	65
66	Physical Therapy	229,923	21,169,330	0.010861	932,401	10,127	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	3,071	64,061	0.047939			66.01
67	Occupational Therapy	74,085	6,470,816	0.011449	273,241	3,128	67
68	Speech Pathology	17,181	1,746,218	0.009839	276,038	2,716	68
69	Electrocardiology	20,070	4,674,610	0.004293	920,468	3,952	69
70	Electroencephalography	114,686	6,313,737	0.018165	1,641,491	29,818	70
71	Medical Supplies Charged to Pat	573,674	196,211,084	0.002924	30,606,280	89,493	71
73	Drugs Charged to Patients	455,556	265,093,975	0.001718	29,986,383	51,517	73
74	Renal Dialysis	256,808	31,150,963	0.008244	2,168,048	17,873	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	413,090	24,627,495	0.016774	1,419,865	23,817	76.01
76.02	BONE MARROW TRANSPLANT	37,383	3,605,036	0.010370	435,062	4,512	76.02
76.03	CARDIAC SERVICES	408,295	22,309,230	0.018302	3,684,044	67,425	76.03
76.04	TELEMEDICINE PROGRAM	40,767	1,486,292	0.027429			76.04
76.05	SLEEP LAB WEST HARRISON	8,282	4,103,681	0.002018	2,202	4	76.05
76.06	SICKLE CELL	4,620	3,376,313	0.001368	89,807	123	76.06
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,908,722	100,282,542	0.019033	219,730	4,182	90
91	Emergency	289,182	84,928,285	0.003405	5,995,565	20,415	91
92	Observation Beds (Non-Distinct)	134,785	12,369,113	0.010897	244,022	2,659	92
93.01	OCC EEI	237,144	18,925,749	0.012530	11,386	143	93.01
93.02	OCC PSYCH	384,756	5,260,225	0.073144	641	47	93.02
93.03	OCC ADOLESCENTS	161,277	11,024,903	0.014628	563	8	93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	15,037,600	1,852,740,236		160,709,353	1,031,956	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		1,519,315			1,519,315	30
31	Intensive Care Unit		274,969			274,969	31
31.01	PEDS ICU		64,738			64,738	31.01
31.02	NEONATAL ICU		292,468			292,468	31.02
32	Coronary Care Unit		114,642			114,642	32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		295,435			295,435	40
41	Subprovider - IRF		86,990			86,990	41
42	Subprovider I						42
43	Nursery		91,254			91,254	43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		2,739,811			2,739,811	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	71,397	21.28	14,670	312,178	30
31	Intensive Care Unit	11,863	23.18	4,002	92,766	31
31.01	PEDS ICU	2,793	23.18	9	209	31.01
31.02	NEONATAL ICU	12,618	23.18			31.02
32	Coronary Care Unit	4,946	23.18	1,367	31,687	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	12,746	23.18	1,912	44,320	40
41	Subprovider - IRF	3,753	23.18	1,289	29,879	41
42	Subprovider I					42
43	Nursery	3,937	23.18			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	124,053		23,249	511,039	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct)			124,466		124,466	124,466	92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			124,466		124,466	124,466	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	149,496,274			13,537,563		12,402,930		50
51	Recovery Room	12,576,946			731,078		857,116		51
52	Delivery Room & Labor Room	23,838,814			42,129		26,292		52
53	Anesthesiology	62,802,180			4,904,282		4,316,032		53
54	Radiology-Diagnostic	29,740,898			1,985,029		2,355,858		54
54.01	RADIO ULTRASOUND	12,390,979			994,501		1,287,693		54.01
54.02	RADIO ANGIOGRAPHY	57,754,270			7,728,938		7,933,811		54.02
54.03	RADIO WEST HARRISON	14,387,888			26,890		2,493,156		54.03
54.04	RADIO MILE SQUARE	1,661,378			559		66,000		54.04
55	Radiology-Therapeutic	22,575,578			713,836		3,922,708		55
56	Radioisotope	7,410,870			596,207		1,345,822		56
57	CT Scan	65,662,623			6,930,451		8,697,706		57
58	MRI	47,026,721			3,197,158		5,166,885		58
59	Cardiac Catheterization	16,643,814			2,416,027		3,267,144		59
60	Laboratory	284,837,963			26,057,880		17,620,515		60
60.01	LAB TISSUE TYPING	4,162,271			230,191		95,831		60.01
60.02	LAB OUTREACH	146,422,457							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	28,865,041			4,654,607		1,138,953		63
64	Intravenous Therapy	1,492,955			357,373		65,365		64
65	Respiratory Therapy	37,796,658			6,697,417		1,357,935		65
66	Physical Therapy	21,169,330			932,401		25,928		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	64,061					641		66.01
67	Occupational Therapy	6,470,816			273,241		805		67
68	Speech Pathology	1,746,218			276,038		4,635		68
69	Electrocardiology	4,674,610			920,468		452,132		69
70	Electroencephalography	6,313,737			1,641,491		91,003		70
71	Medical Supplies Charged to Pat	196,211,084			30,606,280		16,366,000		71
73	Drugs Charged to Patients	265,093,975			29,986,383		33,437,391		73
74	Renal Dialysis	31,150,963			2,168,048		103,170		74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	24,627,495			1,419,865		3,667,844		76.01
76.02	BONE MARROW TRANSPLANT	3,605,036			435,062		16,871		76.02
76.03	CARDIAC SERVICES	22,309,230			3,684,044		2,310,109		76.03
76.04	TELEMEDCINE PROGRAM	1,486,292							76.04
76.05	SLEEP LAB WEST HARRISON	4,103,681			2,202		522,446		76.05
76.06	SICKLE CELL	3,376,313			89,807		460,849		76.06
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	100,282,542			219,730		19,139,901		90
91	Emergency	84,928,285			5,995,565		6,684,803		91
92	Observation Beds (Non-Distinct	12,369,113	0.010063	0.010063	244,022	2,456	2,995,321	30,142	92
93.01	OCC EEI	18,925,749			11,386		5,604,398		93.01
93.02	OCC PSYCH	5,260,225			641		691,471		93.02
93.03	OCC ADOLESCENTS	11,024,903			563		23,838		93.03
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,852,740,236			160,709,353	2,456	167,017,308	30,142	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.269730	12,402,930			3,345,442		50
51	Recovery Room	0.627770	857,116			538,072		51
52	Delivery Room & Labor Room	0.516933	26,292			13,591		52
53	Anesthesiology	0.058050	4,316,032			250,546		53
54	Radiology-Diagnostic	0.222138	2,355,858			523,326		54
54.01	RADIO ULTRASOUND	0.188868	1,287,693			243,204		54.01
54.02	RADIO ANGIOGRAPHY	0.109294	7,933,811			867,118		54.02
54.03	RADIO WEST HARRISON	0.192917	2,493,156			480,972		54.03
54.04	RADIO MILE SQUARE	0.320147	66,000			21,130		54.04
55	Radiology-Therapeutic	0.385367	3,922,708			1,511,682		55
56	Radioisotope	0.234828	1,345,822			316,037		56
57	CT Scan	0.072843	8,697,706			633,567		57
58	MRI	0.103830	5,166,885			536,478		58
59	Cardiac Catheterization	0.163672	3,267,144			534,740		59
60	Laboratory	0.140416	17,620,515			2,474,202		60
60.01	LAB TISSUE TYPING	0.345345	95,831			33,095		60.01
60.02	LAB OUTREACH	0.086576						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.266667	1,138,953			303,721		63
64	Intravenous Therapy	0.365660	65,365			23,901		64
65	Respiratory Therapy	0.168154	1,357,935			228,342		65
66	Physical Therapy	0.416593	25,928			10,801		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.190287	641			6,532		66.01
67	Occupational Therapy	0.496973	805			400		67
68	Speech Pathology	0.524027	4,635			2,429		68
69	Electrocardiology	0.113497	452,132			51,316		69
70	Electroencephalography	0.105145	91,003			9,569		70
71	Medical Supplies Charged to Pat	0.348110	16,366,000			5,697,168		71
73	Drugs Charged to Patients	0.274176	33,437,391			9,167,730		73
74	Renal Dialysis	0.299246	103,170			30,873		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	0.186803	3,667,844			685,164		76.01
76.02	BONE MARROW TRANSPLANT	0.969051	16,871			16,349		76.02
76.03	CARDIAC SERVICES	0.193275	2,310,109			446,486		76.03
76.04	TELEMEDICINE PROGRAM	1.530819						76.04
76.05	SLEEP LAB WEST HARRISON	0.355272	522,446			185,610		76.05
76.06	SICKLE CELL	0.196997	460,849			90,786		76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.636200	19,139,901			12,176,805		90
91	Emergency	0.204742	6,684,803			1,368,660		91
92	Observation Beds (Non-Distinct)	0.713057	2,995,321			2,135,835		92
93.01	OCC EEI	0.434951	5,604,398			2,437,639		93.01
93.02	OCC PSYCH	1.097892	691,471			759,160		93.02
93.03	OCC ADOLESCENTS	0.666363	23,838			15,885		93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		167,017,308			48,174,363		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		167,017,308			48,174,363		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S150

**WORKSHEET D
PART II**

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

(A)	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)	
Cost Center Description	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 Operating Room	3,360,198	149,496,274	0.022477	28,459	640	50
51 Recovery Room	52,455	12,576,946	0.004171	55,139	230	51
52 Delivery Room & Labor Room	487,128	23,838,814	0.020434	1,123	23	52
53 Anesthesiology	487,070	62,802,180	0.007756	161,367	1,252	53
54 Radiology-Diagnostic	382,663	29,740,898	0.012867	14,635	188	54
54.01 RADIO ULTRASOUND	230,085	12,390,979	0.018569	2,202	41	54.01
54.02 RADIO ANGIOGRAPHY	223,809	57,754,270	0.003875	8,160	32	54.02
54.03 RADIO WEST HARRISON	569,881	14,387,888	0.039608			54.03
54.04 RADIO MILE SQUARE	56,329	1,661,378	0.033905			54.04
55 Radiology-Therapeutic	592,733	22,575,578	0.026255			55
56 Radioisotope	21,326	7,410,870	0.002878	5,927	17	56
57 CT Scan	145,181	65,662,623	0.002211	39,220	87	57
58 MRI	585,485	47,026,721	0.012450	69,196	861	58
59 Cardiac Catheterization	124,842	16,643,814	0.007501			59
60 Laboratory	1,436,132	284,837,963	0.005042	449,005	2,264	60
60.01 LAB TISSUE TYPING	82,034	4,162,271	0.019709			60.01
60.02 LAB OUTREACH	145,156	146,422,457	0.000991			60.02
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 Blood Storing, Processing & Tra	65,263	28,865,041	0.002261	1,979	4	63
64 Intravenous Therapy	3,434	1,492,955	0.002300	2,302	5	64
65 Respiratory Therapy	213,039	37,796,658	0.005636	10,994	62	65
66 Physical Therapy	229,923	21,169,330	0.010861	6,445	70	66
66.01 PHYSICAL THERAPY-ROOSEVELT RD	3,071	64,061	0.047939			66.01
67 Occupational Therapy	74,085	6,470,816	0.011449	102,625	1,175	67
68 Speech Pathology	17,181	1,746,218	0.009839	2,961	29	68
69 Electrocardiology	20,070	4,674,610	0.004293	11,657	50	69
70 Electroencephalography	114,686	6,313,737	0.018165	12,898	234	70
71 Medical Supplies Charged to Pat	573,674	196,211,084	0.002924	150,979	441	71
73 Drugs Charged to Patients	455,556	265,093,975	0.001718	534,821	919	73
74 Renal Dialysis	256,808	31,150,963	0.008244	18,354	151	74
76 OTHER ANCILLARY SVC						76
76.01 GASTROENTROLOGY	413,090	24,627,495	0.016774	8,356	140	76.01
76.02 BONE MARROW TRANSPLANT	37,383	3,605,036	0.010370			76.02
76.03 CARDIAC SERVICES	408,295	22,309,230	0.018302	4,964	91	76.03
76.04 TELEMEDICINE PROGRAM	40,767	1,486,292	0.027429			76.04
76.05 SLEEP LAB WEST HARRISON	8,282	4,103,681	0.002018			76.05
76.06 SICKLE CELL	4,620	3,376,313	0.001368			76.06
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 Clinic	1,908,722	100,282,542	0.019033	3,745	71	90
91 Emergency	289,182	84,928,285	0.003405	246,843	841	91
92 Observation Beds (Non-Distinct)		12,369,113				92
93.01 OCC EEI	237,144	18,925,749	0.012530			93.01
93.02 OCC PSYCH	384,756	5,260,225	0.073144	641	47	93.02
93.03 OCC ADOLESCENTS	161,277	11,024,903	0.014628			93.03
OTHER REIMBURSABLE COST CENTERS						
200 Total (sum of lines 50-199)	14,902,815	1,852,740,236		1,954,997	9,965	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	149,496,274			28,459				50
51	Recovery Room	12,576,946			55,139				51
52	Delivery Room & Labor Room	23,838,814			1,123				52
53	Anesthesiology	62,802,180			161,367				53
54	Radiology-Diagnostic	29,740,898			14,635		733		54
54.01	RADIO ULTRASOUND	12,390,979			2,202				54.01
54.02	RADIO ANGIOGRAPHY	57,754,270			8,160				54.02
54.03	RADIO WEST HARRISON	14,387,888							54.03
54.04	RADIO MILE SQUARE	1,661,378							54.04
55	Radiology-Therapeutic	22,575,578							55
56	Radioisotope	7,410,870			5,927				56
57	CT Scan	65,662,623			39,220		4,216		57
58	MRI	47,026,721			69,196		9,065		58
59	Cardiac Catheterization	16,643,814							59
60	Laboratory	284,837,963			449,005		2,068		60
60.01	LAB TISSUE TYPING	4,162,271							60.01
60.02	LAB OUTREACH	146,422,457							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	28,865,041			1,979				63
64	Intravenous Therapy	1,492,955			2,302				64
65	Respiratory Therapy	37,796,658			10,994		287		65
66	Physical Therapy	21,169,330			6,445				66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	64,061							66.01
67	Occupational Therapy	6,470,816			102,625				67
68	Speech Pathology	1,746,218			2,961				68
69	Electrocardiology	4,674,610			11,657		719		69
70	Electroencephalography	6,313,737			12,898				70
71	Medical Supplies Charged to Pat	196,211,084			150,979				71
73	Drugs Charged to Patients	265,093,975			534,821		2,532		73
74	Renal Dialysis	31,150,963			18,354				74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	24,627,495			8,356				76.01
76.02	BONE MARROW TRANSPLANT	3,605,036							76.02
76.03	CARDIAC SERVICES	22,309,230			4,964		1,597		76.03
76.04	TELEMEDCINE PROGRAM	1,486,292							76.04
76.05	SLEEP LAB WEST HARRISON	4,103,681							76.05
76.06	SICKLE CELL	3,376,313							76.06
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	100,282,542			3,745				90
91	Emergency	84,928,285			246,843				91
92	Observation Beds (Non-Distinct	12,369,113							92
93.01	OCC EEI	18,925,749							93.01
93.02	OCC PSYCH	5,260,225			641				93.02
93.03	OCC ADOLESCENTS	11,024,903							93.03
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,852,740,236			1,954,997		21,217		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.269730						50
51	Recovery Room	0.627770						51
52	Delivery Room & Labor Room	0.516933						52
53	Anesthesiology	0.058050						53
54	Radiology-Diagnostic	0.222138	733			163		54
54.01	RADIO ULTRASOUND	0.188868						54.01
54.02	RADIO ANGIOGRAPHY	0.109294						54.02
54.03	RADIO WEST HARRISON	0.192917						54.03
54.04	RADIO MILE SQUARE	0.320147						54.04
55	Radiology-Therapeutic	0.385367						55
56	Radioisotope	0.234828						56
57	CT Scan	0.072843	4,216			307		57
58	MRI	0.103830	9,065			941		58
59	Cardiac Catheterization	0.163672						59
60	Laboratory	0.140416	2,068			290		60
60.01	LAB TISSUE TYPING	0.345345						60.01
60.02	LAB OUTREACH	0.086576						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.266667						63
64	Intravenous Therapy	0.365660						64
65	Respiratory Therapy	0.168154	287			48		65
66	Physical Therapy	0.416593						66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	10.190287						66.01
67	Occupational Therapy	0.496973						67
68	Speech Pathology	0.524027						68
69	Electrocardiology	0.113497	719			82		69
70	Electroencephalography	0.105145						70
71	Medical Supplies Charged to Pat	0.348110						71
73	Drugs Charged to Patients	0.274176	2,532			694		73
74	Renal Dialysis	0.299246						74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	0.186803						76.01
76.02	BONE MARROW TRANSPLANT	0.969051						76.02
76.03	CARDIAC SERVICES	0.193275	1,597			309		76.03
76.04	TELEMEDICINE PROGRAM	1.530819						76.04
76.05	SLEEP LAB WEST HARRISON	0.355272						76.05
76.06	SICKLE CELL	0.196997						76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.636200						90
91	Emergency	0.204742						91
92	Observation Beds (Non-Distinct)	0.713057						92
93.01	OCC EEI	0.434951						93.01
93.02	OCC PSYCH	1.097892						93.02
93.03	OCC ADOLESCENTS	0.666363						93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		21,217			2,834		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		21,217			2,834		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T150

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,360,198	149,496,274	0.022477	33,635	756	50
51	Recovery Room	52,455	12,576,946	0.004171	4,538	19	51
52	Delivery Room & Labor Room	487,128	23,838,814	0.020434			52
53	Anesthesiology	487,070	62,802,180	0.007756	13,052	101	53
54	Radiology-Diagnostic	382,663	29,740,898	0.012867	13,937	179	54
54.01	RADIO ULTRASOUND	230,085	12,390,979	0.018569	1,396	26	54.01
54.02	RADIO ANGIOGRAPHY	223,809	57,754,270	0.003875	670	3	54.02
54.03	RADIO WEST HARRISON	569,881	14,387,888	0.039608			54.03
54.04	RADIO MILE SQUARE	56,329	1,661,378	0.033905			54.04
55	Radiology-Therapeutic	592,733	22,575,578	0.026255	55,916	1,468	55
56	Radioisotope	21,326	7,410,870	0.002878	3,217	9	56
57	CT Scan	145,181	65,662,623	0.002211	19,849	44	57
58	MRI	585,485	47,026,721	0.012450	14,281	178	58
59	Cardiac Catheterization	124,842	16,643,814	0.007501			59
60	Laboratory	1,436,132	284,837,963	0.005042	167,363	844	60
60.01	LAB TISSUE TYPING	82,034	4,162,271	0.019709			60.01
60.02	LAB OUTREACH	145,156	146,422,457	0.000991			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	65,263	28,865,041	0.002261	7,792	18	63
64	Intravenous Therapy	3,434	1,492,955	0.002300	1,211	3	64
65	Respiratory Therapy	213,039	37,796,658	0.005636	38,694	218	65
66	Physical Therapy	229,923	21,169,330	0.010861	662,067	7,191	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	3,071	64,061	0.047939			66.01
67	Occupational Therapy	74,085	6,470,816	0.011449	578,884	6,628	67
68	Speech Pathology	17,181	1,746,218	0.009839	120,686	1,187	68
69	Electrocardiology	20,070	4,674,610	0.004293	2,043	9	69
70	Electroencephalography	114,686	6,313,737	0.018165	1,988	36	70
71	Medical Supplies Charged to Pat	573,674	196,211,084	0.002924	187,737	549	71
73	Drugs Charged to Patients	455,556	265,093,975	0.001718	522,543	898	73
74	Renal Dialysis	256,808	31,150,963	0.008244	63,029	520	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	413,090	24,627,495	0.016774	2,310	39	76.01
76.02	BONE MARROW TRANSPLANT	37,383	3,605,036	0.010370	205	2	76.02
76.03	CARDIAC SERVICES	408,295	22,309,230	0.018302	10,296	188	76.03
76.04	TELEMEDICINE PROGRAM	40,767	1,486,292	0.027429			76.04
76.05	SLEEP LAB WEST HARRISON	8,282	4,103,681	0.002018			76.05
76.06	SICKLE CELL	4,620	3,376,313	0.001368			76.06
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	1,908,722	100,282,542	0.019033			90
91	Emergency	289,182	84,928,285	0.003405	3,018	10	91
92	Observation Beds (Non-Distinct		12,369,113				92
93.01	OCC EEI	237,144	18,925,749	0.012530			93.01
93.02	OCC PSYCH	384,756	5,260,225	0.073144			93.02
93.03	OCC ADOLESCENTS	161,277	11,024,903	0.014628			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	14,902,815	1,852,740,236		2,530,357	21,123	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	149,496,274			33,635				50
51	Recovery Room	12,576,946			4,538				51
52	Delivery Room & Labor Room	23,838,814							52
53	Anesthesiology	62,802,180			13,052				53
54	Radiology-Diagnostic	29,740,898			13,937		2,767		54
54.01	RADIO ULTRASOUND	12,390,979			1,396				54.01
54.02	RADIO ANGIOGRAPHY	57,754,270			670				54.02
54.03	RADIO WEST HARRISON	14,387,888							54.03
54.04	RADIO MILE SQUARE	1,661,378							54.04
55	Radiology-Therapeutic	22,575,578			55,916				55
56	Radioisotope	7,410,870			3,217				56
57	CT Scan	65,662,623			19,849		5,518		57
58	MRI	47,026,721			14,281		6,984		58
59	Cardiac Catheterization	16,643,814							59
60	Laboratory	284,837,963			167,363				60
60.01	LAB TISSUE TYPING	4,162,271							60.01
60.02	LAB OUTREACH	146,422,457							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	28,865,041			7,792				63
64	Intravenous Therapy	1,492,955			1,211				64
65	Respiratory Therapy	37,796,658			38,694		6,720		65
66	Physical Therapy	21,169,330			662,067				66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	64,061							66.01
67	Occupational Therapy	6,470,816			578,884				67
68	Speech Pathology	1,746,218			120,686				68
69	Electrocardiology	4,674,610			2,043				69
70	Electroencephalography	6,313,737			1,988				70
71	Medical Supplies Charged to Pat	196,211,084			187,737				71
73	Drugs Charged to Patients	265,093,975			522,543		9,096		73
74	Renal Dialysis	31,150,963			63,029				74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	24,627,495			2,310				76.01
76.02	BONE MARROW TRANSPLANT	3,605,036			205				76.02
76.03	CARDIAC SERVICES	22,309,230			10,296		775		76.03
76.04	TELEMEDCINE PROGRAM	1,486,292							76.04
76.05	SLEEP LAB WEST HARRISON	4,103,681							76.05
76.06	SICKLE CELL	3,376,313							76.06
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	100,282,542							90
91	Emergency	84,928,285			3,018				91
92	Observation Beds (Non-Distinct	12,369,113							92
93.01	OCC EEI	18,925,749							93.01
93.02	OCC PSYCH	5,260,225							93.02
93.03	OCC ADOLESCENTS	11,024,903							93.03
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,852,740,236			2,530,357		31,860		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.269730						50
51	Recovery Room	0.627770						51
52	Delivery Room & Labor Room	0.516933						52
53	Anesthesiology	0.058050						53
54	Radiology-Diagnostic	0.222138	2,767			615		54
54.01	RADIO ULTRASOUND	0.188868						54.01
54.02	RADIO ANGIOGRAPHY	0.109294						54.02
54.03	RADIO WEST HARRISON	0.192917						54.03
54.04	RADIO MILE SQUARE	0.320147						54.04
55	Radiology-Therapeutic	0.385367						55
56	Radioisotope	0.234828						56
57	CT Scan	0.072843	5,518			402		57
58	MRI	0.103830	6,984			725		58
59	Cardiac Catheterization	0.163672						59
60	Laboratory	0.140416						60
60.01	LAB TISSUE TYPING	0.345345						60.01
60.02	LAB OUTREACH	0.086576						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.266667						63
64	Intravenous Therapy	0.365660						64
65	Respiratory Therapy	0.168154	6,720			1,130		65
66	Physical Therapy	0.416593						66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	10.190287						66.01
67	Occupational Therapy	0.496973						67
68	Speech Pathology	0.524027						68
69	Electrocardiology	0.113497						69
70	Electroencephalography	0.105145						70
71	Medical Supplies Charged to Pat	0.348110						71
73	Drugs Charged to Patients	0.274176	9,096			2,494		73
74	Renal Dialysis	0.299246						74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	0.186803						76.01
76.02	BONE MARROW TRANSPLANT	0.969051						76.02
76.03	CARDIAC SERVICES	0.193275	775			150		76.03
76.04	TELEMEDICINE PROGRAM	1.530819						76.04
76.05	SLEEP LAB WEST HARRISON	0.355272						76.05
76.06	SICKLE CELL	0.196997						76.06
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.636200						90
91	Emergency	0.204742						91
92	Observation Beds (Non-Distinct)	0.713057						92
93.01	OCC EEI	0.434951						93.01
93.02	OCC PSYCH	1.097892						93.02
93.03	OCC ADOLESCENTS	0.666363						93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		31,860			5,516		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		31,860			5,516		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

**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)	71,397	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	71,397	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)	65,548	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	14,670	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)	107,661,828	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)	107,661,828	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)	107,661,828	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,507.93	38
39	Program general inpatient routine service cost (line 9 x line 38)						22,121,333	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)						22,121,333	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	28,685,095	11,863	2,418.03	4,002	9,676,956		43
43.01	PEDS ICU	8,390,079	2,793	3,003.97	9	27,036		43.01
43.02	NEONATAL ICU	23,982,760	12,618	1,900.68				43.02
44	Coronary Care Unit	12,948,252	4,946	2,617.92	1,367	3,578,697		44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						37,214,979	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						72,619,001	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						952,880	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,034,412	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,987,292	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						70,631,709	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					5,849	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,507.93	88
89	Observation bed cost (line 87 x line 88) (see instructions)					8,819,883	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	1,645,280	107,661,828	0.015282	8,819,883	134,785	90
91	Nursing School						91
92	Allied Health	1,519,315	107,661,828	0.014112	8,819,883	124,466	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S150

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,746	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,746	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	12,746	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,912	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)	16,271,852	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)	16,271,852	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)	16,271,852	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S150

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,276.62	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,440,897	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,440,897	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	453,246	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,894,143	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	89,080	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,965	51
52	Total Program excludable cost (sum of lines 50 and 51)	99,045	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,795,098	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,753	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,753	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,753	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,289	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)	5,793,549	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)	5,793,549	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)	5,793,549	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,543.71	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,989,842	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,989,842	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	931,780	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,921,622	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	69,090	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	21,123	51
52	Total Program excludable cost (sum of lines 50 and 51)	90,213	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,831,409	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30		40,459,792		30
31		6,878,238		31
31.01		31,982		31.01
31.02				31.02
32		5,922,607		32
40				40
41				41
ANCILLARY SERVICE COST CENTERS				
50	0.269730	13,537,563	3,651,487	50
51	0.627770	731,078	458,949	51
52	0.516933	42,129	21,778	52
53	0.058050	4,904,282	284,694	53
54	0.222138	1,985,029	440,950	54
54.01	0.188868	994,501	187,829	54.01
54.02	0.109294	7,728,938	844,727	54.02
54.03	0.192917	26,890	5,188	54.03
54.04	0.320147	559	179	54.04
55	0.385367	713,836	275,089	55
56	0.234828	596,207	140,006	56
57	0.072843	6,930,451	504,835	57
58	0.103830	3,197,158	331,961	58
59	0.163672	2,416,027	395,436	59
60	0.140416	26,057,880	3,658,943	60
60.01	0.345345	230,191	79,495	60.01
60.02	0.086576			60.02
62.30				62.30
63	0.266667	4,654,607	1,241,230	63
64	0.365660	357,373	130,677	64
65	0.168154	6,697,417	1,126,197	65
66	0.416593	932,401	388,432	66
66.01	10.190287			66.01
67	0.496973	273,241	135,793	67
68	0.524027	276,038	144,651	68
69	0.113497	920,468	104,470	69
70	0.105145	1,641,491	172,595	70
71	0.348110	30,606,280	10,654,352	71
73	0.274176	29,986,383	8,221,547	73
74	0.299246	2,168,048	648,780	74
76				76
76.01	0.186803	1,419,865	265,235	76.01
76.02	0.969051	435,062	421,597	76.02
76.03	0.193275	3,684,044	712,034	76.03
76.04	1.530819			76.04
76.05	0.355272	2,202	782	76.05
76.06	0.196997	89,807	17,692	76.06
76.97				76.97
76.98				76.98
76.99				76.99
OUTPATIENT SERVICE COST CENTERS				
90	0.636200	219,730	139,792	90
91	0.204742	5,995,565	1,227,544	91
92	0.713057	244,022	174,002	92
93.01	0.434951	11,386	4,952	93.01
93.02	1.097892	641	704	93.02
93.03	0.666363	563	375	93.03
OTHER REIMBURSABLE COST CENTERS				
200		160,709,353	37,214,979	200
201				201
202		160,709,353		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30				30
31				31
31.01				31.01
31.02				31.02
32				32
40		3,784,232		40
41				41
ANCILLARY SERVICE COST CENTERS				
50	0.269730	28,459	7,676	50
51	0.627770	55,139	34,615	51
52	0.516933	1,123	581	52
53	0.058050	161,367	9,367	53
54	0.222138	14,635	3,251	54
54.01	0.188868	2,202	416	54.01
54.02	0.109294	8,160	892	54.02
54.03	0.192917			54.03
54.04	0.320147			54.04
55	0.385367			55
56	0.234828	5,927	1,392	56
57	0.072843	39,220	2,857	57
58	0.103830	69,196	7,185	58
59	0.163672			59
60	0.140416	449,005	63,047	60
60.01	0.345345			60.01
60.02	0.086576			60.02
62.30				62.30
63	0.266667	1,979	528	63
64	0.365660	2,302	842	64
65	0.168154	10,994	1,849	65
66	0.416593	6,445	2,685	66
66.01	10.190287			66.01
67	0.496973	102,625	51,002	67
68	0.524027	2,961	1,552	68
69	0.113497	11,657	1,323	69
70	0.105145	12,898	1,356	70
71	0.348110	150,979	52,557	71
73	0.274176	534,821	146,635	73
74	0.299246	18,354	5,492	74
76				76
76.01	0.186803	8,356	1,561	76.01
76.02	0.969051			76.02
76.03	0.193275	4,964	959	76.03
76.04	1.530819			76.04
76.05	0.355272			76.05
76.06	0.196997			76.06
76.97				76.97
76.98				76.98
76.99				76.99
OUTPATIENT SERVICE COST CENTERS				
90	0.636200	3,745	2,383	90
91	0.204742	246,843	50,539	91
92	0.713057			92
93.01	0.434951			93.01
93.02	1.097892	641	704	93.02
93.03	0.666363			93.03
OTHER REIMBURSABLE COST CENTERS				
200		1,954,997	453,246	200
201				201
202		1,954,997		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T150

WORKSHEET D-3

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

	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30				30
31				31
31.01				31.01
31.02				31.02
32				32
40				40
41		2,592,075		41
ANCILLARY SERVICE COST CENTERS				
50	0.269730	33,635	9,072	50
51	0.627770	4,538	2,849	51
52	0.516933			52
53	0.058050	13,052	758	53
54	0.222138	13,937	3,096	54
54.01	0.188868	1,396	264	54.01
54.02	0.109294	670	73	54.02
54.03	0.192917			54.03
54.04	0.320147			54.04
55	0.385367	55,916	21,548	55
56	0.234828	3,217	755	56
57	0.072843	19,849	1,446	57
58	0.103830	14,281	1,483	58
59	0.163672			59
60	0.140416	167,363	23,500	60
60.01	0.345345			60.01
60.02	0.086576			60.02
62.30				62.30
63	0.266667	7,792	2,078	63
64	0.365660	1,211	443	64
65	0.168154	38,694	6,507	65
66	0.416593	662,067	275,812	66
66.01	10.190287			66.01
67	0.496973	578,884	287,690	67
68	0.524027	120,686	63,243	68
69	0.113497	2,043	232	69
70	0.105145	1,988	209	70
71	0.348110	187,737	65,353	71
73	0.274176	522,543	143,269	73
74	0.299246	63,029	18,861	74
76				76
76.01	0.186803	2,310	432	76.01
76.02	0.969051	205	199	76.02
76.03	0.193275	10,296	1,990	76.03
76.04	1.530819			76.04
76.05	0.355272			76.05
76.06	0.196997			76.06
76.97				76.97
76.98				76.98
76.99				76.99
OUTPATIENT SERVICE COST CENTERS				
90	0.636200			90
91	0.204742	3,018	618	91
92	0.713057			92
93.01	0.434951			93.01
93.02	1.097892			93.02
93.03	0.666363			93.03
OTHER REIMBURSABLE COST CENTERS				
200		2,530,357	931,780	200
201				201
202		2,530,357		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	230,509	38	1,507.93	124	186,983	1
2	Intensive Care Unit	61,690	43	2,418.03	12	29,016	2
2.01	PEDS ICU		43.01	3,003.97			2.01
2.02	NEONATAL ICU		43.02	1,900.68			2.02
3	Coronary Care Unit	3,070	44	2,617.92	1	2,618	3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	295,269			137	218,617	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	0.269730	1,689,316	455,659	8
9	Recovery Room	51	0.627770	75,691	47,517	9
10	Delivery Room & Labor Room	52	0.516933			10
11	Anesthesiology	53	0.058050	315,328	18,305	11
12	Radiology-Diagnostic	54	0.222138	167,692	37,251	12
12.01	RADIO ULTRASOUND	54.01	0.188868	305,814	57,758	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.109294	39,779	4,348	12.02
12.03	RADIO WEST HARRISON	54.03	0.192917	16,662	3,214	12.03
12.04	RADIO MILE SQUARE	54.04	0.320147	535	171	12.04
13	Radiology-Therapeutic	55	0.385367			13
14	Radioisotope	56	0.234828	112,326	26,377	14
15	CT Scan	57	0.072843	689,658	50,237	15
16	MRI	58	0.103830	22,378	2,324	16
17	Cardiac Catheterization	59	0.163672	297,043	48,618	17
18	Laboratory	60	0.140416	4,086,557	573,818	18
18.01	LAB TISSUE TYPING	60.01	0.345345	2,079,950	718,300	18.01
18.02	LAB OUTREACH	60.02	0.086576			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.266667	310,218	82,725	21
22	Intravenous Therapy	64	0.365660			22
23	Respiratory Therapy	65	0.168154	59,619	10,025	23
24	Physical Therapy	66	0.416593	414	172	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	10.190287			24.01
25	Occupational Therapy	67	0.496973			25
26	Speech Pathology	68	0.524027			26
27	Electrocardiology	69	0.113497	27,161	3,083	27
28	Electroencephalography	70	0.105145			28
29	Medical Supplies Charged to Patients	71	0.348110	27,080	9,427	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.274176	271,532	74,448	31
32	Renal Dialysis	74	0.299246	13,845	4,143	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.186803	166,547	31,111	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.969051	41	40	34.02
34.03	CARDIAC SERVICES	76.03	0.193275	329,693	63,721	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.530819			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.355272			34.05
34.06	SICKLE CELL	76.06	0.196997			34.06
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.636200	956,191	608,329	37
38	Emergency	91	0.204742	25,827	5,288	38
39	Observation Beds (Non-Distinct Part)	92	0.713057			39
40	Other Outpatient Service (specify)	93				40
40.01	OCC EEI	93.01	0.434951	6,123	2,663	40.01
40.02	OCC PSYCH	93.02	1.097892	1,193	1,310	40.02
40.03	OCC ADOLESCENTS	93.03	0.666363	163	109	40.03

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
41	TOTAL (sum of lines 8-40)			12,094,376	2,940,491	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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		124		42
43	Intensive Care Unit	3		12		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		1		44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			137		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	956,191	23			51
52	Emergency	25,827	24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI	6,123	26.01			54.01
54.02	OCC PSYCH	1,193	26.02			54.02
54.03	OCC ADOLESCENTS	163	26.03			54.03
55	TOTAL (sum of lines 49-54)	989,497				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**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	3,159,108		12,389,645		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	6,311,506		6,311,506		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	9,470,614		18,701,151		61
62	Total Usable Organs (see instructions)		116			62
63	Medicare Usable Organs (see instructions)		70			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.603448			64
65	Medicare Cost/Charges (see instructions)	5,715,023		11,285,172		65
66	Revenue for Organs Sold	42,298		288,869		66
67	Subtotal (line 65 minus line 66)	5,672,725		10,996,303		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	5,672,725		10,996,303		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	51	20		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		47		73
74	Total (sum of lines 70 thru 73)	51	67		74
75	Organs Transplanted	51	47	7,708,434	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		18	288,869	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs		2		83
84	Total (sum of lines 75 through 83 should equal line 74)	51	67		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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		38	1,507.93			1
2	Intensive Care Unit	78,783	43	2,418.03	19	45,943	2
2.01	PEDS ICU		43.01	3,003.97			2.01
2.02	NEONATAL ICU		43.02	1,900.68			2.02
3	Coronary Care Unit		44	2,617.92			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	78,783			19	45,943	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	0.269730	132,203	35,659
9	Recovery Room	51	0.627770	836	525
10	Delivery Room & Labor Room	52	0.516933		10
11	Anesthesiology	53	0.058050	39,558	2,296
12	Radiology-Diagnostic	54	0.222138	5,709	1,268
12.01	RADIO ULTRASOUND	54.01	0.188868	14,872	2,809
12.02	RADIO ANGIOGRAPHY	54.02	0.109294	10,942	1,196
12.03	RADIO WEST HARRISON	54.03	0.192917	10,370	2,001
12.04	RADIO MILE SQUARE	54.04	0.320147		12.04
13	Radiology-Therapeutic	55	0.385367		13
14	Radioisotope	56	0.234828	4,043	949
15	CT Scan	57	0.072843	58,396	4,254
16	MRI	58	0.103830	2,956	307
17	Cardiac Catheterization	59	0.163672	21,604	3,536
18	Laboratory	60	0.140416	159,069	22,336
18.01	LAB TISSUE TYPING	60.01	0.345345	1,304	450
18.02	LAB OUTREACH	60.02	0.086576		18.02
19	PBP Clinical Lab Services-Prgm Only	61			19
20	Whole Blood & Packed Red Blood Cells	62			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30			20.30
21	Blood Storing, Processing & Trans.	63	0.266667	14,087	3,757
22	Intravenous Therapy	64	0.365660		22
23	Respiratory Therapy	65	0.168154	15,371	2,585
24	Physical Therapy	66	0.416593	207	86
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	10.190287		24.01
25	Occupational Therapy	67	0.496973	188	93
26	Speech Pathology	68	0.524027		26
27	Electrocardiology	69	0.113497	1,181	134
28	Electroencephalography	70	0.105145		28
29	Medical Supplies Charged to Patients	71	0.348110	8,367	2,913
30	Impl. Dev. Charged to Patients	72			30
31	Drugs Charged to Patients	73	0.274176	56,159	15,397
32	Renal Dialysis	74	0.299246		32
33	ASC (Non-Distinct Part)	75			33
34	OTHER ANCILLARY SVC	76			34
34.01	GASTROENTROLOGY	76.01	0.186803	14,241	2,660
34.02	BONE MARROW TRANSPLANT	76.02	0.969051	21	20
34.03	CARDIAC SERVICES	76.03	0.193275	10,154	1,963
34.04	TELEMEDICINE PROGRAM	76.04	1.530819		34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.355272		34.05
34.06	SICKLE CELL	76.06	0.196997		34.06
34.97	CARDIAC REHABILITATION	76.97			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98			34.98
34.99	LITHOTRIPSY	76.99			34.99
35	Rural Health Clinic	88			35
36	Federally Qualified Health Center	89			36
37	Clinic	90	0.636200	29,536	18,791
38	Emergency	91	0.204742	3,056	626
39	Observation Beds (Non-Distinct Part)	92	0.713057		39
40	Other Outpatient Service (specify)	93			40
40.01	OCC EEI	93.01	0.434951		40.01
40.02	OCC PSYCH	93.02	1.097892		40.02
40.03	OCC ADOLESCENTS	93.03	0.666363		40.03

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
41	TOTAL (sum of lines 8-40)			614,430	126,611	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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				42
43	Intensive Care Unit	3		19		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			19		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	29,536	23			51
52	Emergency	3,056	24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	32,592				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**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	172,554		693,213		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,496,080		1,496,080		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,668,634		2,189,293		61
62	Total Usable Organs (see instructions)		29			62
63	Medicare Usable Organs (see instructions)		15			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.517241			64
65	Medicare Cost/Charges (see instructions)	863,086		1,132,392		65
66	Revenue for Organs Sold	30,777		189,131		66
67	Subtotal (line 65 minus line 66)	832,309		943,261		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	832,309		943,261		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	2	13		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		17		73
74	Total (sum of lines 70 thru 73)	2	30		74
75	Organs Transplanted	2	17	2,077,422	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		10	189,131	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs		3		83
84	Total (sum of lines 75 through 83 should equal line 74)	2	30		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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	1,507.93			1
2	Intensive Care Unit	2,945	43	2,418.03	1	2,418	2
2.01	PEDS ICU		43.01	3,003.97			2.01
2.02	NEONATAL ICU		43.02	1,900.68			2.02
3	Coronary Care Unit		44	2,617.92			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	2,945			1	2,418	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	0.269730	10,608	2,861
9	Recovery Room	51	0.627770		
10	Delivery Room & Labor Room	52	0.516933		
11	Anesthesiology	53	0.058050	3,440	200
12	Radiology-Diagnostic	54	0.222138	2,137	475
12.01	RADIO ULTRASOUND	54.01	0.188868	4,921	929
12.02	RADIO ANGIOGRAPHY	54.02	0.109294		
12.03	RADIO WEST HARRISON	54.03	0.192917		
12.04	RADIO MILE SQUARE	54.04	0.320147		
13	Radiology-Therapeutic	55	0.385367		
14	Radioisotope	56	0.234828		
15	CT Scan	57	0.072843	341	25
16	MRI	58	0.103830		
17	Cardiac Catheterization	59	0.163672	3,713	608
18	Laboratory	60	0.140416	35,860	5,035
18.01	LAB TISSUE TYPING	60.01	0.345345	10,073	3,479
18.02	LAB OUTREACH	60.02	0.086576		
19	PBP Clinical Lab Services-Prgm Only	61			
20	Whole Blood & Packed Red Blood Cells	62			
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30			
21	Blood Storing, Processing & Trans.	63	0.266667	3,519	938
22	Intravenous Therapy	64	0.365660		
23	Respiratory Therapy	65	0.168154	2,213	372
24	Physical Therapy	66	0.416593	213	89
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	10.190287		
25	Occupational Therapy	67	0.496973		
26	Speech Pathology	68	0.524027		
27	Electrocardiology	69	0.113497	32	4
28	Electroencephalography	70	0.105145		
29	Medical Supplies Charged to Patients	71	0.348110	15	5
30	Impl. Dev. Charged to Patients	72			
31	Drugs Charged to Patients	73	0.274176	2,471	677
32	Renal Dialysis	74	0.299246		
33	ASC (Non-Distinct Part)	75			
34	OTHER ANCILLARY SVC	76			
34.01	GASTROENTROLOGY	76.01	0.186803		
34.02	BONE MARROW TRANSPLANT	76.02	0.969051		
34.03	CARDIAC SERVICES	76.03	0.193275	6,920	1,337
34.04	TELEMEDICINE PROGRAM	76.04	1.530819		
34.05	SLEEP LAB WEST HARRISON	76.05	0.355272		
34.06	SICKLE CELL	76.06	0.196997		
34.97	CARDIAC REHABILITATION	76.97			
34.98	HYPERBARIC OXYGEN THERAPY	76.98			
34.99	LITHOTRIPSY	76.99			
35	Rural Health Clinic	88			
36	Federally Qualified Health Center	89			
37	Clinic	90	0.636200	14,616	9,299
38	Emergency	91	0.204742		
39	Observation Beds (Non-Distinct Part)	92	0.713057		
40	Other Outpatient Service (specify)	93			
40.01	OCC EEI	93.01	0.434951		
40.02	OCC PSYCH	93.02	1.097892		
40.03	OCC ADOLESCENTS	93.03	0.666363		

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
41	TOTAL (sum of lines 8-40)			101,092	26,333	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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		2		42
43	Intensive Care Unit	3		1		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			1		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21	2	3	49
50	Federally Qualified Health Center		22			50
51	Clinic	14,616	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	14,616				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

**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	28,751		104,037		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	779,898		779,898		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	808,649		883,935		61
62	Total Usable Organs (see instructions)		13			62
63	Medicare Usable Organs (see instructions)		7			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.538462			64
65	Medicare Cost/Charges (see instructions)	435,427		475,965		65
66	Revenue for Organs Sold	8,383		37,079		66
67	Subtotal (line 65 minus line 66)	427,044		438,886		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	427,044		438,886		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		10		73
74	Total (sum of lines 70 thru 73)		14		74
75	Organs Transplanted		10	1,093,380	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		3	37,079	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs		1		83
84	Total (sum of lines 75 through 83 should equal line 74)		14		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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)	8,730,403			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	26,920,505			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)	5,633,797			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	6,185,526			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	437.98			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	353.91			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	86.06			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	439.97			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	436.11			10
11	FTE count for residents in dental and podiatric programs	24.60			11
12	Current year allowable FTE (see instructions)	460.71			12
13	Total allowable FTE count for the prior year	467.25			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	450.75			14
15	Sum of lines 12 through 14 divided by 3	459.57			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	459.57			18
19	Current year resident to bed ratio (line 18 divided by line 4)	1.049294			19
20	Prior year resident to bed ratio (see instructions)	1.033369			20
21	Enter the lesser of lines 19 or 20 (see instructions)	1.033369			21
22	IME payment adjustment (see instructions)	18,807,109			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)	-3.86			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)	18,807,109			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)	0.1623			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4767			31
32	Sum of lines 30 and 31	0.6390			32
33	Allowable disproportionate share percentage (see instructions)	0.4264			33
34	Disproportionate share adjustment (see instructions)	3,800,387			34
		Prior to October 1	On or after October 1		
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	11,560,475	9,793,531		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,913,876	7,325,023		35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	10,238,899			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

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	74,131,100			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)	74,131,100			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	4,912,532			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)	5,993,861			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	3,006			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	6,932,078			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).	436,840			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	2,456			58
59	Total (sum of amounts on lines 49 through 58)	92,411,873			59
60	Primary payer payments	39,499			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	92,372,374			61
62	Deductibles billed to program beneficiaries	2,562,457			62
63	Coinsurance billed to program beneficiaries	281,952			63
64	Allowable bad debts (see instructions)	811,987			64
65	Adjusted reimbursable bad debts (see instructions)	527,792			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	811,987			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	90,055,757			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
70.99	HAC adjustment amount (see instructions)	638,898			70.99
71	Amount due provider (see instructions)	89,416,859			71
71.01	Sequestration adjustment (see instructions)	1,788,337			71.01
72	Interim payments	89,700,136			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	-2,071,614			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	203,758			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1

On or After 10/1

100	HSP bonus amount (see instructions)				100
-----	-------------------------------------	--	--	--	-----

HVBP Adjustment for HSP Bonus Payment

Prior to 10/1

On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1

On or After 10/1

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	8,730,403	8,730,403			8,730,403	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	26,920,505		26,920,505		26,920,505	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	5,633,797	2,012,446		3,621,351	5,633,797	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	6,185,526	1,414,447		4,771,079	6,185,526	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	1,033,369	1,033,369		1,033,369		5
6	IME payment adjustment	18,807,109	4,560,506		14,246,603	18,807,109	6
6.01	IME payment adjustment for managed care						6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	18,807,109	4,560,506		14,246,603	18,807,109	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)						9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.4264	0.4264	0.4264	0.4264	0.4264	10
11	Disproportionate share adjustment	3,800,387	930,661		2,869,726	3,800,387	11
11.01	Uncompensated care payments	10,238,899	2,913,876		7,325,023	10,238,899	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	74,131,100	19,147,892		54,983,208	74,131,100	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	74,131,100	19,147,892		54,983,208	74,131,100	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	4,912,532	1,193,799		3,718,733	4,912,532	16
17	Special add-on payments for new technologies	3,006			3,006	3,006	17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)	6,932,078	1,747,265		5,184,813	6,932,078	17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		22,088,956		63,889,760	85,978,716	19
20	Capital DRG other than outlier	2,932,615	706,621		2,225,994	2,932,615	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	29,435	17,205		12,230	29,435	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	52.7000	52.7000		52.7000		22
23	Indirect medical education adjustment	1,545,488	372,389		1,173,099	1,545,488	23
24	Allowable disproportionate share percentage	0.1381	0.1381		0.1381		24
25	Disproportionate share adjustment	404,994	97,584		307,410	404,994	25
26	Total prospective capital payments	4,912,532	1,193,799		3,718,733	4,912,532	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment						30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment						31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment				638,898	638,898	32

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0150

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	48,144,221			2
3	PPS payments	33,640,521			3
4	Outlier payment (see instructions)	1,130,196			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.823			5
6	Line 2 times line 5	39,622,694			6
7	Sum of line 3 and line 4 divided by line 6	0.8775			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	30,142			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	34,800,859			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	6,729,462			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	28,071,397			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	3,384,339			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	31,455,736			30
31	Primary payer payments	4,047			31
32	Subtotal (line 30 minus line 31)	31,451,689			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,228,023			34
35	Adjusted reimbursable bad debts (see instructions)	798,215			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,228,023			36
37	Subtotal (see instructions)	32,249,904			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)	32,249,904			40
40.01	Sequestration adjustment (see instructions)	644,998			40.01
41	Interim payments	32,706,669			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-1,101,763			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	2,834			2
3	PPS payments	2,310			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.937			5
6	Line 2 times line 5	2,655			6
7	Sum of line 3 and line 4 divided by line 6	0.8701			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	2,310			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	585			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	1,725			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	1,725			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,725			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	1,725			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)	1,725			40
40.01	Sequestration adjustment (see instructions)	35			40.01
41	Interim payments	1,690			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	5,516			2
3	PPS payments	7,357			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.937			5
6	Line 2 times line 5	5,168			6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	7,357			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	1,661			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	5,696			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	5,696			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	5,696			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	5,696			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)	5,696			40
40.01	Sequestration adjustment (see instructions)	114			40.01
41	Interim payments	5,582			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0150

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		90,362,903		32,755,380	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01	06/04/2015	3,892,162		3.01
		.02				3.02
		.03				3.03
		.04				3.04
		.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50	02/24/2015	4,554,929	02/24/2015	48,711
		.51				3.50
		.52				3.51
		.53				3.52
		.54				3.53
		.55				3.54
		.56				3.55
		.57				3.56
		.58				3.57
		.59				3.58
		.99				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			-662,767		-48,711
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)			89,700,136		32,706,669
						4
	TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
		.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.10
		.51				5.10
		.52				5.11
		.53				5.12
		.54				5.13
		.55				5.14
		.56				5.15
		.57				5.16
		.58				5.17
		.59				5.18
		.99				5.19
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.19
6	Determined net settlement amount (balance due) based on the cost report (1)			-2,071,614		-1,101,763
7	Total Medicare program liability (see instructions)			87,628,522		31,604,906
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T150

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		2,211,745		5,582	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51	02/24/2015	56,458		3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99		-56,458		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			2,155,287	5,582	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				5.01
		.02				5.02
	Program	.03				5.03
	to	.04				5.04
	Provider	.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.10				5.10
		.50				5.50
		.51				5.51
	Provider	.52				5.52
	to	.53				5.53
	Program	.54				5.54
		.55				5.55
		.56				5.56
		.57				5.57
		.58				5.58
		.59				5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01		80,897		6.01
		.02				6.02
7	Total Medicare program liability (see instructions)			2,236,184	5,582	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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)	20,549	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	20,048	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	4,065	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	97,768	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,168,765,695	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	28,158,436	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)	734,706	8
9	Sequestration adjustment amount (see instructions)	14,694	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	720,012	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	700,724	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	19,288	32

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,555,357	1
2	Net IPF PPS Outlier payment	269,154	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	10.00	4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	6.49	6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)	6.49	8
9	Average daily census (see instructions)	34.920548	9
10	Teaching adjustment factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$	0.091755	10
11	Teaching adjustment (line 1 multiplied by line 10)	142,712	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,967,223	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,967,223	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,967,223	18
19	Deductibles	83,144	19
20	Subtotal (line 18 minus line 19)	1,884,079	20
21	Coinsurance	166,451	21
22	Subtotal (line 20 minus line 21)	1,717,628	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,717,628	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	44,320	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,761,948	31
31.01	Sequestration adjustment (see instructions)	35,239	31.01
32	Interim payments	1,613,840	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	112,869	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E-3
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,903,799		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.078000		2
3	Inpatient Rehabilitation LIP payments (see instructions)	261,582		3
4	Outlier payments	102,178		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	10.282192		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,267,559		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	2,267,559		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,267,559		19
20	Deductibles	5,352		20
21	Subtotal (line 19 minus line 20)	2,262,207		21
22	Coinsurance	10,266		22
23	Subtotal (line 21 minus line 22)	2,251,941		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	2,251,941		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	29,879		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	2,281,820		32
32.01	Sequestration adjustment (see instructions)	45,636		32.01
33	Interim payments	2,155,287		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	80,897		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	942		36

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			372.01	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE 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)			78.41	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			450.42	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			461.61	6
7	Enter the lesser of line 5 or line 6			450.42	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	169.69	249.21	418.90	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	165.58	243.17	408.75	9
10	Weighted dental and podiatric resident FTE count for the current year		23.35		10
11	Total weighted FTE count	165.58	266.52		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	168.03	257.94		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	159.93	245.51		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	164.51	256.66		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	164.51	256.66		17
18	Per resident amount	99,902.00	94,598.00		18
19	Approved amount for resident costs	16,434,878	24,279,523	40,714,401	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)			11.19	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)			40,714,401	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	23,249	4,065		26
27	Total inpatient days (see instructions)	116,087	116,087		27
28	Ratio of inpatient days to total inpatient days	0.200272	0.035017		28
29	Program direct GME amount	8,153,955	1,425,696		29
30	Reduction for direct GME payments for Medicare Advantage		201,451		30
31	Net Program direct GME amount			9,378,200	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)			31,150,963	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)			78,434,766	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			6,932,078	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			39,499	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			85,327,345	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			48,182,713	42
43	Primary payer payments (see instructions)			4,047	43
44	Total Part B reasonable cost (line 42 minus line 43)			48,178,666	44
45	Total reasonable cost (sum of lines 41 and 44)			133,506,011	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.639127	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.360873	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			9,378,200	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			5,993,861	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			3,384,339	50

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	189,930,030				1
2	Temporary investments	495,637				2
3	Notes receivable					3
4	Accounts receivable	127,943,521				4
5	Other receivables	10,091,943				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	6,037,514				7
8	Prepaid expenses	449,984				8
9	Other current assets	16,600,305				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	351,548,934				11
FIXED ASSETS						
12	Land	770,917				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	249,678,751				15
16	Accumulated depreciation	-103,246,211				16
17	Leasehold improvements	2,177,211				17
18	Accumulated depreciation	-2,164,898				18
19	Fixed equipment	33,261,555				19
20	Accumulated depreciation	-27,742,566				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	151,852,317				23
24	Accumulated depreciation	-118,668,202				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)	185,918,874				30
OTHER ASSETS						
31	Investments	35,430,662				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	6,191,377				34
35	Total other assets (sum of lines 31-34)	41,622,039				35
36	Total assets (sum of lines 11, 30 and 35)	579,089,847				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	35,103,846				37
38	Salaries, wages and fees payable	17,842,121				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	6,538,277				40
41	Deferred income	62,319,695				41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,504,560				44
45	Total current liabilities (sum of lines 37 thru 44)	124,308,499				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	144,256,009				49
50	Total long term liabilities (sum of lines 46 thru 49)	144,256,009				50
51	Total liabilities (sum of lines 45 and 50)	268,564,508				51
CAPITAL ACCOUNTS						
52	General fund balance	310,525,339				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)	310,525,339				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	579,089,847				60

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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		302,329,454		1
2	Net income (loss) (from Worksheet G-3, line 29)		8,195,885		2
3	Total (sum of line 1 and line 2)		310,525,339		3
4	Additions (credit adjustments) (specify)				4
5	CHANGE IN ACCOUNTING PRINCIPLE				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		310,525,339		11
12	Deductions (debit adjustments) (specify)				12
13	PRIOR PERILD ADJUSTMENT				13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		310,525,339		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	CHANGE IN ACCOUNTING PRINCIPLE				5
6					6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)				11
12	Deductions (debit adjustments) (specify)				12
13	PRIOR PERILD ADJUSTMENT				13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	149,206,868		149,206,868	1
2	Subprovider IPF	24,818,943		24,818,943	2
3	Subprovider IRF	7,463,351		7,463,351	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)	181,489,162		181,489,162	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	45,799,573		45,799,573	11
11.01	PEDS ICU	10,680,203		10,680,203	11.01
11.02	NEONATAL ICU	46,532,226		46,532,226	11.02
12	Coronary Care Unit	21,386,480		21,386,480	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	124,398,482		124,398,482	16
17	Total inpatient routine care services (sum of lines 10 and 16)	305,887,644		305,887,644	17
18	Ancillary services	745,650,647		745,650,647	18
19	Outpatient services		1,018,427,913	1,018,427,913	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,051,538,291	1,018,427,913	2,069,966,204	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		648,698,969	29
30	COM PHYSICIAN SALARIES	16,301,000		30
31	PAYMENTS ON BEHALF - BENEFITS	198,745,979		31
32	UTILITIES	5,187,592		32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		220,234,571	36
37	Deduct (specify)			37
38				38
39	OTHER			39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		868,933,540	43

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,069,966,204	1
2	Less contractual allowances and discounts on patients' accounts	1,461,485,970	2
3	Net patient revenues (line 1 minus line 2)	608,480,234	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	868,933,540	4
5	Net income from service to patients (line 3 minus line 4)	-260,453,306	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	138,184	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	464,884	11
12	Parking lot receipts	246,204	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,033,006	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	46,193	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	72,725	19
20	Revenue from gifts, flowers, coffee shops and canteen	22,820	20
21	Rental of vending machines		21
22	Rental of hosptial space	525,287	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING)	8,151,500	24
24.01	Other (EHR INCENTIVE PAYMENTS STATE & FED)	1,877,715	24.01
24.02	Other (PAYMENT ON BEHALF OF)	21,488,592	24.02
24.03	Other (CAPITATION REV)	4,129,371	24.03
24.04	Other (BERWYN & OUTREACH)	15,605,002	24.04
24.05	Other (NET INCREASE IN FMV OF INVESTMENTS)		24.05
24.06	Other (HOSP/MED SRVS INCOME & TELEMEDICINE)	13,604,432	24.06
24.07	Other (NON-OPER-ON BEHALF PAYMENTS)	198,745,979	24.07
24.08	Other (INVESTMENT INCOME)	2,301,715	24.08
24.09	Other (NET OTHER NON OPERATING REVENUE)	180,400	24.09
25	Total other income (sum of lines 6-24)	269,634,009	25
26	Total (line 5 plus line 25)	9,180,703	26
27.01	Other expenses (NET CHANGE IN FMV OF INVESTMENTS)	984,818	27.01
27.02	Other expenses (NET OTHER NON OPERATING EXPENSE)		27.02
28	Total other expenses (sum of line 27 and subscripts)	984,818	28
29	Net income (or loss) for the period (line 26 minus line 28)	8,195,885	29

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

Check applicable box: Renal Dialysis Department Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	1,102,220	Hours of Service	35,750.00	17.19	1
2	Licensed Practical Nurses	59,820	Hours of Service	2,316.00	1.11	2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,372,111	Hours of Service	96,356.00	46.33	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	975,781	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	3,509,932				9
10	Employee Benefits		Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs	263,438	Percentage of Time			13
14	Supplies	164,598	Requisitions			14
15	Drugs	227,100	Requisitions			15
16	Other	144,319	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	4,309,387				17
18	Capital Related Costs-Bldgs. & Fixtures	111,348	Square Feet			18
19	Capital Related Costs-Mov. Equip.	59,647	Percentage of Time			19
20	Employee Benefits Department	2,493,077	Salary			20
21	Administrative and General	1,295,242	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	692,482	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	244,325	Requisitions			24
25	Pharmacy	-202,113	Requisitions			25
26	Other Allocated Costs	318,414	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	9,321,809				27
28	Laboratory		Charges			28
28.01	LAB TISSUE TYPING		Charges			28.01
28.02	LAB OUTREACH		Charges			28.02
29	Respiratory Therapy		Charges			29
30	OTHER ANCILLARY SVC		Charges			30
30.01	GASTROENTROLOGY		Charges			30.01
30.02	BONE MARROW TRANSPLANT		Charges			30.02
30.03	CARDIAC SERVICES		Charges			30.03
30.04	TELEMEDICINE PROGRAM		Charges			30.04
30.05	SLEEP LAB WEST HARRISON		Charges			30.05
30.06	SICKLE CELL		Charges			30.06
30.97	CARDIAC REHABILITATION		Charges			30.97
30.98	HYPERBARIC OXYGEN THERAPY		Charges			30.98
30.99	LITHOTRIPSY		Charges			30.99
31	Total costs (sum of lines 27-30)	9,321,809				31

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	803,830	323,085	1,102,220	1,431,931	2,493,077	24,987	1
	MAINTENANCE							
2	Hemodialysis	699,745	281,250	697,128	905,723	1,576,908	15,805	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD							6
7	CCPD	3,271	1,315	3,237	4,206	7,329	73	7
	HOME							
8	Hemodialysis			7,739	10,001	17,436	175	8
9	Intermittent Peritoneal							9
10	CAPD			50,070	65,046	113,248	1,135	10
11	CCPD			243,598	316,462	550,966	5,522	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	100,814	40,520	100,448	130,493	227,190	2,277	12
13	Method II Home Patient							13
14	EPO (included in renal department)						218,201	14
15	ARANESP (included in renal department)						8,709	15
16	Other							16
17	Total (sum of lines 2 through 16)	803,830	323,085	1,102,220	1,431,931	2,493,077	24,987	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	408,923		6,588,053	2,733,756	9,321,809	1
	MAINTENANCE						
2	Hemodialysis	258,650		4,435,209	1,840,418	6,275,627	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD	1,202		20,633	8,562	29,195	7
	HOME						
8	Hemodialysis	2,857		38,208	15,855	54,063	8
9	Intermittent Peritoneal						9
10	CAPD	18,576		248,075	102,940	351,015	10
11	CCPD	90,372		1,206,920	500,820	1,707,740	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	37,266		639,008	265,161	904,169	12
13	Method II Home Patient						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	Other						16
17	Total (sum of lines 2 through 16)	408,923		6,588,053	2,733,756	9,321,809	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					9,321,809	19

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	803,830	323,085	1,102,220	1,431,931	2,493,077	1
	MAINTENANCE						
2	Hemodialysis	10,696	10,696.00	22,611.00	60,947.00	2,220,084	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD	50	50.00	105.00	283.00	10,318	7
	HOME						
8	Hemodialysis			251.00	673.00	24,547	8
9	Intermittent Peritoneal						9
10	CAPD			1,624.00	4,377.00	159,439	10
11	CCPD			7,901.00	21,295.00	775,689	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments	1,541	1,541.00	3,258.00	8,781.00	319,855	12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	12,287	12,287.00	35,750.00	96,356.00	3,509,932	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	65.421177	26.294864	30.831329	14.860839	0.710292	18

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs MAINTENANCE	24,987	408,923				1
2	Hemodialysis	143,643	104,111				2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD						6
7	CCPD	668	484				7
	HOME						
8	Hemodialysis	1,589	1,150				8
9	Intermittent Peritoneal						9
10	CAPD	10,316	7,477				10
11	CCPD	50,189	36,376				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments	20,695	15,000				12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	227,100	164,598			6,588,053	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.110026	2.484374			0.414957	18

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	20,441	6,275,627	307.01	13,424			4,121,302	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis								5
6	Training - Continuous Cycling Peritoneal Dialysis	95	29,195	307.32					6
7	Home Program - Hemodialysis	226	54,063	239.22	226			54,064	7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	210	351,015	1,671.50	118			197,237	9
10	Home Program - Continuous Cycling Peritoneal Dialysis	1,020	1,707,740	1,674.25	530			887,353	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	20,762	8,417,640		13,650			5,259,956	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	24,452							12

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	3,450,804			257.06			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis	70,794			313.25			7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	91,395			774.53			9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	416,025			784.95			10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	4,029,018						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET I-5

DESCRIPTION				
1	Total expenses related to care of program beneficiaries (see instructions)		5,259,956	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	4,029,018	3,923,260	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	4,029,018	3,923,260	2.03
2.04	Outlier payments	14,150		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)	767		3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	767		3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)	805,654		4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	805,654		4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)			8
9	Program payment (see instructions)		3,138,608	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE

12	Total allowable expenses (see instructions)	8,644,550	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)	8,417,640	13
14	Facility specific composite cost percentage (line 13 divided by line 12)	0.973751	14

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0150

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,932,615	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	29,435	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)	272.84	3
4	Number of interns & residents (see instructions)	459.57	4
5	Indirect medical education percentage (see instructions)	52.70	5
6	Indirect medical education adjustment (see instructions)	1,545,488	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1623	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4767	8
9	Sum of lines 7 and 8	0.6390	9
10	Allowable disproportionate share percentage (see instructions)	0.1381	10
11	Disproportionate share adjustment (see instructions)	404,994	11
12	Total prospective capital payments (see instructions)	4,912,532	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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
31.01	PEDS ICU						31.01
31.02	NEONATAL ICU						31.02
32	Coronary Care Unit						32
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIO ULTRASOUND						54.01
54.02	RADIO ANGIOGRAPHY						54.02
54.03	RADIO WEST HARRISON						54.03
54.04	RADIO MILE SQUARE						54.04
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	LAB TISSUE TYPING						60.01
60.02	LAB OUTREACH						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
66.01	PHYSICAL THERAPY-ROOSEVELT RD						66.01
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY						76.01
76.02	BONE MARROW TRANSPLANT						76.02
76.03	CARDIAC SERVICES						76.03
76.04	TELEMEDICINE PROGRAM						76.04
76.05	SLEEP LAB WEST HARRISON						76.05
76.06	SICKLE CELL						76.06
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2014 To: 06/30/2015	Run Date: 11/30/2015 Run Time: 14:19 Version: 2015.10 (11/12/2015)
--	---------------------------------------	--	--

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		
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202