

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 01/29/2016 Time: 15:46 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report 4. <input type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (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)

CRAIG C. ARMIN - VICE PRESIDENT
Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		111,073	44,243	277,475	14,307,929	1
2	SUBPROVIDER - IPF		-43,532			681,064	2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		67,541	44,243	277,475	14,988,993	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 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

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not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 3635 VISTA AT GRAND BLVD	P.O. Box:		1
2	City: ST. LOUIS	State: MO	ZIP Code: 63110 County: SAINT LOUIS	2

Hospital and Hospital-Based Component Identification:

	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	SAINT LOUIS UNIVERSITY HOSPITAL	26-0105	41180	1	07 / 01 / 1966	O	P	O	3
4	Subprovider - IPF	SAINT LOUIS UNIVERSITY PSYCHIATRIC	26-S105	41180	4	07 / 01 / 1984	N	P	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	SAINT LOUIS UNIV DIALYSIS	26-2310	41180		07 / 01 / 1966				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 06 / 01 / 2015	To: 08 / 31 / 2015	20
21	Type of control (see instructions)	4		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	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,994	383	786	369	1,182		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
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

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PART I**

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2		
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39	
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	Y	N	40	
		V	XVIII	XIX	
	Prospective Payment System (PPS)-Capital	I	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N	48

		1	2	3	
Teaching Hospitals					
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 osteopathci FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	Y			63
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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)	10.98	202.30	0.051482	64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65	INTERNAL MEDICINE	1400	2.61	56.20	0.044380
65.01	GERIATRIC MEDICINE	1408	0.41	1.75	0.189815
65.02	INTERNAL MEDICINE PEDIATRICS	1450	0.64	5.67	0.101426

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)	2.74	54.51	0.047860	66

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67	INTERNAL MEDICINE	1400	3.30	14.27	0.187820
67.01	INTERNAL MEDICINE PEDIATRIC	1450	0.08	0.09	0.470588
67.02	GERIATRIC PSYCH	2202	0.01	0.35	0.027778

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	172,139	111,213		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	Y			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 06 / 1977			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 15 / 1995			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 01 / 1999			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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PART I**

All Providers

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)	1 Y	2 HB0557	140
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If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 04011	141
142	Street: 1445 ROSS AVENUE, STE 1400	P.O. Box:		142
143	City: DALLAS	State: TX	ZIP Code: 75202-2703	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transitional factor. (see instructions)	0.25				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09 / 13 / 2015	12 / 11 / 2015			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N			171

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	02/23/2015	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities				
		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	Y		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for 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	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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
		1	2	3	4
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	11/30/2015	Y	11/30/2015
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

Capital Related Cost			
22	Have assets been relifed 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 servcies 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: HANK	Last name: IRICK	Title: SR DIRECTOR
42	Employer: TENET HEALTHCARE		
43	Phone number: 469-893-6003	E-mail Address: HANK.IRICK@TENETHEALTH.COM	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				
						Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	222	20,424			5,125	3,716	16,307	1
2	HMO and other (see instructions)						2,304	1,182		2
3	HMO IPF Subprovider						213	342		3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		222	20,424			5,125	3,716	16,307	7
8	Intensive Care Unit	31	14	1,288			401	256	1,007	8
8.01	6TH ICU	31.01	11	1,012			179	61	907	8.01
8.02	7TH ICU	31.02	15	1,380			328	69	890	8.02
8.03	8TH ICU	31.03	11	1,012			375	291	927	8.03
8.04	5TH ICU	31.04	14	1,288			503	139	1,244	8.04
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43								13
14	Total (see instructions)		287	26,404			6,911	4,532	21,282	14
15	CAH Visits									15
16	Subprovider - IPF	40	40	3,680			1,030	776	2,909	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		327							27
28	Observation Bed Days							264	1,121	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					1,236	718	3,880	1
2	HMO and other (see instructions)					414	357		2
3	HMO IPF Subprovider						37		3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	6TH ICU								8.01
8.02	7TH ICU								8.02
8.03	8TH ICU								8.03
8.04	5TH ICU								8.04
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	288.59	1,281.00			1,236	718	3,880	14
15	CAH Visits								15
16	Subprovider - IPF	1.17	46.00			109	154	403	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	289.76	1,327.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
	SALARIES							
1	Total salaries (see instructions)	200	26,864,498		26,864,498	844,010.00	31.83	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching							4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	20,894		20,894	587.00	35.59	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		1,615,262	-77,681	1,537,581	51,193.00	30.03	10
	OTHER WAGES & RELATED COSTS							
11	Contract labor (see instructions)		972,482		972,482	15,537.00	62.59	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		164,268		164,268	1,648.00	99.68	13
14	Home office salaries & wage-related costs		4,733,261		4,733,261	110,282.00	42.92	14
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core)(see instructions)		5,586,241		5,586,241			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		266,385		266,385			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching							22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		4,585		4,585			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits Department		191,198		191,198	6,276.00	30.46	26
27	Administrative & General		2,904,045	-34,920	2,869,125	74,474.00	38.53	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs		102,545		102,545	2,865.00	35.79	29
30	Operation of Plant							30
31	Laundry & Linen Service		24,143		24,143	1,573.00	15.35	31
32	Housekeeping							32
33	Housekeeping under contract (see instructions)		656,846		656,846	48,360.00	13.58	33
34	Dietary							34
35	Dietary under contract (see instructions)		569,173		569,173	43,680.00	13.03	35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		363,514		363,514	8,486.00	42.84	38
39	Central Services and Supply		143,824		143,824	7,372.00	19.51	39
40	Pharmacy		1,234,903	-28,579	1,206,324	29,409.00	41.02	40
41	Medical Records & Medical Records Library		836,049		836,049	28,365.00	29.47	41
42	Social Service		632,154		632,154	18,223.00	34.69	42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		28,069,623		28,069,623	935,463.00	30.01	1
2	Excluded area salaries (see instructions)		1,615,262	-77,681	1,537,581	51,193.00	30.03	2
3	Subtotal salaries (line 1 minus line 2)		26,454,361	77,681	26,532,042	884,270.00	30.00	3
4	Subtotal other wages & related costs (see instructions)		5,870,011		5,870,011	127,467.00	46.05	4
5	Subtotal wage-related costs (see instructions)		5,586,241		5,586,241		21.05%	5
6	Total (sum of lines 3 through 5)		37,910,613	77,681	37,988,294	1,011,737.00	37.55	6
7	Total overhead cost (see instructions)		7,658,394	-63,499	7,594,895	269,083.00	28.23	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	382,884	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	2,728,401	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		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	747,350	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	1,938,645	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	6,314	19
20	State or Federal Unemployment Taxes	22,060	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	31,557	23
24	Total Wage Related cost (Sum of lines 1-23)	5,857,211	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTS (SPECIFY)	145,503	25
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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	Supporting Exhibit for Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

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

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S) 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOnths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	972,482	9,528,435	1
2	Hospital	972,482	9,297,882	2
3	Subprovider - IPF		230,553	3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

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

ESRD PPS

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

TRANSPLANT INFORMATION

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

EPOETIN

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

ARANESP

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

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

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

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)	0.187970	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid	27,689,608	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5
6	Medicaid charges	100,650,581	6
7	Medicaid cost (line 1 times line 6)	18,919,290	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

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

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

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)	2,364,758	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	24,072,216	14
15	State or local indigent care program cost (line 1 times line 14)	4,524,854	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.	2,160,096	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)	2,160,096	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	11,791,076	154,839	11,945,915	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,216,369	29,105	2,245,474	21
22	Partial payment by patients approved for charity care	2,947	20	2,967	22
23	Cost of charity care (line 21 minus line 22)	2,213,422	29,085	2,242,507	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)	7,642,589	26
27	Medicare bad debts for the entire hospital complex (see instructions)	385,030	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	7,257,559	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,364,203	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	3,606,710	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,766,806	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		1,201,465	1,201,465	393,516	1,594,981	193,747	1,788,728	1
2	00200	Cap Rel Costs-Mvble Equip		2,126,284	2,126,284	1,111,456	3,237,740	-53,775	3,183,965	2
3	00300	Other Cap Rel Costs		822,603	822,603	-822,603			-0-	3
4	00400	Employee Benefits Department	191,198	4,058,115	4,249,313	-2,383	4,246,930		4,246,930	4
5	00500	Administrative & General	2,904,045	14,124,803	17,028,848	-152,633	16,876,215	5,926,654	22,802,869	5
6	00600	Maintenance & Repairs	102,545	53,335	155,880	13,166	169,046		169,046	6
7	00700	Operation of Plant		3,444,312	3,444,312	-646,322	2,797,990	-74,241	2,723,749	7
8	00800	Laundry & Linen Service	24,143	236,835	260,978	-3	260,975		260,975	8
9	00900	Housekeeping		837,911	837,911	-1,335	836,576		836,576	9
10	01000	Dietary		731,419	731,419	-543,979	187,440		187,440	10
11	01100	Cafeteria				476,696	476,696		476,696	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	363,514	84,136	447,650	-3,989	443,661		443,661	13
14	01400	Central Services & Supply	143,824	742,725	886,549	-677,752	208,797		208,797	14
15	01500	Pharmacy	1,234,903	6,183,831	7,418,734	-5,973,584	1,445,150		1,445,150	15
16	01600	Medical Records & Library	656,602	303,453	960,055	-187	959,868	-174,303	785,565	16
16.01	01601	QUALITY ASSURANCE	179,447	101,962	281,409	-440	280,969		280,969	16.01
17	01700	Social Service	632,154	226,925	859,079	-265	858,814	-31,023	827,791	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	20,894		20,894		20,894		20,894	21
22	02200	I&R Services-Other Prgm Costs Apprvd		9,782,487	9,782,487		9,782,487		9,782,487	22
23	02300	PARAMED ED PRGM-(SPECIFY)				34,009	34,009		34,009	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	5,261,916	1,260,653	6,522,569	-629,154	5,893,415	-506	5,892,909	30
31	03100	Intensive Care Unit	709,806	193,152	902,958	-54,807	848,151	-921	847,230	31
31.01	03101	6TH ICU	590,958	166,753	757,711	-59,564	698,147		698,147	31.01
31.02	03102	7TH ICU	621,548	206,796	828,344	-66,816	761,528		761,528	31.02
31.03	03103	8TH ICU	598,980	191,639	790,619	-59,442	731,177		731,177	31.03
31.04	03104	5TH ICU	744,900	238,756	983,656	-70,081	913,575		913,575	31.04
40	04000	Subprovider - IPF	919,128	101,363	1,020,491	152,695	1,173,186	-1,180	1,172,006	40
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	1,945,486	6,415,942	8,361,428	-5,275,889	3,085,539	-559	3,084,980	50
51	05100	Recovery Room	593,012	139,734	732,746	-58,318	674,428		674,428	51
53	05300	Anesthesiology	50,472	338,045	388,517	-292,118	96,399		96,399	53
54	05400	Radiology-Diagnostic	1,419,178	2,301,458	3,720,636	-1,213,927	2,506,709	-10	2,506,699	54
54.03	03330	ENDOSCOPY	346,006	496,439	842,445	-374,770	467,675		467,675	54.03
54.05	05401	PET IMAGING	43,013	103,650	146,663	23,480	170,143		170,143	54.05
55	05500	Radiology-Therapeutic	167,039	323,088	490,127	-2,151	487,976	-156,278	331,698	55
56	05600	Radioisotope	106,822	511,992	618,814	-26,184	592,630		592,630	56
60	06000	Laboratory	1,351,455	3,491,473	4,842,928	-634,642	4,208,286	-7,420	4,200,866	60
60.02	06002	BLOOD CLOTTING FACTORS ADMIN COSTS								60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		941,512	941,512	15,334	956,846	-3,991	952,855	63
65	06500	Respiratory Therapy	597,254	293,100	890,354	-217,658	672,696		672,696	65
66	06600	Physical Therapy	683,470	102,322	785,792	-8,586	777,206		777,206	66
69	06900	Electrocardiology	704,984	1,936,045	2,641,029	-1,530,119	1,110,910		1,110,910	69
69.02	03650	CARDIOVASCULAR LAB								69.02
70	07000	Electroencephalography	87,706	15,501	103,207	-1,777	101,430		101,430	70
71	07100	Medical Supplies Charged to Patients				4,598,255	4,598,255		4,598,255	71
72	07200	Impl. Dev. Charged to Patients				5,376,662	5,376,662		5,376,662	72
73	07300	Drugs Charged to Patients				6,198,021	6,198,021		6,198,021	73
74	07400	Renal Dialysis		355,970	355,970	-9,192	346,778		346,778	74
76	03950	OTHER ANCILLARY SERVICES								76
76.01	03550	PSYCH THERAPY								76.01
76.29	03961	AIR RESCUE								76.29
76.30	03962	BONE MARROW	54,873	278,003	332,876	-21	332,855		332,855	76.30
76.31	03963	CORNEAL TRANSPLANTS		57,850	57,850		57,850		57,850	76.31
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	145,234	134,606	279,840	-3,262	276,578		276,578	90

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
90.02	09002	TRANSPLANT CLINIC				376,864	376,864		376,864	90.02
90.03	09003	BONE MARROW CLINIC	348,891	471,011	819,902	-8,505	811,397	-374,560	436,837	90.03
90.04	09004	TENETCARE	145,956	47,519	193,475	-13,947	179,528		179,528	90.04
91	09100	Emergency	1,477,008	2,647,618	4,124,626	-260,265	3,864,361	-2,046,278	1,818,083	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	692,090	375,427	1,067,517	-114,180	953,337		953,337	105
107	10700	Liver Acquisition		414,393	414,393	256,890	671,283		671,283	107
109	10900	Pancreas Acquisition		957	957	4,880	5,837		5,837	109
113	11300	Interest Expense		37,643	37,643	-37,643				113
118		SUBTOTALS (sum of lines 1-117)	26,860,454	69,653,011	96,513,465	-816,569	95,696,896	3,195,356	98,892,252	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	4,044	16,882	20,926		20,926	37,566	58,492	190
194	07950	DOCTORS MEALS				67,064	67,064		67,064	194
194.0 5	07955	PUBLIC RELATIONS				106,507	106,507		106,507	194.0 5
194.1 1	07961	UNIVERSITY SPACE				490,115	490,115		490,115	194.1 1
194.1 2	07962	CANCER CENTER				152,883	152,883		152,883	194.1 2
194.1 3	07963	MARKET SPACE								194.1 3
194.1 4	07964	RENTAL PROPERTIES		8,028	8,028		8,028		8,028	194.1 4
194.1 5	07965	OP CATH LAB-UNIV								194.1 5
200		TOTAL (sum of lines 118-199)	26,864,498	69,677,921	96,542,419		96,542,419	3,232,922	99,775,341	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS OF OTHER COC COSTS	C	Administrative & General	5		17,585	1
500	Total reclassifications					17,585	500
	Code Letter - C						
1	OFFEROR REBATES	D	Central Services & Supply	14		30,364	1
2	OFFEROR REBATES	D	Pharmacy	15		100,300	2
500	Total reclassifications					130,664	500
	Code Letter - D						
1	DIETARY RECLASS - OTHER COSTS	E	Cafeteria	11		476,696	1
2	DIETARY RECLASS - OTHER COSTS	E	DOCTORS MEALS	194		67,064	2
500	Total reclassifications					543,760	500
	Code Letter - E						
1	RECLASS OF HIGH COST IMPLANTABLES	F	Impl. Dev. Charged to Patient	72		5,421,902	1
500	Total reclassifications					5,421,902	500
	Code Letter - F						
1	RECLASS PARAMED ED (OTHER)	H	PARAMED ED PRGM-(SPECIFY)	23	28,579	5,430	1
500	Total reclassifications				28,579	5,430	500
	Code Letter - H						
1	RECLASS FLOAT POOL (OTHER)	I	Intensive Care Unit	31	22,397	6,366	1
2	RECLASS FLOAT POOL (OTHER)	I	6TH ICU	31.01	20,297	5,769	2
3	RECLASS FLOAT POOL (OTHER)	I	7TH ICU	31.02	19,964	5,674	3
4	RECLASS FLOAT POOL (OTHER)	I	8TH ICU	31.03	20,777	5,905	4
5	RECLASS FLOAT POOL (OTHER)	I	5TH ICU	31.04	26,349	7,489	5
6	RECLASS FLOAT POOL (OTHER)	I	Subprovider - IPF	40	16,459	9,041	6
500	Total reclassifications				126,243	40,244	500
	Code Letter - I						
1	NUCLEAR MEDICINE (OTHER)	K	PET IMAGING	54.05	21,960	2,196	1
500	Total reclassifications				21,960	2,196	500
	Code Letter - K						
1	RECLASS OF LEASED HOSPITAL SPACE	L	UNIVERSITY SPACE	194.11		490,115	1
2	RECLASS OF LEASED HOSPITAL SPACE	L	CANCER CENTER	194.12		152,883	2
500	Total reclassifications					642,998	500
	Code Letter - L						
1	HOSPITAL ADMIN	N	Operation of Plant	7		56,265	1
500	Total reclassifications					56,265	500
	Code Letter - N						
1	RECLASS OF DIRECTORSHIP FEES	O	Adults & Pediatrics	30		1,645	1
2	RECLASS OF DIRECTORSHIP FEES	O	Intensive Care Unit	31		3,768	2
3	RECLASS OF DIRECTORSHIP FEES	O	Subprovider - IPF	40		3,185	3
4	RECLASS OF DIRECTORSHIP FEES	O	Operating Room	50		4,350	4
5	RECLASS OF DIRECTORSHIP FEES	O	Laboratory	60		28,977	5
6	RECLASS OF DIRECTORSHIP FEES	O	Blood Storing, Processing & T	63		15,379	6
7	RECLASS OF DIRECTORSHIP FEES	O	Emergency	91		2,843	7
500	Total reclassifications					60,147	500
	Code Letter - O						
1	HLA RECLASS	P	TRANSPLANT CLINIC	90.02		38,332	1
2	HLA RECLASS	P	Kidney Acquisition	105		486,122	2
500	Total reclassifications					524,454	500
	Code Letter - P						
1	POST-TRANSPLANT - DEPT 8613 RECLASS	Q	TRANSPLANT CLINIC	90.02	167,072	23,853	1
500	Total reclassifications				167,072	23,853	500
	Code Letter - Q						
1	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	Liver Acquisition	107	104,425	14,909	1
2	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	Pancreas Acquisition	109	921	132	2
500	Total reclassifications				105,346	15,041	500
	Code Letter - R						
1	POST-TRANSPLANT RECLASS - DEPT 7280	S	TRANSPLANT CLINIC	90.02	120,317	27,290	1
500	Total reclassifications				120,317	27,290	500

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RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
	Code Letter - S						
1	PRE-TRANSPLANT RECLASS - DEPT 7280	T	Liver Acquisition	107	112,124	25,432	1
2	PRE-TRANSPLANT RECLASS - DEPT 7280	T	Pancreas Acquisition	109	3,119	708	2
500	Total reclassifications				115,243	26,140	500
	Code Letter - T						
1	PSYCH SITTERS EXPENSE	U	Subprovider - IPF	40	129,750		1
500	Total reclassifications				129,750		500
	Code Letter - U						
1	RECLASS OF RENTAL/LEASE EQUIP	W	Cap Rel Costs-Mvble Equip	2		654,714	1
2	RECLASS OF RENTAL/LEASE EQUIP	W					2
3	RECLASS OF RENTAL/LEASE EQUIP	W					3
4	RECLASS OF RENTAL/LEASE EQUIP	W					4
5	RECLASS OF RENTAL/LEASE EQUIP	W					5
6	RECLASS OF RENTAL/LEASE EQUIP	W					6
7	RECLASS OF RENTAL/LEASE EQUIP	W					7
8	RECLASS OF RENTAL/LEASE EQUIP	W					8
9	RECLASS OF RENTAL/LEASE EQUIP	W					9
10	RECLASS OF RENTAL/LEASE EQUIP	W					10
11	RECLASS OF RENTAL/LEASE EQUIP	W					11
12	RECLASS OF RENTAL/LEASE EQUIP	W					12
13	RECLASS OF RENTAL/LEASE EQUIP	W					13
14	RECLASS OF RENTAL/LEASE EQUIP	W					14
15	RECLASS OF RENTAL/LEASE EQUIP	W					15
16	RECLASS OF RENTAL/LEASE EQUIP	W					16
17	RECLASS OF RENTAL/LEASE EQUIP	W					17
18	RECLASS OF RENTAL/LEASE EQUIP	W					18
19	RECLASS OF RENTAL/LEASE EQUIP	W					19
20	RECLASS OF RENTAL/LEASE EQUIP	W					20
21	RECLASS OF RENTAL/LEASE EQUIP	W					21
22	RECLASS OF RENTAL/LEASE EQUIP	W					22
23	RECLASS OF RENTAL/LEASE EQUIP	W					23
24	RECLASS OF RENTAL/LEASE EQUIP	W					24
25	RECLASS OF RENTAL/LEASE EQUIP	W					25
26	RECLASS OF RENTAL/LEASE EQUIP	W					26
27	RECLASS OF RENTAL/LEASE EQUIP	W					27
28	RECLASS OF RENTAL/LEASE EQUIP	W					28
29	RECLASS OF RENTAL/LEASE EQUIP	W					29
30	RECLASS OF RENTAL/LEASE EQUIP	W					30
31	RECLASS OF RENTAL/LEASE EQUIP	W					31
32	RECLASS OF RENTAL/LEASE EQUIP	W					32
33	RECLASS OF RENTAL/LEASE EQUIP	W					33
34	RECLASS OF RENTAL/LEASE EQUIP	W					34
35	RECLASS OF RENTAL/LEASE EQUIP	W					35
36	RECLASS OF RENTAL/LEASE EQUIP	W					36
500	Total reclassifications					654,714	500
	Code Letter - W						
1	CHARGEABLE SUPPLIES	X	Administrative & General	5		18,971	1
2	CHARGEABLE SUPPLIES	X	Maintenance & Repairs	6		13,979	2
3	CHARGEABLE SUPPLIES	X	Medical Supplies Charged to P	71		10,050,521	3
4	CHARGEABLE SUPPLIES	X					4
5	CHARGEABLE SUPPLIES	X					5
6	CHARGEABLE SUPPLIES	X					6
7	CHARGEABLE SUPPLIES	X					7
8	CHARGEABLE SUPPLIES	X					8
9	CHARGEABLE SUPPLIES	X					9
10	CHARGEABLE SUPPLIES	X					10
11	CHARGEABLE SUPPLIES	X					11
12	CHARGEABLE SUPPLIES	X					12
13	CHARGEABLE SUPPLIES	X					13
14	CHARGEABLE SUPPLIES	X					14
15	CHARGEABLE SUPPLIES	X					15
16	CHARGEABLE SUPPLIES	X					16
17	CHARGEABLE SUPPLIES	X					17
18	CHARGEABLE SUPPLIES	X					18
19	CHARGEABLE SUPPLIES	X					19
20	CHARGEABLE SUPPLIES	X					20

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

			INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
21	CHARGEABLE SUPPLIES	X					21
22	CHARGEABLE SUPPLIES	X					22
23	CHARGEABLE SUPPLIES	X					23
24	CHARGEABLE SUPPLIES	X					24
25	CHARGEABLE SUPPLIES	X					25
26	CHARGEABLE SUPPLIES	X					26
27	CHARGEABLE SUPPLIES	X					27
28	CHARGEABLE SUPPLIES	X					28
29	CHARGEABLE SUPPLIES	X					29
30	CHARGEABLE SUPPLIES	X					30
31	CHARGEABLE SUPPLIES	X					31
32	CHARGEABLE SUPPLIES	X					32
500	Total reclassifications					10,083,471	500
	Code Letter - X						
1	CHARGEABLE DRUGS PER G/L	Y	Drugs Charged to Patients	73		5,830,888	1
2	CHARGEABLE DRUGS PER G/L	Y					2
3	CHARGEABLE DRUGS PER G/L	Y					3
4	CHARGEABLE DRUGS PER G/L	Y					4
5	CHARGEABLE DRUGS PER G/L	Y					5
6	CHARGEABLE DRUGS PER G/L	Y					6
7	CHARGEABLE DRUGS PER G/L	Y					7
8	CHARGEABLE DRUGS PER G/L	Y					8
9	CHARGEABLE DRUGS PER G/L	Y					9
10	CHARGEABLE DRUGS PER G/L	Y					10
11	CHARGEABLE DRUGS PER G/L	Y					11
12	CHARGEABLE DRUGS PER G/L	Y					12
13	CHARGEABLE DRUGS PER G/L	Y					13
14	CHARGEABLE DRUGS PER G/L	Y					14
15	CHARGEABLE DRUGS PER G/L	Y					15
500	Total reclassifications					5,830,888	500
	Code Letter - Y						
1	CHARGEABLE IV SOLUTIONS PER G/L	Z	Administrative & General	5		917	1
2	CHARGEABLE IV SOLUTIONS PER G/L	Z	Drugs Charged to Patients	73		467,433	2
3	CHARGEABLE IV SOLUTIONS PER G/L	Z					3
4	CHARGEABLE IV SOLUTIONS PER G/L	Z					4
5	CHARGEABLE IV SOLUTIONS PER G/L	Z					5
6	CHARGEABLE IV SOLUTIONS PER G/L	Z					6
7	CHARGEABLE IV SOLUTIONS PER G/L	Z					7
8	CHARGEABLE IV SOLUTIONS PER G/L	Z					8
9	CHARGEABLE IV SOLUTIONS PER G/L	Z					9
10	CHARGEABLE IV SOLUTIONS PER G/L	Z					10
11	CHARGEABLE IV SOLUTIONS PER G/L	Z					11
12	CHARGEABLE IV SOLUTIONS PER G/L	Z					12
13	CHARGEABLE IV SOLUTIONS PER G/L	Z					13
14	CHARGEABLE IV SOLUTIONS PER G/L	Z					14
15	CHARGEABLE IV SOLUTIONS PER G/L	Z					15
16	CHARGEABLE IV SOLUTIONS PER G/L	Z					16
17	CHARGEABLE IV SOLUTIONS PER G/L	Z					17
18	CHARGEABLE IV SOLUTIONS PER G/L	Z					18
19	CHARGEABLE IV SOLUTIONS PER G/L	Z					19
20	CHARGEABLE IV SOLUTIONS PER G/L	Z					20
21	CHARGEABLE IV SOLUTIONS PER G/L	Z					21
22	CHARGEABLE IV SOLUTIONS PER G/L	Z					22
23	CHARGEABLE IV SOLUTIONS PER G/L	Z					23
500	Total reclassifications					468,350	500
	Code Letter - Z						
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	Administrative & General	5		37,643	1
500	Total reclassifications					37,643	500
	Code Letter - DD						
1	RECLASS OF IMPLANTABLE DEVICES EQUIP	FF	Cap Rel Costs-Mvble Equip	2		45,240	1
500	Total reclassifications					45,240	500
	Code Letter - FF						
1	PUBLIC RELATIONS OTHER EXPENSE	PR	PUBLIC RELATIONS	194.05	34,920	71,587	1
500	Total reclassifications				34,920	71,587	500
	Code Letter - PR						

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
GRAND TOTAL (Increases)				849,430	24,729,862	

(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

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10
		1	6	7	8	9	10
1	RECLASS OF OTHER COC COSTS	C	Other Cap Rel Costs	3		17,585	1
500	Total reclassifications					17,585	500
	Code letter - C						
1	OFFEROR REBATES	D	Medical Supplies Charged to P	71		30,364	1
2	OFFEROR REBATES	D	Drugs Charged to Patients	73		100,300	2
500	Total reclassifications					130,664	500
	Code letter - D						
1	DIETARY RECLASS - OTHER COSTS	E	Dietary	10		543,760	1
2	DIETARY RECLASS - OTHER COSTS	E					2
500	Total reclassifications					543,760	500
	Code letter - E						
1	RECLASS OF HIGH COST IMPLANTABLES	F	Medical Supplies Charged to P	71		5,421,902	1
500	Total reclassifications					5,421,902	500
	Code letter - F						
1	RECLASS PARAMED ED (OTHER)	H	Pharmacy	15	28,579	5,430	1
500	Total reclassifications				28,579	5,430	500
	Code letter - H						
1	RECLASS FLOAT POOL (OTHER)	I	Adults & Pediatrics	30	126,243	40,244	1
2	RECLASS FLOAT POOL (OTHER)	I					2
3	RECLASS FLOAT POOL (OTHER)	I					3
4	RECLASS FLOAT POOL (OTHER)	I					4
5	RECLASS FLOAT POOL (OTHER)	I					5
6	RECLASS FLOAT POOL (OTHER)	I					6
500	Total reclassifications				126,243	40,244	500
	Code letter - I						
1	NUCLEAR MEDICINE (OTHER)	K	Radioisotope	56	21,960	2,196	1
500	Total reclassifications				21,960	2,196	500
	Code letter - K						
1	RECLASS OF LEASED HOSPITAL SPACE	L	Operation of Plant	7		642,998	1
2	RECLASS OF LEASED HOSPITAL SPACE	L					2
500	Total reclassifications					642,998	500
	Code letter - L						
1	HOSPITAL ADMIN	N	Administrative & General	5		56,265	1
500	Total reclassifications					56,265	500
	Code letter - N						
1	RECLASS OF DIRECTORSHIP FEES	O	Administrative & General	5		60,147	1
2	RECLASS OF DIRECTORSHIP FEES	O					2
3	RECLASS OF DIRECTORSHIP FEES	O					3
4	RECLASS OF DIRECTORSHIP FEES	O					4
5	RECLASS OF DIRECTORSHIP FEES	O					5
6	RECLASS OF DIRECTORSHIP FEES	O					6
7	RECLASS OF DIRECTORSHIP FEES	O					7
500	Total reclassifications					60,147	500
	Code letter - O						
1	HLA RECLASS	P	Laboratory	60		524,454	1
2	HLA RECLASS	P					2
500	Total reclassifications					524,454	500
	Code letter - P						
1	POST-TRANSPLANT - DEPT 8613 RECLASS	Q	Kidney Acquisition	105	167,072	23,853	1
500	Total reclassifications				167,072	23,853	500
	Code letter - Q						
1	PRE-TRANSPLANT - DEPT 8613 RECLASS	R	Kidney Acquisition	105	105,346	15,041	1
2	PRE-TRANSPLANT - DEPT 8613 RECLASS	R					2
500	Total reclassifications				105,346	15,041	500
	Code letter - R						
1	POST-TRANSPLANT RECLASS - DEPT 7280	S	Kidney Acquisition	105	120,317	27,290	1

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
500	Total reclassifications				120,317	27,290		500
	Code letter - S							
1	PRE-TRANSPLANT RECLASS - DEPT 7280	T	Kidney Acquisition	105	115,243	26,140		1
2	PRE-TRANSPLANT RECLASS - DEPT 7280	T						2
500	Total reclassifications				115,243	26,140		500
	Code letter - T							
1	PSYCH SITTERS EXPENSE	U	Adults & Pediatrics	30	129,750			1
500	Total reclassifications				129,750			500
	Code letter - U							
1	RECLASS OF RENTAL/LEASE EQUIP	W	Employee Benefits Department	4		153	10	1
2	RECLASS OF RENTAL/LEASE EQUIP	W	Administrative & General	5		4,830		2
3	RECLASS OF RENTAL/LEASE EQUIP	W	Maintenance & Repairs	6		813		3
4	RECLASS OF RENTAL/LEASE EQUIP	W	Operation of Plant	7		59,589		4
5	RECLASS OF RENTAL/LEASE EQUIP	W	Housekeeping	9		1,318		5
6	RECLASS OF RENTAL/LEASE EQUIP	W	Dietary	10		219		6
7	RECLASS OF RENTAL/LEASE EQUIP	W	Nursing Administration	13		1,127		7
8	RECLASS OF RENTAL/LEASE EQUIP	W	Central Services & Supply	14		339,992		8
9	RECLASS OF RENTAL/LEASE EQUIP	W	Pharmacy	15		74,903		9
10	RECLASS OF RENTAL/LEASE EQUIP	W	Medical Records & Library	16		179		10
11	RECLASS OF RENTAL/LEASE EQUIP	W	QUALITY ASSURANCE	16.01		440		11
12	RECLASS OF RENTAL/LEASE EQUIP	W	Social Service	17		265		12
13	RECLASS OF RENTAL/LEASE EQUIP	W	Adults & Pediatrics	30		893		13
14	RECLASS OF RENTAL/LEASE EQUIP	W	Intensive Care Unit	31		74		14
15	RECLASS OF RENTAL/LEASE EQUIP	W	6TH ICU	31.01		67		15
16	RECLASS OF RENTAL/LEASE EQUIP	W	7TH ICU	31.02		367		16
17	RECLASS OF RENTAL/LEASE EQUIP	W	8TH ICU	31.03		91		17
18	RECLASS OF RENTAL/LEASE EQUIP	W	5TH ICU	31.04		67		18
19	RECLASS OF RENTAL/LEASE EQUIP	W	Subprovider - IPF	40		144		19
20	RECLASS OF RENTAL/LEASE EQUIP	W	Operating Room	50		55,881		20
21	RECLASS OF RENTAL/LEASE EQUIP	W	Recovery Room	51		252		21
22	RECLASS OF RENTAL/LEASE EQUIP	W	Anesthesiology	53		287		22
23	RECLASS OF RENTAL/LEASE EQUIP	W	Radiology-Diagnostic	54		8,218		23
24	RECLASS OF RENTAL/LEASE EQUIP	W	ENDOSCOPY	54.03		37		24
25	RECLASS OF RENTAL/LEASE EQUIP	W	Radiology-Therapeutic	55		148		25
26	RECLASS OF RENTAL/LEASE EQUIP	W	Radioisotope	56		113		26
27	RECLASS OF RENTAL/LEASE EQUIP	W	Laboratory	60		2,399		27
28	RECLASS OF RENTAL/LEASE EQUIP	W	Blood Storing, Processing & T	63		45		28
29	RECLASS OF RENTAL/LEASE EQUIP	W	Respiratory Therapy	65		56,109		29
30	RECLASS OF RENTAL/LEASE EQUIP	W	Physical Therapy	66		606		30
31	RECLASS OF RENTAL/LEASE EQUIP	W	Electrocardiology	69		43,859		31
32	RECLASS OF RENTAL/LEASE EQUIP	W	Electroencephalography	70		103		32
33	RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW	76.30		21		33
34	RECLASS OF RENTAL/LEASE EQUIP	W	BONE MARROW CLINIC	90.03		177		34
35	RECLASS OF RENTAL/LEASE EQUIP	W	TENETCARE	90.04		126		35
36	RECLASS OF RENTAL/LEASE EQUIP	W	Emergency	91		802		36
500	Total reclassifications					654,714		500
	Code letter - W							
1	CHARGEABLE SUPPLIES	X	Employee Benefits Department	4		2,230		1
2	CHARGEABLE SUPPLIES	X	Laundry & Linen Service	8		3		2
3	CHARGEABLE SUPPLIES	X	Housekeeping	9		17		3
4	CHARGEABLE SUPPLIES	X	Nursing Administration	13		2,862		4
5	CHARGEABLE SUPPLIES	X	Central Services & Supply	14		361,490		5
6	CHARGEABLE SUPPLIES	X	Pharmacy	15		20,738		6
7	CHARGEABLE SUPPLIES	X	Medical Records & Library	16		8		7
8	CHARGEABLE SUPPLIES	X	Adults & Pediatrics	30		268,638		8
9	CHARGEABLE SUPPLIES	X	Intensive Care Unit	31		75,528		9
10	CHARGEABLE SUPPLIES	X	6TH ICU	31.01		73,570		10
11	CHARGEABLE SUPPLIES	X	7TH ICU	31.02		79,415		11
12	CHARGEABLE SUPPLIES	X	8TH ICU	31.03		74,524		12
13	CHARGEABLE SUPPLIES	X	5TH ICU	31.04		94,106		13
14	CHARGEABLE SUPPLIES	X	Subprovider - IPF	40		5,457		14
15	CHARGEABLE SUPPLIES	X	Operating Room	50		5,203,861		15
16	CHARGEABLE SUPPLIES	X	Recovery Room	51		43,808		16
17	CHARGEABLE SUPPLIES	X	Anesthesiology	53		221,222		17
18	CHARGEABLE SUPPLIES	X	Radiology-Diagnostic	54		1,190,541		18

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
19	CHARGEABLE SUPPLIES	X	ENDOSCOPY	54.03		363,190	19	
20	CHARGEABLE SUPPLIES	X	PET IMAGING	54.05		676	20	
21	CHARGEABLE SUPPLIES	X	Radiology-Therapeutic	55		2,003	21	
22	CHARGEABLE SUPPLIES	X	Radioisotope	56		1,706	22	
23	CHARGEABLE SUPPLIES	X	Laboratory	60		117,462	23	
24	CHARGEABLE SUPPLIES	X	Respiratory Therapy	65		161,245	24	
25	CHARGEABLE SUPPLIES	X	Physical Therapy	66		7,980	25	
26	CHARGEABLE SUPPLIES	X	Electrocardiology	69		1,480,666	26	
27	CHARGEABLE SUPPLIES	X	Electroencephalography	70		1,674	27	
28	CHARGEABLE SUPPLIES	X	Renal Dialysis	74		7,670	28	
29	CHARGEABLE SUPPLIES	X	Clinic	90		3,112	29	
30	CHARGEABLE SUPPLIES	X	BONE MARROW CLINIC	90.03		7,112	30	
31	CHARGEABLE SUPPLIES	X	TENETCARE	90.04		11,175	31	
32	CHARGEABLE SUPPLIES	X	Emergency	91		199,782	32	
500	Total reclassifications					10,083,471	500	
	Code letter - X							
1	CHARGEABLE DRUGS PER G/L	Y	Central Services & Supply	14		156	1	
2	CHARGEABLE DRUGS PER G/L	Y	Pharmacy	15		5,826,196	2	
3	CHARGEABLE DRUGS PER G/L	Y	Adults & Pediatrics	30		97	3	
4	CHARGEABLE DRUGS PER G/L	Y	Intensive Care Unit	31		87	4	
5	CHARGEABLE DRUGS PER G/L	Y	6TH ICU	31.01		106	5	
6	CHARGEABLE DRUGS PER G/L	Y	7TH ICU	31.02		45	6	
7	CHARGEABLE DRUGS PER G/L	Y	8TH ICU	31.03		27	7	
8	CHARGEABLE DRUGS PER G/L	Y	5TH ICU	31.04		116	8	
9	CHARGEABLE DRUGS PER G/L	Y	Operating Room	50		979	9	
10	CHARGEABLE DRUGS PER G/L	Y	Radiology-Diagnostic	54		2,140	10	
11	CHARGEABLE DRUGS PER G/L	Y	Laboratory	60		3	11	
12	CHARGEABLE DRUGS PER G/L	Y	Renal Dialysis	74		1	12	
13	CHARGEABLE DRUGS PER G/L	Y	Clinic	90		24	13	
14	CHARGEABLE DRUGS PER G/L	Y	TENETCARE	90.04		432	14	
15	CHARGEABLE DRUGS PER G/L	Y	Emergency	91		479	15	
500	Total reclassifications					5,830,888	500	
	Code letter - Y							
1	CHARGEABLE IV SOLUTIONS PER G/L	Z	Central Services & Supply	14		6,478	1	
2	CHARGEABLE IV SOLUTIONS PER G/L	Z	Pharmacy	15		118,038	2	
3	CHARGEABLE IV SOLUTIONS PER G/L	Z	Adults & Pediatrics	30		64,934	3	
4	CHARGEABLE IV SOLUTIONS PER G/L	Z	Intensive Care Unit	31		11,649	4	
5	CHARGEABLE IV SOLUTIONS PER G/L	Z	6TH ICU	31.01		11,887	5	
6	CHARGEABLE IV SOLUTIONS PER G/L	Z	7TH ICU	31.02		12,627	6	
7	CHARGEABLE IV SOLUTIONS PER G/L	Z	8TH ICU	31.03		11,482	7	
8	CHARGEABLE IV SOLUTIONS PER G/L	Z	5TH ICU	31.04		9,630	8	
9	CHARGEABLE IV SOLUTIONS PER G/L	Z	Subprovider - IPF	40		139	9	
10	CHARGEABLE IV SOLUTIONS PER G/L	Z	Operating Room	50		19,518	10	
11	CHARGEABLE IV SOLUTIONS PER G/L	Z	Recovery Room	51		14,258	11	
12	CHARGEABLE IV SOLUTIONS PER G/L	Z	Anesthesiology	53		70,609	12	
13	CHARGEABLE IV SOLUTIONS PER G/L	Z	Radiology-Diagnostic	54		13,028	13	
14	CHARGEABLE IV SOLUTIONS PER G/L	Z	ENDOSCOPY	54.03		11,543	14	
15	CHARGEABLE IV SOLUTIONS PER G/L	Z	Radioisotope	56		209	15	
16	CHARGEABLE IV SOLUTIONS PER G/L	Z	Laboratory	60		19,301	16	
17	CHARGEABLE IV SOLUTIONS PER G/L	Z	Respiratory Therapy	65		304	17	
18	CHARGEABLE IV SOLUTIONS PER G/L	Z	Electrocardiology	69		5,594	18	
19	CHARGEABLE IV SOLUTIONS PER G/L	Z	Renal Dialysis	74		1,521	19	
20	CHARGEABLE IV SOLUTIONS PER G/L	Z	Clinic	90		126	20	
21	CHARGEABLE IV SOLUTIONS PER G/L	Z	BONE MARROW CLINIC	90.03		1,216	21	
22	CHARGEABLE IV SOLUTIONS PER G/L	Z	TENETCARE	90.04		2,214	22	
23	CHARGEABLE IV SOLUTIONS PER G/L	Z	Emergency	91		62,045	23	
500	Total reclassifications					468,350	500	
	Code letter - Z							
1	RECLASS OF NON INTERCOMPANY INTEREST	DD	Interest Expense	113		37,643	1	
500	Total reclassifications					37,643	500	
	Code letter - DD							
1	RECLASS OF IMPLANTABLE DEVICES EQUIP	FF	Impl. Dev. Charged to Patient	72		45,240	10	
500	Total reclassifications					45,240	500	
	Code letter - FF							

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	PUBLIC RELATIONS OTHER EXPENSE	PR	Administrative & General	5	34,920	71,587		
500	Total reclassifications				34,920	71,587	500	
	Code letter - PR							
	GRAND TOTAL (Decreases)				849,430	24,729,862		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	3,483,620					3,483,620		2
3	Buildings and Fixtures	145,544,450	18,308		18,308		145,562,758	3,829,219	3
4	Building Improvements								4
5	Fixed Equipment	10,584,535	421,458		421,458		11,005,993	867	5
6	Movable Equipment	141,848,652	214,084		214,084		142,062,736	72,083,272	6
7	HIT-designated Assets	5,871,048					5,871,048		7
8	Subtotal (sum of lines 1-7)	307,332,305	653,850		653,850		307,986,155	75,913,358	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	307,332,305	653,850		653,850		307,986,155	75,913,358	10

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

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	1,201,465							1,201,465	1
2	Cap Rel Costs-Mvble Equip	2,126,284							2,126,284	2
3	Total (sum of lines 1-2)	3,327,749							3,327,749	3

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

have been included in Worksheet A, column 2, lines 1 and 2.

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see 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	151,993,497		151,993,497	0.488830	9,476	384,040		393,516	1
2	Cap Rel Costs-Mvble Equ	158,939,778		158,939,778	0.511170	9,910	401,592		411,502	2
3	Total (sum of lines 1-2)	310,933,275		310,933,275	1.000000	19,386	785,632		805,018	3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	1,395,212			9,476	384,040			1,788,728	1
2	Cap Rel Costs-Mvble Equip	2,072,509	699,954		9,910	401,592			3,183,965	2
3	Total (sum of lines 1-2)	3,467,721	699,954		19,386	785,632			4,972,693	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications,

Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED				
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)	B	161	Administrative & General	5	3
4	Trade, quantity, and time discounts (chapter 8)	B	-16,732	Administrative & General	5	4
5	Refunds and rebates of expenses (chapter 8)	B	-14,165	Cap Rel Costs-Mvble Equip	2	9 5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)	A	-4,348	Administrative & General	5	7
8	Television and radio service (chapter 21)	A	-11,247	Operation of Plant	7	8
9	Parking lot (chapter 21)	B	-62,994	Operation of Plant	7	9
10	Provider-based physician adjustment	Wkst A-8-2	-2,481,639			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	2,856,340			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-4,064	Medical Records & Library	16	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	A	-39,096	Cap Rel Costs-Mvble Equip	2	9 27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	8176.XXXX LITIGATION & INVESTIGATI	A	-5	Administrative & General	5	33.01
33.03	5270.XXXX OTHER EDUCATIONAL REVENU	B	-27,915	Emergency	91	33.03
33.04	5675.XXXX SILVER RECOVERY	B	-10	Radiology-Diagnostic	54	33.04
33.09	8770.XXXX CENSUS DEVELOPMENT	A	-634,713	Administrative & General	5	33.09
33.16	5753.XXXX COST RECOVERY ITEMS	B	-71,101	Administrative & General	5	33.16
33.35	8610.6760 8610.6761 8610.6765	A	-1,166,178	Administrative & General	5	33.35
33.36	WORKMENS COMP ADJUSTMENT	A	-192,938	Administrative & General	5	33.36
33.38	ASSOCIATION FEES	A	-10,947	Administrative & General	5	33.38
34						34
34.05	TELEPHONE SERVICES	A	-514	Cap Rel Costs-Mvble Equip	2	9 34.05
34.11	ADMIN COSTS-NON-PATIENT CARE	A	-43,500	Administrative & General	5	34.11
34.13	COMPLIMENTARY LOCAL TRANSPORTATION	A	-38,425	Administrative & General	5	34.13
34.17	NURSE PRACTITIONERS	A	-82,597	BONE MARROW CLINIC	90.03	34.17
34.19	NON-ALLOWABLE PATIENT ASSISTANCE	A	-31,023	Social Service	17	34.19
34.20	FUSZ PAVILLION EXP	A	-4,067	Administrative & General	5	34.20
34.21	CHAIFETZ ARENA EXP	A	-22,206	Administrative & General	5	34.21
34.22	PPM EXPENSE	A	-170,239	Medical Records & Library	16	34.22
34.23	GIFT SHOP SALARIES	A	37,566	Gift, Flower, Coffee Shop & Canteen	190	34.23
34.25	FRA TAX ADD-ON	A	5,533,988	Administrative & General	5	34.25
34.26	FRA RELATED EXPENSES	A	-64,470	Administrative & General	5	34.26
35						35
36						36
37						37
38						38

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED					
	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		3,232,922				50

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

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

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
1	2	3	4	5	6	7
1						1
2	Administrative & General	HOME OFFICE	2,662,593		2,662,593	2
3	Cap Rel Costs-Bldg & Fixt	HOME OFFICE - DIRECT COC	193,747		193,747	9 3
4	Administrative & General	INTERCMPNY JOURNAL ENTRY	6,073,664	6,073,664		4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		8,930,004	6,073,664	2,856,340	5

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

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

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

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
			Name	Percentage of Ownership	Type of Business	
1	2	3	4	5	6	
6 B		100.00	TENET HEALTHCARE CORPORATION		PARENT COMPANY	6
7 B		100.00	CONIFER		CREDIT AND COLLECTION	7
8 C			CONCENTRA HEALTH SERVICES		OCCUP HEALTH SERVICES	8
9 C			SAINT LOUIS UNIVERSITY		CARDIAC CATH LAB JV	9
10						10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	31	Intensive Care Unit	3,768		3,768	211,500	28	2,847	142	1
2	30	Adults & Pediatrics	1,645		1,645	197,500	12	1,139	57	2
3	40	Subprovider - IPF	3,185		3,185	181,300	23	2,005	100	3
4	50	Operating Room	4,350		4,350	246,400	32	3,791	190	4
5	60	Laboratory	28,977		28,977	211,500	212	21,557	1,078	5
6	63	Blood Storing, Proce	15,379		15,379	211,500	112	11,388	569	6
7	55	Radiology-Therapeuti AGGREGATE	156,278	156,278						7
8	91	Emergency AGGREGATE	1,706,052	1,703,209	2,843	211,500	21	2,135	107	8
9	91	Emergency AGGREGATE	314,446	314,446						9
10	90.03	BONE MARROW CLINIC AGGREGATE	291,963	291,963						10
11	5	Administrative & Gen	1,678		1,678	211,500	12	1,220	61	11
12	17	Social Service	102,443		102,443	211,500	1,196	121,613	6,081	12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	2,630,164	2,465,896	164,268		1,648	167,695	8,385	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	31	Intensive Care Unit					2,847	921	921	1
2	30	Adults & Pediatrics					1,139	506	506	2
3	40	Subprovider - IPF					2,005	1,180	1,180	3
4	50	Operating Room					3,791	559	559	4
5	60	Laboratory					21,557	7,420	7,420	5
6	63	Blood Storing, Proce					11,388	3,991	3,991	6
7	55	Radiology-Therapeuti AGGREGATE							156,278	7
8	91	Emergency AGGREGATE					2,135	708	1,703,917	8
9	91	Emergency AGGREGATE							314,446	9
10	90.03	BONE MARROW CLINIC AGGREGATE							291,963	10
11	5	Administrative & Gen					1,220	458	458	11
12	17	Social Service					121,613			12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					167,695	15,743	2,481,639	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP-REL COSTS BLDG&FIXT	CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,788,728	1,788,728					1
2	Cap Rel Costs-Mvble Equip	3,183,965		3,183,965				2
4	Employee Benefits Department	4,246,930	15,932	33,152	4,296,014			4
5	Administrative & General	22,802,869	172,562	528,918	462,101	23,966,450	23,966,450	5
6	Maintenance & Repairs	169,046	4,834	10,059	16,516	200,455	63,372	6
7	Operation of Plant	2,723,749	259,928	540,880		3,524,557	1,114,264	7
8	Laundry & Linen Service	260,975	4,922	10,242	3,888	280,027	88,529	8
9	Housekeeping	836,576	20,530	42,721		899,827	284,474	9
10	Dietary	187,440	31,157	64,834		283,431	89,605	10
11	Cafeteria	476,696	9,391	19,541		505,628	159,851	11
12	Maintenance of Personnel							12
13	Nursing Administration	443,661	2,825	5,878	58,548	510,912	161,521	13
14	Central Services & Supply	208,797	16,119	33,542	23,164	281,622	89,033	14
15	Pharmacy	1,445,150	14,202	29,553	194,291	1,683,196	532,131	15
16	Medical Records & Library	785,565	15,013	31,239	105,752	937,569	296,406	16
16.01	QUALITY ASSURANCE	280,969				28,902	309,871	16.01
17	Social Service	827,791	2,508	5,219	101,815	937,333	296,331	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	20,894			3,365	24,259	7,669	21
22	I&R Services-Other Prgm Costs Apprvd	9,782,487				9,782,487	3,092,662	22
23	PARAMED ED PRGM-(SPECIFY)	34,009			4,603	38,612	12,207	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	5,892,909	214,592	446,542	806,265	7,360,308	2,326,910	30
31	Intensive Care Unit	847,230	15,026	31,268	117,929	1,011,453	319,764	31
31.01	6TH ICU	698,147	14,040	29,216	98,449	839,852	265,513	31.01
31.02	7TH ICU	761,528	14,537	30,249	103,322	909,636	287,575	31.02
31.03	8TH ICU	731,177	15,114	31,451	99,818	877,560	277,434	31.03
31.04	5TH ICU	913,575	17,782	37,002	124,217	1,092,576	345,410	31.04
40	Subprovider - IPF	1,172,006	42,811	89,085	171,583	1,475,485	466,464	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,084,980	110,599	230,144	313,340	3,739,063	1,182,079	50
51	Recovery Room	674,428	21,909	45,590	95,511	837,438	264,750	51
53	Anesthesiology	96,399	15,160	31,547	8,129	151,235	47,812	53
54	Radiology-Diagnostic	2,506,699	59,417	123,641	228,573	2,918,330	922,610	54
54.03	ENDOSCOPY	467,675	14,611	30,403	55,728	568,417	179,701	54.03
54.05	PET IMAGING	170,143			10,465	180,608	57,098	54.05
55	Radiology-Therapeutic	331,698	15,696	32,662	26,903	406,959	128,657	55
56	Radioisotope	592,630	11,892	24,746	13,668	642,936	203,260	56
60	Laboratory	4,200,866	47,634	99,120	217,665	4,565,285	1,443,283	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	952,855	6,998	14,562		974,415	308,054	63
65	Respiratory Therapy	672,696	7,973	16,591	96,194	793,454	250,845	65
66	Physical Therapy	777,206	21,297	44,317	110,080	952,900	301,253	66
69	Electrocardiology	1,110,910	28,194	58,668	113,545	1,311,317	414,564	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	101,430	14,964	31,139	14,126	161,659	51,107	70
71	Medical Supplies Charged to Patients	4,598,255				4,598,255	1,453,706	71
72	Impl. Dev. Charged to Patients	5,376,662				5,376,662	1,699,794	72
73	Drugs Charged to Patients	6,198,021				6,198,021	1,959,461	73
74	Renal Dialysis	346,778	8,442	17,566		372,786	117,854	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	332,855	5,830	12,131	8,838	359,654	113,702	76.30
76.31	CORNEAL TRANSPLANTS	57,850				57,850	18,289	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	276,578	17,318	36,036	23,391	353,323	111,701	90
90.02	TRANSPLANT CLINIC	376,864	5,675	24,958	46,287	453,784	143,461	90.02
90.03	BONE MARROW CLINIC	436,837	20,551	42,764	56,192	556,344	175,884	90.03
90.04	TENETCARE	179,528	34,067	70,890	23,508	307,993	97,370	90.04
91	Emergency	1,818,083	48,553	101,033	237,887	2,205,556	697,271	91

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP-REL COSTS BLDG&FIXT	CAP-REL COSTS MOV EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	953,337	4,351	15,173	29,653	1,002,514	316,938	105
107	Liver Acquisition	671,283	3,548	19,638	34,877	729,346	230,578	107
109	Pancreas Acquisition	5,837	32	409	651	6,929	2,191	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	98,892,252	1,428,536	3,174,319	4,289,739	98,516,139	23,568,362	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	58,492	4,564	9,497	651	73,204	23,143	190
194	DOCTORS MEALS	67,064				67,064	21,202	194
194.05	PUBLIC RELATIONS	106,507	72	149	5,624	112,352	35,519	194.05
194.11	UNIVERSITY SPACE	490,115	271,017			761,132	240,627	194.11
194.12	CANCER CENTER	152,883	84,539			237,422	75,059	194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES	8,028				8,028	2,538	194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	99,775,341	1,788,728	3,183,965	4,296,014	99,775,341	23,966,450	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	263,827						6
7	Operation of Plant	55,311	4,694,132					7
8	Laundry & Linen Service	1,047	23,577	393,180				8
9	Housekeeping	4,369	98,347		1,287,017			9
10	Dietary	6,630	149,252		30,610	559,528		10
11	Cafeteria	1,998	44,986		9,226		721,689	11
12	Maintenance of Personnel							12
13	Nursing Administration	601	13,531		2,775		11,080	13
14	Central Services & Supply	3,430	77,215		15,836		4,384	14
15	Pharmacy	3,022	68,032		13,953		36,769	15
16	Medical Records & Library	3,195	71,915		14,749		20,013	16
16.01	QUALITY ASSURANCE						5,470	16.01
17	Social Service	534	12,015		2,464		19,268	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						637	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)						871	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	45,663	1,027,973	265,040	210,824	377,174	152,581	30
31	Intensive Care Unit	3,197	71,982	16,367	14,763	23,292	22,318	31
31.01	6TH ICU	2,988	67,258	14,742	13,794	20,979	18,631	31.01
31.02	7TH ICU	3,093	69,636	14,465	14,282	20,585	19,553	31.02
31.03	8TH ICU	3,216	72,402	15,067	14,849	21,441	18,890	31.03
31.04	5TH ICU	3,784	85,181	20,219	17,470	28,773	23,508	31.04
40	Subprovider - IPF	9,110	205,081	47,280	42,060	67,284	32,471	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	23,534	529,807		108,657		59,298	50
51	Recovery Room	4,662	104,952		21,524		18,075	51
53	Anesthesiology	3,226	72,624		14,894		1,538	53
54	Radiology-Diagnostic	12,643	284,630		58,374		43,257	54
54.03	ENDOSCOPY	3,109	69,990		14,354		10,546	54.03
54.05	PET IMAGING						1,980	54.05
55	Radiology-Therapeutic	3,340	75,190		15,421		5,091	55
56	Radioisotope	2,531	56,968		11,683		2,587	56
60	Laboratory	10,136	228,182		46,797		41,192	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,489	33,524		6,875			63
65	Respiratory Therapy	1,697	38,193		7,833		18,204	65
66	Physical Therapy	4,532	102,020		20,923		20,832	66
69	Electrocardiology	5,999	135,057		27,699		21,488	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	3,184	71,683		14,701		2,673	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	1,796	40,439		8,293			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1,240	27,925		5,727		1,673	76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,685	82,957		17,013		4,427	90
90.02	TRANSPLANT CLINIC	1,208	27,184		5,575		8,760	90.02
90.03	BONE MARROW CLINIC	4,373	98,447		20,190		10,634	90.03
90.04	TENETCARE	7,249	163,193		33,469		4,449	90.04
91	Emergency	10,332	232,586		47,700		45,019	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	926	20,844		4,275		5,612	105
107	Liver Acquisition	755	16,994		3,485		6,600	107
109	Pancreas Acquisition	7	155		32		123	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	262,841	4,671,927	393,180	933,149	559,528	720,502	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	971	21,862		4,484		123	190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS	15	343		70		1,064	194.05
194.11	UNIVERSITY SPACE				266,259			194.11
194.12	CANCER CENTER				83,055			194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES							194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	263,827	4,694,132	393,180	1,287,017	559,528	721,689	202

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	700,420						13
14	Central Services & Supply		471,520					14
15	Pharmacy		401	2,337,504				15
16	Medical Records & Library				1,343,847			16
16.01	QUALITY ASSURANCE					413,305		16.01
17	Social Service			6,279			1,274,224	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	249,463	4,800	17	77,081	41,331	858,947	30
31	Intensive Care Unit	41,054	539		10,570	12,399	53,042	31
31.01	6TH ICU	34,449	502	7	9,579	12,399	47,775	31.01
31.02	7TH ICU	35,541	609		9,421	12,399	46,879	31.02
31.03	8TH ICU	36,078	710		9,805	12,399	48,828	31.03
31.04	5TH ICU	40,648	515		12,435	12,399	65,526	31.04
40	Subprovider - IPF	40,352	198		15,973	61,994	153,227	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	60,630	1,747		93,807	61,996		50
51	Recovery Room	35,236	269		12,635	15,499		51
53	Anesthesiology		470		17,790	15,499		53
54	Radiology-Diagnostic	9,084	958		179,191	10,333		54
54.03	ENDOSCOPY	18,443	479		13,088			54.03
54.05	PET IMAGING		10		19,435			54.05
55	Radiology-Therapeutic	3,679	323		13,083	10,333		55
56	Radioisotope	10	47	8	1,322			56
60	Laboratory	5,639	721	112	179,220	20,665		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				15,674			63
65	Respiratory Therapy		148		22,501			65
66	Physical Therapy		10		16,211			66
69	Electrocardiology	8,655	518		46,892	15,499		69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography		97	28	1,821	15,499		70
71	Medical Supplies Charged to Patients		210,759		93,416			71
72	Impl. Dev. Charged to Patients		245,137		66,006			72
73	Drugs Charged to Patients			2,331,053	267,734			73
74	Renal Dialysis		123		4,003			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW				1,546	10,333		76.30
76.31	CORNEAL TRANSPLANTS				773			76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	4,155	37		2,199	10,333		90
90.02	TRANSPLANT CLINIC	4,351	7		1,496			90.02
90.03	BONE MARROW CLINIC	3,271	67		2,657			90.03
90.04	TENECARE		63		30,126			90.04
91	Emergency	63,490	1,246		84,861	61,996		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,024	3		8,536			105
107	Liver Acquisition	4,055	7		2,933			107
109	Pancreas Acquisition	113			27			109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	700,420	471,520	2,337,504	1,343,847	413,305	1,274,224	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	700,420	471,520	2,337,504	1,343,847	413,305	1,274,224	202

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
16.01	QUALITY ASSURANCE							16.01
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	32,565						21
22	I&R Services-Other Prgm Costs Apprvd		12,875,149					22
23	PARAMED ED PRGM-(SPECIFY)			51,690				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	14,020	5,543,407	19,595	18,575,134	-5,557,427	13,017,707	30
31	Intensive Care Unit	1,099	434,416	1,189	2,037,444	-435,515	1,601,929	31
31.01	6TH ICU	1,099	434,416	1,189	1,785,172	-435,515	1,349,657	31.01
31.02	7TH ICU	1,099	434,416	1,189	1,880,378	-435,515	1,444,863	31.02
31.03	8TH ICU	1,099	434,416	1,189	1,845,383	-435,515	1,409,868	31.03
31.04	5TH ICU	1,099	434,416	1,189	2,185,148	-435,515	1,749,633	31.04
40	Subprovider - IPF	809	319,822	5,955	2,943,565	-320,631	2,622,934	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	3,640	1,439,165	1,757	7,305,180	-1,442,805	5,862,375	50
51	Recovery Room	270	106,615	1,757	1,423,682	-106,885	1,316,797	51
53	Anesthesiology	2,265	895,474		1,222,827	-897,739	325,088	53
54	Radiology-Diagnostic	2,090	826,186	6,606	5,274,292	-828,276	4,446,016	54
54.03	ENDOSCOPY				878,127		878,127	54.03
54.05	PET IMAGING			724	259,855		259,855	54.05
55	Radiology-Therapeutic	404	159,900		822,380	-160,304	662,076	55
56	Radioisotope			724	922,076		922,076	56
60	Laboratory	1,483	586,314		7,129,029	-587,797	6,541,232	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				1,340,031		1,340,031	63
65	Respiratory Therapy			1,158	1,134,033		1,134,033	65
66	Physical Therapy			5,371	1,424,052		1,424,052	66
69	Electrocardiology			1,323	1,989,011		1,989,011	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	674	266,514		589,640	-267,188	322,452	70
71	Medical Supplies Charged to Patients				6,356,136		6,356,136	71
72	Impl. Dev. Charged to Patients				7,387,599		7,387,599	72
73	Drugs Charged to Patients				10,756,269		10,756,269	73
74	Renal Dialysis				545,294		545,294	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	202	79,950		601,952	-80,152	521,800	76.30
76.31	CORNEAL TRANSPLANTS				76,912		76,912	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	202	79,950		669,982	-80,152	589,830	90
90.02	TRANSPLANT CLINIC				645,826		645,826	90.02
90.03	BONE MARROW CLINIC				871,867		871,867	90.03
90.04	TENETCARE				643,912		643,912	90.04
91	Emergency	1,011	399,772	775	3,851,615	-400,783	3,450,832	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				1,361,672		1,361,672	105
107	Liver Acquisition				994,753		994,753	107
109	Pancreas Acquisition				9,577		9,577	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	32,565	12,875,149	51,690	97,739,805	-12,907,714	84,832,091	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				123,787		123,787	190
194	DOCTORS MEALS				88,266		88,266	194
194.05	PUBLIC RELATIONS				149,363		149,363	194.05
194.11	UNIVERSITY SPACE				1,268,018		1,268,018	194.11
194.12	CANCER CENTER				395,536		395,536	194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES				10,566		10,566	194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	32,565	12,875,149	51,690	99,775,341	-12,907,714	86,867,627	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	936	15,932	33,152	50,020	50,020		4
5	Administrative & General	445,233	172,562	528,918	1,146,713	5,380	1,152,093	5
6	Maintenance & Repairs		4,834	10,059	14,893	192	3,046	6
7	Operation of Plant	58,779	259,928	540,880	859,587		53,563	7
8	Laundry & Linen Service		4,922	10,242	15,164	45	4,256	8
9	Housekeeping		20,530	42,721	63,251		13,675	9
10	Dietary		31,157	64,834	95,991		4,307	10
11	Cafeteria		9,391	19,541	28,932		7,684	11
12	Maintenance of Personnel							12
13	Nursing Administration		2,825	5,878	8,703	682	7,764	13
14	Central Services & Supply		16,119	33,542	49,661	270	4,280	14
15	Pharmacy		14,202	29,553	43,755	2,262	25,580	15
16	Medical Records & Library		15,013	31,239	46,252	1,231	14,248	16
16.01	QUALITY ASSURANCE					336	4,709	16.01
17	Social Service		2,508	5,219	7,727	1,185	14,245	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					39	369	21
22	I&R Services-Other Prgm Costs Apprvd						148,688	22
23	PARAMED ED PRGM-(SPECIFY)					54	587	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		214,592	446,542	661,134	9,392	111,855	30
31	Intensive Care Unit		15,026	31,268	46,294	1,373	15,371	31
31.01	6TH ICU		14,040	29,216	43,256	1,146	12,763	31.01
31.02	7TH ICU		14,537	30,249	44,786	1,203	13,824	31.02
31.03	8TH ICU		15,114	31,451	46,565	1,162	13,336	31.03
31.04	5TH ICU		17,782	37,002	54,784	1,446	16,604	31.04
40	Subprovider - IPF		42,811	89,085	131,896	1,998	22,423	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		110,599	230,144	340,743	3,648	56,823	50
51	Recovery Room		21,909	45,590	67,499	1,112	12,727	51
53	Anesthesiology		15,160	31,547	46,707	95	2,298	53
54	Radiology-Diagnostic		59,417	123,641	183,058	2,661	44,350	54
54.03	ENDOSCOPY		14,611	30,403	45,014	649	8,638	54.03
54.05	PET IMAGING					122	2,745	54.05
55	Radiology-Therapeutic		15,696	32,662	48,358	313	6,185	55
56	Radioisotope		11,892	24,746	36,638	159	9,771	56
60	Laboratory		47,634	99,120	146,754	2,534	69,379	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		6,998	14,562	21,560		14,808	63
65	Respiratory Therapy		7,973	16,591	24,564	1,120	12,058	65
66	Physical Therapy		21,297	44,317	65,614	1,282	14,481	66
69	Electrocardiology		28,194	58,668	86,862	1,322	19,928	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography		14,964	31,139	46,103	164	2,457	70
71	Medical Supplies Charged to Patients						69,880	71
72	Impl. Dev. Charged to Patients						81,709	72
73	Drugs Charged to Patients						94,191	73
74	Renal Dialysis		8,442	17,566	26,008		5,665	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW		5,830	12,131	17,961	103	5,466	76.30
76.31	CORNEAL TRANSPLANTS						879	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		17,318	36,036	53,354	272	5,369	90
90.02	TRANSPLANT CLINIC	14,325	5,675	24,958	44,958	539	6,896	90.02
90.03	BONE MARROW CLINIC		20,551	42,764	63,315	654	8,455	90.03
90.04	TENETCARE		34,067	70,890	104,957	274	4,681	90.04
91	Emergency		48,553	101,033	149,586	2,769	33,518	91
92	Observation Beds (Non-Distinct Part)							92

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP- REL COSTS BLDG&FIXT	CAP- REL COSTS MOV EQUIP	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMEN T	ADMINI- STRATIVE & GENERAL	
		0	1	2	2A	4	5	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	6,665	4,351	15,173	26,189	345	15,235	105
107	Liver Acquisition	13,351	3,548	19,638	36,537	406	11,084	107
109	Pancreas Acquisition	372	32	409	813	8	105	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	539,661	1,428,536	3,174,319	5,142,516	49,947	1,132,958	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		4,564	9,497	14,061	8	1,112	190
194	DOCTORS MEALS						1,019	194
194.0 5	PUBLIC RELATIONS		72	149	221	65	1,707	194.0 5
194.1 1	UNIVERSITY SPACE		271,017		271,017		11,567	194.1 1
194.1 2	CANCER CENTER		84,539		84,539		3,608	194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES						122	194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	539,661	1,788,728	3,183,965	5,512,354	50,020	1,152,093	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	18,131						6
7	Operation of Plant	3,800	916,950					7
8	Laundry & Linen Service	72	4,606	24,143				8
9	Housekeeping	300	19,211		96,437			9
10	Dietary	456	29,155		2,294	132,203		10
11	Cafeteria	137	8,788		691		46,232	11
12	Maintenance of Personnel							12
13	Nursing Administration	41	2,643		208		710	13
14	Central Services & Supply	236	15,083		1,187		281	14
15	Pharmacy	208	13,289		1,045		2,356	15
16	Medical Records & Library	220	14,048		1,105		1,282	16
16.01	QUALITY ASSURANCE						350	16.01
17	Social Service	37	2,347		185		1,235	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						41	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)						56	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,138	200,802	16,275	15,797	89,117	9,765	30
31	Intensive Care Unit	220	14,061	1,005	1,106	5,503	1,430	31
31.01	6TH ICU	205	13,138	905	1,034	4,957	1,194	31.01
31.02	7TH ICU	213	13,603	888	1,070	4,864	1,253	31.02
31.03	8TH ICU	221	14,143	925	1,113	5,066	1,210	31.03
31.04	5TH ICU	260	16,639	1,242	1,309	6,798	1,506	31.04
40	Subprovider - IPF	626	40,060	2,903	3,152	15,898	2,081	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,617	103,492		8,142		3,800	50
51	Recovery Room	320	20,501		1,613		1,158	51
53	Anesthesiology	222	14,186		1,116		99	53
54	Radiology-Diagnostic	869	55,600		4,374		2,772	54
54.03	ENDOSCOPY	214	13,672		1,076		676	54.03
54.05	PET IMAGING						127	54.05
55	Radiology-Therapeutic	230	14,688		1,155		326	55
56	Radioisotope	174	11,128		875		166	56
60	Laboratory	697	44,573		3,507		2,639	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	102	6,548		515			63
65	Respiratory Therapy	117	7,461		587		1,166	65
66	Physical Therapy	311	19,929		1,568		1,335	66
69	Electrocardiology	412	26,382		2,075		1,377	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	219	14,003		1,102		171	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	123	7,899		621			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	85	5,455		429		107	76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	253	16,205		1,275		284	90
90.02	TRANSPLANT CLINIC	83	5,310		418		561	90.02
90.03	BONE MARROW CLINIC	301	19,231		1,513		681	90.03
90.04	TENETCARE	498	31,878		2,508		285	90.04
91	Emergency	710	45,433		3,574		2,885	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		6	7	8	9	10	11	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	64	4,072		320		360	105
107	Liver Acquisition	52	3,320		261		423	107
109	Pancreas Acquisition		30		2		8	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	18,063	912,612	24,143	69,922	132,203	46,156	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	67	4,271		336		8	190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS	1	67		5		68	194.0
5								5
194.1	UNIVERSITY SPACE				19,951			194.1
1								1
194.1	CANCER CENTER				6,223			194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	18,131	916,950	24,143	96,437	132,203	46,232	202

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS 16	QUALITY ASSURANCE 16.01	SOCIAL SERVICE 17	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	20,751						13
14	Central Services & Supply		70,998					14
15	Pharmacy		60	88,555				15
16	Medical Records & Library				78,386			16
16.01	QUALITY ASSURANCE					5,395		16.01
17	Social Service			238			27,199	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	7,383	723	1	4,487	540	18,334	30
31	Intensive Care Unit	1,217	81		615	162	1,132	31
31.01	6TH ICU	1,021	76		558	162	1,020	31.01
31.02	7TH ICU	1,054	92		548	162	1,001	31.02
31.03	8TH ICU	1,070	107		571	162	1,042	31.03
31.04	5TH ICU	1,205	78		724	162	1,399	31.04
40	Subprovider - IPF	1,196	30		930	809	3,271	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,797	263		5,460	809		50
51	Recovery Room	1,045	40		735	202		51
53	Anesthesiology		71		1,036	202		53
54	Radiology-Diagnostic	269	144		10,431	135		54
54.03	ENDOSCOPY	547	72		762			54.03
54.05	PET IMAGING		2		1,131			54.05
55	Radiology-Therapeutic	109	49		762	135		55
56	Radioisotope		7		77			56
60	Laboratory	167	108	4	10,432	270		60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				912			63
65	Respiratory Therapy		22		1,310			65
66	Physical Therapy		1		944			66
69	Electrocardiology	257	78		2,730	202		69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography		15	1	106	202		70
71	Medical Supplies Charged to Patients		31,736		5,438			71
72	Impl. Dev. Charged to Patients		36,908		3,842			72
73	Drugs Charged to Patients			88,311	15,743			73
74	Renal Dialysis		19		233			74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW				90	135		76.30
76.31	CORNEAL TRANSPLANTS				45			76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	123	6		128	135		90
90.02	TRANSPLANT CLINIC	129	1		87			90.02
90.03	BONE MARROW CLINIC	97	10		155			90.03
90.04	TENECARE		9		1,754			90.04
91	Emergency	1,882	188		4,940	809		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	QUALITY ASSURANCE	SOCIAL SERVICE	
		13	14	15	16	16.01	17	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	60	1		497			105
107	Liver Acquisition	120	1		171			107
109	Pancreas Acquisition	3			2			109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	20,751	70,998	88,555	78,386	5,395	27,199	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	20,751	70,998	88,555	78,386	5,395	27,199	202

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ALLOCATION OF CAPITAL-RELATED COSTS

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PART II**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
16.01	QUALITY ASSURANCE							16.01
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	449						21
22	I&R Services-Other Prgm Costs Apprvd		148,688					22
23	PARAMED ED PRGM-(SPECIFY)			697				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics				1,148,743		1,148,743	30
31	Intensive Care Unit				89,570		89,570	31
31.01	6TH ICU				81,435		81,435	31.01
31.02	7TH ICU				84,561		84,561	31.02
31.03	8TH ICU				86,693		86,693	31.03
31.04	5TH ICU				104,156		104,156	31.04
40	Subprovider - IPF				227,273		227,273	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				526,594		526,594	50
51	Recovery Room				106,952		106,952	51
53	Anesthesiology				66,032		66,032	53
54	Radiology-Diagnostic				304,663		304,663	54
54.03	ENDOSCOPY				71,320		71,320	54.03
54.05	PET IMAGING				4,127		4,127	54.05
55	Radiology-Therapeutic				72,310		72,310	55
56	Radioisotope				58,995		58,995	56
60	Laboratory				281,064		281,064	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				44,445		44,445	63
65	Respiratory Therapy				48,405		48,405	65
66	Physical Therapy				105,465		105,465	66
69	Electrocardiology				141,625		141,625	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography				64,543		64,543	70
71	Medical Supplies Charged to Patients				107,054		107,054	71
72	Impl. Dev. Charged to Patients				122,459		122,459	72
73	Drugs Charged to Patients				198,245		198,245	73
74	Renal Dialysis				40,568		40,568	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW				29,831		29,831	76.30
76.31	CORNEAL TRANSPLANTS				924		924	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic				77,404		77,404	90
90.02	TRANSPLANT CLINIC				58,982		58,982	90.02
90.03	BONE MARROW CLINIC				94,412		94,412	90.03
90.04	TENETCARE				146,844		146,844	90.04
91	Emergency				246,294		246,294	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I/R-SALARY AND FRINGES 21	I&R PROGRAM COSTS 22	PARAMED ED 23	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				47,143		47,143	105
107	Liver Acquisition				52,375		52,375	107
109	Pancreas Acquisition				971		971	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)				4,942,477		4,942,477	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				19,863		19,863	190
194	DOCTORS MEALS				1,019		1,019	194
194.0 5	PUBLIC RELATIONS				2,134		2,134	194.0 5
194.1 1	UNIVERSITY SPACE				302,535		302,535	194.1 1
194.1 2	CANCER CENTER				94,370		94,370	194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES				122		122	194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	Cross Foot Adjustments	449	148,688	697	149,834		149,834	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	449	148,688	697	5,512,354		5,512,354	202

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	774,466						1
2	Cap Rel Costs-Mvble Equip		662,488					2
4	Employee Benefits Department	6,898	6,898	26,673,300				4
5	Administrative & General	74,714	110,052	2,869,125	-23,966,450	75,808,891		5
6	Maintenance & Repairs	2,093	2,093	102,545		200,455	536,815	6
7	Operation of Plant	112,541	112,541			3,524,557	112,541	7
8	Laundry & Linen Service	2,131	2,131	24,143		280,027	2,131	8
9	Housekeeping	8,889	8,889			899,827	8,889	9
10	Dietary	13,490	13,490			283,431	13,490	10
11	Cafeteria	4,066	4,066			505,628	4,066	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,223	1,223	363,514		510,912	1,223	13
14	Central Services & Supply	6,979	6,979	143,824		281,622	6,979	14
15	Pharmacy	6,149	6,149	1,206,324		1,683,196	6,149	15
16	Medical Records & Library	6,500	6,500	656,602		937,569	6,500	16
16.01	QUALITY ASSURANCE			179,447		309,871		16.01
17	Social Service	1,086	1,086	632,154		937,333	1,086	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			20,894		24,259		21
22	I&R Services-Other Prgm Costs Apprvd					9,782,487		22
23	PARAMED ED PRGM-(SPECIFY)			28,579		38,612		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	92,912	92,912	5,005,923		7,360,308	92,912	30
31	Intensive Care Unit	6,506	6,506	732,203		1,011,453	6,506	31
31.01	6TH ICU	6,079	6,079	611,255		839,852	6,079	31.01
31.02	7TH ICU	6,294	6,294	641,512		909,636	6,294	31.02
31.03	8TH ICU	6,544	6,544	619,757		877,560	6,544	31.03
31.04	5TH ICU	7,699	7,699	771,249		1,092,576	7,699	31.04
40	Subprovider - IPF	18,536	18,536	1,065,337		1,475,485	18,536	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	47,886	47,886	1,945,486		3,739,063	47,886	50
51	Recovery Room	9,486	9,486	593,012		837,438	9,486	51
53	Anesthesiology	6,564	6,564	50,472		151,235	6,564	53
54	Radiology-Diagnostic	25,726	25,726	1,419,178		2,918,330	25,726	54
54.03	ENDOSCOPY	6,326	6,326	346,006		568,417	6,326	54.03
54.05	PET IMAGING			64,973		180,608		54.05
55	Radiology-Therapeutic	6,796	6,796	167,039		406,959	6,796	55
56	Radioisotope	5,149	5,149	84,862		642,936	5,149	56
60	Laboratory	20,624	20,624	1,351,455		4,565,285	20,624	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,030	3,030			974,415	3,030	63
65	Respiratory Therapy	3,452	3,452	597,254		793,454	3,452	65
66	Physical Therapy	9,221	9,221	683,470		952,900	9,221	66
69	Electrocardiology	12,207	12,207	704,984		1,311,317	12,207	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	6,479	6,479	87,706		161,659	6,479	70
71	Medical Supplies Charged to Patients					4,598,255		71
72	Impl. Dev. Charged to Patients					5,376,662		72
73	Drugs Charged to Patients					6,198,021		73
74	Renal Dialysis	3,655	3,655			372,786	3,655	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,524	2,524	54,873		359,654	2,524	76.30
76.31	CORNEAL TRANSPLANTS					57,850		76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	7,498	7,498	145,234		353,323	7,498	90
90.02	TRANSPLANT CLINIC	2,457	5,193	287,389		453,784	2,457	90.02
90.03	BONE MARROW CLINIC	8,898	8,898	348,891		556,344	8,898	90.03
90.04	TENETCARE	14,750	14,750	145,956		307,993	14,750	90.04
91	Emergency	21,022	21,022	1,477,008		2,205,556	21,022	91

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP-REL COSTS BLDG&FIXT (SQUARE FEET)	CAP-REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,884	3,157	184,112		1,002,514	1,884	105
107	Liver Acquisition	1,536	4,086	216,549		729,346	1,536	107
109	Pancreas Acquisition	14	85	4,040		6,929	14	109
118	SUBTOTALS (sum of lines 1-117)	618,513	660,481	26,634,336	-23,966,450	74,549,689	534,808	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,976	1,976	4,044		73,204	1,976	190
194	DOCTORS MEALS					67,064		194
194.0 5	PUBLIC RELATIONS	31	31	34,920		112,352	31	194.0 5
194.1 1	UNIVERSITY SPACE	117,343				761,132		194.1 1
194.1 2	CANCER CENTER	36,603				237,422		194.1 2
194.1 3	MARKET SPACE							194.1 3
194.1 4	RENTAL PROPERTIES					8,028		194.1 4
194.1 5	OP CATH LAB-UNIV							194.1 5
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,788,728	3,183,965	4,296,014		23,966,450	263,827	202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.309628	4.806072	0.161060		0.316143	0.491467	203
204	Cost to be allocated (Per Wkst. B, Part II)			50,020		1,152,093	18,131	204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.001875		0.015197	0.033775	205

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE-KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION (NURSING SALARIES)	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	424,274						7
8	Laundry & Linen Service	2,131	24,191					8
9	Housekeeping	8,889		567,200				9
10	Dietary	13,490		13,490	24,191			10
11	Cafeteria	4,066		4,066		23,677,487		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,223		1,223		363,514	42,374,239	13
14	Central Services & Supply	6,979		6,979		143,824		14
15	Pharmacy	6,149		6,149		1,206,324		15
16	Medical Records & Library	6,500		6,500		656,602		16
16.01	QUALITY ASSURANCE					179,447		16.01
17	Social Service	1,086		1,086		632,154		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					20,894		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)					28,579		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	92,912	16,307	92,912	16,307	5,005,923	15,091,502	30
31	Intensive Care Unit	6,506	1,007	6,506	1,007	732,203	2,483,784	31
31.01	6TH ICU	6,079	907	6,079	907	611,255	2,084,160	31.01
31.02	7TH ICU	6,294	890	6,294	890	641,512	2,150,198	31.02
31.03	8TH ICU	6,544	927	6,544	927	619,757	2,182,686	31.03
31.04	5TH ICU	7,699	1,244	7,699	1,244	771,249	2,459,218	31.04
40	Subprovider - IPF	18,536	2,909	18,536	2,909	1,065,337	2,441,277	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	47,886		47,886		1,945,486	3,668,104	50
51	Recovery Room	9,486		9,486		593,012	2,131,748	51
53	Anesthesiology	6,564		6,564		50,472		53
54	Radiology-Diagnostic	25,726		25,726		1,419,178	549,609	54
54.03	ENDOSCOPY	6,326		6,326		346,006	1,115,804	54.03
54.05	PET IMAGING					64,973		54.05
55	Radiology-Therapeutic	6,796		6,796		167,039	222,565	55
56	Radioisotope	5,149		5,149		84,862	600	56
60	Laboratory	20,624		20,624		1,351,455	341,132	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	3,030		3,030				63
65	Respiratory Therapy	3,452		3,452		597,254		65
66	Physical Therapy	9,221		9,221		683,470		66
69	Electrocardiology	12,207		12,207		704,984	523,624	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	6,479		6,479		87,706		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	3,655		3,655				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	2,524		2,524		54,873		76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	7,498		7,498		145,234	251,399	90
90.02	TRANSPLANT CLINIC	2,457		2,457		287,389	263,225	90.02
90.03	BONE MARROW CLINIC	8,898		8,898		348,891	197,883	90.03
90.04	TENETCARE	14,750		14,750		145,956		90.04
91	Emergency	21,022		21,022		1,477,008	3,841,135	91
92	Observation Beds (Non-Distinct Part)							92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (PATIENT DAYS)	HOUSE-KEEPING SQUARE FEET	DIETARY (PATIENT DAYS)	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION (NURSING SALARIES)	
		7	8	9	10	11	13	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,884		1,884		184,112	122,459	105
107	Liver Acquisition	1,536		1,536		216,549	245,302	107
109	Pancreas Acquisition	14		14		4,040	6,825	109
118	SUBTOTALS (sum of lines 1-117)	422,267	24,191	411,247	24,191	23,638,523	42,374,239	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,976		1,976		4,044		190
194	DOCTORS MEALS							194
194.05	PUBLIC RELATIONS	31		31		34,920		194.05
194.11	UNIVERSITY SPACE			117,343				194.11
194.12	CANCER CENTER			36,603				194.12
194.13	MARKET SPACE							194.13
194.14	RENTAL PROPERTIES							194.14
194.15	OP CATH LAB-UNIV							194.15
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,694,132	393,180	1,287,017	559,528	721,689	700,420	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.063916	16.253152	2.269071	23.129594	0.030480	0.016529	203
204	Cost to be allocated (Per Wkst. B, Part II)	916,950	24,143	96,437	132,203	46,232	20,751	204
205	Unit Cost Multiplier (Wkst. B, Part II)	2.161221	0.998016	0.170023	5.464966	0.001953	0.000490	205

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SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (GROSS REVENUE)	QUALITY ASSURANCE (ASSIGNED TIME)	SOCIAL SERVICE (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		14	15	16	16.01	17	21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	10,429,083						14
15	Pharmacy	8,871	6,316,674					15
16	Medical Records & Library			452,178,745				16
16.01	QUALITY ASSURANCE				10,000			16.01
17	Social Service		16,969			24,191		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						580,872	21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	106,169	46	25,935,835	1,000	16,307	250,095	30
31	Intensive Care Unit	11,926		3,556,375	300	1,007	19,599	31
31.01	6TH ICU	11,107	20	3,222,954	300	907	19,599	31.01
31.02	7TH ICU	13,472		3,170,061	300	890	19,599	31.02
31.03	8TH ICU	15,711		3,299,155	300	927	19,599	31.03
31.04	5TH ICU	11,389		4,183,933	300	1,244	19,599	31.04
40	Subprovider - IPF	4,387		5,374,610	1,500	2,909	14,429	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	38,639		31,563,517	1,500		64,929	50
51	Recovery Room	5,945		4,251,236	375		4,810	51
53	Anesthesiology	10,390		5,985,768	375		40,400	53
54	Radiology-Diagnostic	21,181		60,293,128	250		37,274	54
54.03	ENDOSCOPY	10,596		4,403,886				54.03
54.05	PET IMAGING	222		6,539,513				54.05
55	Radiology-Therapeutic	7,147		4,402,191	250		7,214	55
56	Radioisotope	1,047	22	444,816				56
60	Laboratory	15,937	303	60,302,804	500		26,452	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			5,273,805				63
65	Respiratory Therapy	3,269		7,570,944				65
66	Physical Therapy	218		5,454,730				66
69	Electrocardiology	11,460		15,778,053	375			69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	2,155	76	612,571	375		12,024	70
71	Medical Supplies Charged to Patients	4,661,569		31,432,109				71
72	Impl. Dev. Charged to Patients	5,421,902		22,209,176				72
73	Drugs Charged to Patients		6,299,238	90,094,148				73
74	Renal Dialysis	2,721		1,346,990				74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW			520,332	250		3,607	76.30
76.31	CORNEAL TRANSPLANTS			260,242				76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	822		740,032	250		3,607	90
90.02	TRANSPLANT CLINIC	165		503,401				90.02
90.03	BONE MARROW CLINIC	1,485		894,022				90.03
90.04	TENETCARE	1,386		10,136,657				90.04
91	Emergency	27,560		28,553,609	1,500		18,036	91
92	Observation Beds (Non-Distinct Part)							92

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (GROSS REVENUE)	QUALITY ASSURANCE (ASSIGNED TIME)	SOCIAL SERVICE (PATIENT DAYS)	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
		14	15	16	16.01	17	21	
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	77		2,872,032				105
107	Liver Acquisition	154		986,877				107
109	Pancreas Acquisition	4		9,233				109
118	SUBTOTALS (sum of lines 1-117)	10,429,083	6,316,674	452,178,745	10,000	24,191	580,872	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	471,520	2,337,504	1,343,847	413,305	1,274,224	32,565	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.045212	0.370053	0.002972	41.330500	52.673474	0.056062	203
204	Cost to be allocated (Per Wkst. B, Part II)	70,998	88,555	78,386	5,395	27,199	449	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.006808	0.014019	0.000173	0.539500	1.124344	0.000773	205

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED (ASSIGNED TIME)					
	22	23					

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
16.01	QUALITY ASSURANCE						16.01
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd	580,872					22
23	PARAMED ED PRGM-(SPECIFY)		10,000				23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	250,095	3,791				30
31	Intensive Care Unit	19,599	230				31
31.01	6TH ICU	19,599	230				31.01
31.02	7TH ICU	19,599	230				31.02
31.03	8TH ICU	19,599	230				31.03
31.04	5TH ICU	19,599	230				31.04
40	Subprovider - IPF	14,429	1,152				40
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	64,929	340				50
51	Recovery Room	4,810	340				51
53	Anesthesiology	40,400					53
54	Radiology-Diagnostic	37,274	1,278				54
54.03	ENDOSCOPY						54.03
54.05	PET IMAGING		140				54.05
55	Radiology-Therapeutic	7,214					55
56	Radioisotope		140				56
60	Laboratory	26,452					60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy		224				65
66	Physical Therapy		1,039				66
69	Electrocardiology		256				69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	12,024					70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	3,607					76.30
76.31	CORNEAL TRANSPLANTS						76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	3,607					90
90.02	TRANSPLANT CLINIC						90.02
90.03	BONE MARROW CLINIC						90.03
90.04	TENECARE						90.04

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED ED (ASSIGNED TIME)					
		22	23					
91	Emergency	18,036	150					91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
118	SUBTOTALS (sum of lines 1-117)	580,872	10,000					118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	12,875,149	51,690					202
203	Unit Cost Multiplier (Wkst. B, Part I)	22.165209	5.169000					203
204	Cost to be allocated (Per Wkst. B, Part II)	148,688	697					204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.255974	0.069700					205

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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POST STEPDOWN ADJUSTMENTS**WORKSHEET B-2**

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	13,017,707		13,017,707	506	13,018,213	30
31	Intensive Care Unit	1,601,929		1,601,929	921	1,602,850	31
31.01	6TH ICU	1,349,657		1,349,657		1,349,657	31.01
31.02	7TH ICU	1,444,863		1,444,863		1,444,863	31.02
31.03	8TH ICU	1,409,868		1,409,868		1,409,868	31.03
31.04	5TH ICU	1,749,633		1,749,633		1,749,633	31.04
40	Subprovider - IPF	2,622,934		2,622,934	1,180	2,624,114	40
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	5,862,375		5,862,375	559	5,862,934	50
51	Recovery Room	1,316,797		1,316,797		1,316,797	51
53	Anesthesiology	325,088		325,088		325,088	53
54	Radiology-Diagnostic	4,446,016		4,446,016		4,446,016	54
54.03	ENDOSCOPY	878,127		878,127		878,127	54.03
54.05	PET IMAGING	259,855		259,855		259,855	54.05
55	Radiology-Therapeutic	662,076		662,076		662,076	55
56	Radioisotope	922,076		922,076		922,076	56
60	Laboratory	6,541,232		6,541,232	7,420	6,548,652	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	1,340,031		1,340,031	3,991	1,344,022	63
65	Respiratory Therapy	1,134,033		1,134,033		1,134,033	65
66	Physical Therapy	1,424,052		1,424,052		1,424,052	66
69	Electrocardiology	1,989,011		1,989,011		1,989,011	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	322,452		322,452		322,452	70
71	Medical Supplies Charged to Patients	6,356,136		6,356,136		6,356,136	71
72	Impl. Dev. Charged to Patients	7,387,599		7,387,599		7,387,599	72
73	Drugs Charged to Patients	10,756,269		10,756,269		10,756,269	73
74	Renal Dialysis	545,294		545,294		545,294	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	521,800		521,800		521,800	76.30
76.31	CORNEAL TRANSPLANTS	76,912		76,912		76,912	76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	589,830		589,830		589,830	90
90.02	TRANSPLANT CLINIC	645,826		645,826		645,826	90.02
90.03	BONE MARROW CLINIC	871,867		871,867		871,867	90.03
90.04	TENETCARE	643,912		643,912		643,912	90.04
91	Emergency	3,450,832		3,450,832	708	3,451,540	91
92	Observation Beds (Non-Distinct Part)	837,353		837,353		837,353	92
OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	1,361,672		1,361,672		1,361,672	105
107	Liver Acquisition	994,753		994,753		994,753	107
109	Pancreas Acquisition	9,577		9,577		9,577	109
113	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	85,669,444		85,669,444	15,285	85,684,729	200
201	Less Observation Beds	837,353		837,353		837,353	201
202	Total (line 200 minus line 201)	84,832,091		84,832,091		84,847,376	202

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	24,343,667		24,343,667				30
31	Intensive Care Unit	3,556,375		3,556,375				31
31.01	6TH ICU	3,222,954		3,222,954				31.01
31.02	7TH ICU	3,170,061		3,170,061				31.02
31.03	8TH ICU	3,299,155		3,299,155				31.03
31.04	5TH ICU	4,183,933		4,183,933				31.04
40	Subprovider - IPF	5,374,610		5,374,610				40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	19,435,915	12,127,602	31,563,517	0.185733	0.185733	0.185750	50
51	Recovery Room	2,033,071	2,218,165	4,251,236	0.309745	0.309745	0.309745	51
53	Anesthesiology	3,790,629	2,195,139	5,985,768	0.054310	0.054310	0.054310	53
54	Radiology-Diagnostic	30,953,628	29,347,531	60,301,159	0.073730	0.073730	0.073730	54
54.03	ENDOSCOPY	1,429,331	2,974,555	4,403,886	0.199398	0.199398	0.199398	54.03
54.05	PET IMAGING	928,581	5,610,932	6,539,513	0.039736	0.039736	0.039736	54.05
55	Radiology-Therapeutic	237,179	4,165,012	4,402,191	0.150397	0.150397	0.150397	55
56	Radioisotope	309,110	135,706	444,816	2.072938	2.072938	2.072938	56
60	Laboratory	38,119,230	21,305,750	59,424,980	0.110075	0.110075	0.110200	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	4,464,153	809,652	5,273,805	0.254092	0.254092	0.254849	63
65	Respiratory Therapy	7,339,889	231,055	7,570,944	0.149788	0.149788	0.149788	65
66	Physical Therapy	4,529,777	924,953	5,454,730	0.261067	0.261067	0.261067	66
69	Electrocardiology	8,775,713	7,002,340	15,778,053	0.126062	0.126062	0.126062	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	306,725	305,846	612,571	0.526391	0.526391	0.526391	70
71	Medical Supplies Charged to Patients	21,038,749	10,392,632	31,431,381	0.202223	0.202223	0.202223	71
72	Impl. Dev. Charged to Patients	16,404,572	5,804,604	22,209,176	0.332637	0.332637	0.332637	72
73	Drugs Charged to Patients	72,174,440	17,917,229	90,091,669	0.119392	0.119392	0.119392	73
74	Renal Dialysis	1,284,306	62,684	1,346,990	0.404824	0.404824	0.404824	74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	347,769	172,563	520,332	1.002821	1.002821	1.002821	76.30
76.31	CORNEAL TRANSPLANTS		260,242	260,242	0.295540	0.295540	0.295540	76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,305	738,727	740,032	0.797033	0.797033	0.797033	90
90.02	TRANSPLANT CLINIC	19,259	484,142	503,401	1.282926	1.282926	1.282926	90.02
90.03	BONE MARROW CLINIC	116,254	777,768	894,022	0.975219	0.975219	0.975219	90.03
90.04	TENETCARE		10,136,657	10,136,657	0.063523	0.063523	0.063523	90.04
91	Emergency	10,155,560	18,398,049	28,553,609	0.120854	0.120854	0.120879	91
92	Observation Beds (Non-Distinct Part)	632,710	959,458	1,592,168	0.525920	0.525920	0.525920	92
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	1,069,640	1,802,392	2,872,032				105
107	Liver Acquisition	656,028	330,849	986,877				107
109	Pancreas Acquisition	28	9,205	9,233				109
113	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	293,704,306	157,601,439	451,305,745				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	293,704,306	157,601,439	451,305,745				202

KPMG LLP Compu-Max 2552-10

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title v
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,148,743		1,148,743	17,428	65.91			30
31	Intensive Care Unit	89,570		89,570	1,007	88.95			31
31.01	6TH ICU	81,435		81,435	907	89.79			31.01
31.02	7TH ICU	84,561		84,561	890	95.01			31.02
31.03	8TH ICU	86,693		86,693	927	93.52			31.03
31.04	5TH ICU	104,156		104,156	1,244	83.73			31.04
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	227,273		227,273	2,909	78.13			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,822,431		1,822,431	25,312				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	526,594	31,563,517	0.016684			50
51	Recovery Room	106,952	4,251,236	0.025158			51
53	Anesthesiology	66,032	5,985,768	0.011032			53
54	Radiology-Diagnostic	304,663	60,301,159	0.005052			54
54.03	ENDOSCOPY	71,320	4,403,886	0.016195			54.03
54.05	PET IMAGING	4,127	6,539,513	0.000631			54.05
55	Radiology-Therapeutic	72,310	4,402,191	0.016426			55
56	Radioisotope	58,995	444,816	0.132628			56
60	Laboratory	281,064	59,424,980	0.004730			60
60.02	BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,445	5,273,805	0.008428			63
65	Respiratory Therapy	48,405	7,570,944	0.006394			65
66	Physical Therapy	105,465	5,454,730	0.019335			66
69	Electrocardiology	141,625	15,778,053	0.008976			69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	64,543	612,571	0.105364			70
71	Medical Supplies Charged to Pat	107,054	31,431,381	0.003406			71
72	Impl. Dev. Charged to Patients	122,459	22,209,176	0.005514			72
73	Drugs Charged to Patients	198,245	90,091,669	0.002200			73
74	Renal Dialysis	40,568	1,346,990	0.030118			74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	29,831	520,332	0.057331			76.30
76.31	CORNEAL TRANSPLANTS	924	260,242	0.003551			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	77,404	740,032	0.104595			90
90.02	TRANSPLANT CLINIC	58,982	503,401	0.117167			90.02
90.03	BONE MARROW CLINIC	94,412	894,022	0.105604			90.03
90.04	TENECARE	146,844	10,136,657	0.014486			90.04
91	Emergency	246,294	28,553,609	0.008626			91
92	Observation Beds (Non-Distinct	73,889	1,592,168	0.046408			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,093,446	400,286,848				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		19,595			19,595	30
31	Intensive Care Unit		1,189			1,189	31
31.01	6TH ICU		1,189			1,189	31.01
31.02	7TH ICU		1,189			1,189	31.02
31.03	8TH ICU		1,189			1,189	31.03
31.04	5TH ICU		1,189			1,189	31.04
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		5,955			5,955	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		31,495			31,495	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title v PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX 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)	17,428	1.12		30
31	Intensive Care Unit	1,007	1.18		31
31.01	6TH ICU	907	1.31		31.01
31.02	7TH ICU	890	1.34		31.02
31.03	8TH ICU	927	1.28		31.03
31.04	5TH ICU	1,244	0.96		31.04
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF	2,909	2.05		40
41	Subprovider - IRF				41
42	Subprovider I				42
43	Nursery				43
44	Skilled Nursing Facility				44
45	Nursing Facility				45
200	Total (lines 30-199)	25,312			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,757		1,757	1,757	50
51	Recovery Room			1,757		1,757	1,757	51
53	Anesthesiology							53
54	Radiology-Diagnostic			6,606		6,606	6,606	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			724		724	724	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			724		724	724	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			1,158		1,158	1,158	65
66	Physical Therapy			5,371		5,371	5,371	66
69	Electrocardiology			1,323		1,323	1,323	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			775		775	775	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			20,195		20,195	20,195	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/IID PPS
 Applicable 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	31,563,517	0.000056	0.000056					50
51	Recovery Room	4,251,236	0.000413	0.000413					51
53	Anesthesiology	5,985,768							53
54	Radiology-Diagnostic	60,301,159	0.000110	0.000110					54
54.03	ENDOSCOPY	4,403,886							54.03
54.05	PET IMAGING	6,539,513	0.000111	0.000111					54.05
55	Radiology-Therapeutic	4,402,191							55
56	Radioisotope	444,816	0.001628	0.001628					56
60	Laboratory	59,424,980							60
60.02	BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,273,805							63
65	Respiratory Therapy	7,570,944	0.000153	0.000153					65
66	Physical Therapy	5,454,730	0.000985	0.000985					66
69	Electrocardiology	15,778,053	0.000084	0.000084					69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	612,571							70
71	Medical Supplies Charged to Pat	31,431,381							71
72	Impl. Dev. Charged to Patients	22,209,176							72
73	Drugs Charged to Patients	90,091,669							73
74	Renal Dialysis	1,346,990							74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	520,332							76.30
76.31	CORNEAL TRANSPLANTS	260,242							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	740,032							90
90.02	TRANSPLANT CLINIC	503,401							90.02
90.03	BONE MARROW CLINIC	894,022							90.03
90.04	TENETCARE	10,136,657							90.04
91	Emergency	28,553,609	0.000027	0.000027					91
92	Observation Beds (Non-Distinct	1,592,168							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	400,286,848							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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	0.185733						50	
51	Recovery Room	0.309745						51	
53	Anesthesiology	0.054310						53	
54	Radiology-Diagnostic	0.073730						54	
54.03	ENDOSCOPY	0.199398						54.03	
54.05	PET IMAGING	0.039736						54.05	
55	Radiology-Therapeutic	0.150397						55	
56	Radioisotope	2.072938						56	
60	Laboratory	0.110075						60	
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.254092						63	
65	Respiratory Therapy	0.149788						65	
66	Physical Therapy	0.261067						66	
69	Electrocardiology	0.126062						69	
69.02	CARDIOVASCULAR LAB							69.02	
70	Electroencephalography	0.526391						70	
71	Medical Supplies Charged to Pat	0.202223						71	
72	Impl. Dev. Charged to Patients	0.332637						72	
73	Drugs Charged to Patients	0.119392						73	
74	Renal Dialysis	0.404824						74	
76	OTHER ANCILLARY SERVICES							76	
76.01	PSYCH THERAPY							76.01	
76.29	AIR RESCUE							76.29	
76.30	BONE MARROW	1.002821						76.30	
76.31	CORNEAL TRANSPLANTS	0.295540						76.31	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.797033						90	
90.02	TRANSPLANT CLINIC	1.282926						90.02	
90.03	BONE MARROW CLINIC	0.975219						90.03	
90.04	TENECARE	0.063523						90.04	
91	Emergency	0.120854						91	
92	Observation Beds (Non-Distinct	0.525920						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)							200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)							202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,148,743		1,148,743	17,428	65.91	5,125	337,789	30
31	Intensive Care Unit	89,570		89,570	1,007	88.95	401	35,669	31
31.01	6TH ICU	81,435		81,435	907	89.79	179	16,072	31.01
31.02	7TH ICU	84,561		84,561	890	95.01	328	31,163	31.02
31.03	8TH ICU	86,693		86,693	927	93.52	375	35,070	31.03
31.04	5TH ICU	104,156		104,156	1,244	83.73	503	42,116	31.04
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	227,273		227,273	2,909	78.13	1,030	80,474	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,822,431		1,822,431	25,312		7,941	578,353	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable 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	526,594	31,563,517	0.016684	4,832,601	80,627	50
51	Recovery Room	106,952	4,251,236	0.025158	549,391	13,822	51
53	Anesthesiology	66,032	5,985,768	0.011032	994,113	10,967	53
54	Radiology-Diagnostic	304,663	60,301,159	0.005052	8,683,271	43,868	54
54.03	ENDOSCOPY	71,320	4,403,886	0.016195	509,606	8,253	54.03
54.05	PET IMAGING	4,127	6,539,513	0.000631	221,642	140	54.05
55	Radiology-Therapeutic	72,310	4,402,191	0.016426	57,839	950	55
56	Radioisotope	58,995	444,816	0.132628	140,535	18,639	56
60	Laboratory	281,064	59,424,980	0.004730	11,713,557	55,405	60
60.02	BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,445	5,273,805	0.008428	1,256,311	10,588	63
65	Respiratory Therapy	48,405	7,570,944	0.006394	2,534,258	16,204	65
66	Physical Therapy	105,465	5,454,730	0.019335	1,528,542	29,554	66
69	Electrocardiology	141,625	15,778,053	0.008976	3,238,145	29,066	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	64,543	612,571	0.105364	111,513	11,749	70
71	Medical Supplies Charged to Pat	107,054	31,431,381	0.003406	6,990,437	23,809	71
72	Impl. Dev. Charged to Patients	122,459	22,209,176	0.005514	3,998,397	22,047	72
73	Drugs Charged to Patients	198,245	90,091,669	0.002200	20,507,049	45,116	73
74	Renal Dialysis	40,568	1,346,990	0.030118	664,256	20,006	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	29,831	520,332	0.057331			76.30
76.31	CORNEAL TRANSPLANTS	924	260,242	0.003551			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	77,404	740,032	0.104595	1,029	108	90
90.02	TRANSPLANT CLINIC	58,982	503,401	0.117167	6,329	742	90.02
90.03	BONE MARROW CLINIC	94,412	894,022	0.105604	1,724	182	90.03
90.04	TENETCARE	146,844	10,136,657	0.014486			90.04
91	Emergency	246,294	28,553,609	0.008626	2,837,706	24,478	91
92	Observation Beds (Non-Distinct	73,889	1,592,168	0.046408	241,375	11,202	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,093,446	400,286,848		71,619,626	477,522	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		19,595			19,595	30
31	Intensive Care Unit		1,189			1,189	31
31.01	6TH ICU		1,189			1,189	31.01
31.02	7TH ICU		1,189			1,189	31.02
31.03	8TH ICU		1,189			1,189	31.03
31.04	5TH ICU		1,189			1,189	31.04
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		5,955			5,955	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		31,495			31,495	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX 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)	17,428	1.12	5,125	5,740	30
31	Intensive Care Unit	1,007	1.18	401	473	31
31.01	6TH ICU	907	1.31	179	234	31.01
31.02	7TH ICU	890	1.34	328	440	31.02
31.03	8TH ICU	927	1.28	375	480	31.03
31.04	5TH ICU	1,244	0.96	503	483	31.04
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	2,909	2.05	1,030	2,112	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	25,312		7,941	9,962	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,757		1,757	1,757	50
51	Recovery Room			1,757		1,757	1,757	51
53	Anesthesiology							53
54	Radiology-Diagnostic			6,606		6,606	6,606	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			724		724	724	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			724		724	724	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			1,158		1,158	1,158	65
66	Physical Therapy			5,371		5,371	5,371	66
69	Electrocardiology			1,323		1,323	1,323	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			775		775	775	91
92	Observation Beds (Non-Distinct			1,260		1,260	1,260	92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			21,455		21,455	21,455	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/IID PPS
 Applicable 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	31,563,517	0.000056	0.000056	4,832,601	271	2,662,072	149	50
51	Recovery Room	4,251,236	0.000413	0.000413	549,391	227	503,180	208	51
53	Anesthesiology	5,985,768			994,113		500,238		53
54	Radiology-Diagnostic	60,301,159	0.000110	0.000110	8,683,271	955	5,240,855	576	54
54.03	ENDOSCOPY	4,403,886			509,606		691,131		54.03
54.05	PET IMAGING	6,539,513	0.000111	0.000111	221,642	25	2,171,438	241	54.05
55	Radiology-Therapeutic	4,402,191			57,839		1,136,599		55
56	Radioisotope	444,816	0.001628	0.001628	140,535	229	43,879	71	56
60	Laboratory	59,424,980			11,713,557		3,298,717		60
60.02	BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,273,805			1,256,311		163,588		63
65	Respiratory Therapy	7,570,944	0.000153	0.000153	2,534,258	388	47,282	7	65
66	Physical Therapy	5,454,730	0.000985	0.000985	1,528,542	1,506			66
69	Electrocardiology	15,778,053	0.000084	0.000084	3,238,145	272	2,307,529	194	69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	612,571			111,513		45,423		70
71	Medical Supplies Charged to Pat	31,431,381			6,990,437		2,573,155		71
72	Impl. Dev. Charged to Patients	22,209,176			3,998,397		2,165,644		72
73	Drugs Charged to Patients	90,091,669			20,507,049		3,740,233		73
74	Renal Dialysis	1,346,990			664,256				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	520,332					32,632		76.30
76.31	CORNEAL TRANSPLANTS	260,242					116,354		76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	740,032			1,029		126,703		90
90.02	TRANSPLANT CLINIC	503,401			6,329		43,682		90.02
90.03	BONE MARROW CLINIC	894,022			1,724		23,993		90.03
90.04	TENETCARE	10,136,657					3,044,039		90.04
91	Emergency	28,553,609	0.000027	0.000027	2,837,706	77	1,895,264	51	91
92	Observation Beds (Non-Distinct	1,592,168	0.000791	0.000791	241,375	191	170,908	135	92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	400,286,848			71,619,626	4,141	32,744,538	1,632	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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	0.185733	2,662,072			494,435		50	
51	Recovery Room	0.309745	503,180			155,857		51	
53	Anesthesiology	0.054310	500,238			27,168		53	
54	Radiology-Diagnostic	0.073730	5,240,855			386,408		54	
54.03	ENDOSCOPY	0.199398	691,131			137,810		54.03	
54.05	PET IMAGING	0.039736	2,171,438			86,284		54.05	
55	Radiology-Therapeutic	0.150397	1,136,599			170,941		55	
56	Radioisotope	2.072938	43,879			90,958		56	
60	Laboratory	0.110075	3,298,717	21,148		363,106	2,328	60	
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.254092	163,588			41,566		63	
65	Respiratory Therapy	0.149788	47,282			7,082		65	
66	Physical Therapy	0.261067						66	
69	Electrocardiology	0.126062	2,307,529			290,892		69	
69.02	CARDIOVASCULAR LAB							69.02	
70	Electroencephalography	0.526391	45,423			23,910		70	
71	Medical Supplies Charged to Pat	0.202223	2,573,155			520,351		71	
72	Impl. Dev. Charged to Patients	0.332637	2,165,644			720,373		72	
73	Drugs Charged to Patients	0.119392	3,740,233		92,491	446,554		73	
74	Renal Dialysis	0.404824						74	
76	OTHER ANCILLARY SERVICES							76	
76.01	PSYCH THERAPY							76.01	
76.29	AIR RESCUE							76.29	
76.30	BONE MARROW	1.002821	32,632			32,724		76.30	
76.31	CORNEAL TRANSPLANTS	0.295540	116,354			34,387		76.31	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.797033	126,703			100,986		90	
90.02	TRANSPLANT CLINIC	1.282926	43,682			56,041		90.02	
90.03	BONE MARROW CLINIC	0.975219	23,993			23,398		90.03	
90.04	TENECARE	0.063523	3,044,039			193,366		90.04	
91	Emergency	0.120854	1,895,264			229,050		91	
92	Observation Beds (Non-Distinct	0.525920	170,908			89,884		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		32,744,538	21,148	92,491	4,723,531	2,328	11,043	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		32,744,538	21,148	92,491	4,723,531	2,328	11,043	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other) PPS
 Applicable 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	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	526,594	31,563,517	0.016684	65,150	1,087	50
51	Recovery Room	106,952	4,251,236	0.025158			51
53	Anesthesiology	66,032	5,985,768	0.011032	37,619	415	53
54	Radiology-Diagnostic	304,663	60,301,159	0.005052	53,806	272	54
54.03	ENDOSCOPY	71,320	4,403,886	0.016195			54.03
54.05	PET IMAGING	4,127	6,539,513	0.000631	5,872	4	54.05
55	Radiology-Therapeutic	72,310	4,402,191	0.016426			55
56	Radioisotope	58,995	444,816	0.132628	2,269	301	56
60	Laboratory	281,064	59,424,980	0.004730	160,249	758	60
60.02	BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,445	5,273,805	0.008428			63
65	Respiratory Therapy	48,405	7,570,944	0.006394	6,882	44	65
66	Physical Therapy	105,465	5,454,730	0.019335	21,571	417	66
69	Electrocardiology	141,625	15,778,053	0.008976	26,072	234	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	64,543	612,571	0.105364	2,800	295	70
71	Medical Supplies Charged to Pat	107,054	31,431,381	0.003406	11,396	39	71
72	Impl. Dev. Charged to Patients	122,459	22,209,176	0.005514			72
73	Drugs Charged to Patients	198,245	90,091,669	0.002200	555,583	1,222	73
74	Renal Dialysis	40,568	1,346,990	0.030118			74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	29,831	520,332	0.057331			76.30
76.31	CORNEAL TRANSPLANTS	924	260,242	0.003551			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	77,404	740,032	0.104595			90
90.02	TRANSPLANT CLINIC	58,982	503,401	0.117167			90.02
90.03	BONE MARROW CLINIC	94,412	894,022	0.105604			90.03
90.04	TENETCARE	146,844	10,136,657	0.014486			90.04
91	Emergency	246,294	28,553,609	0.008626	146,273	1,262	91
92	Observation Beds (Non-Distinct		1,592,168				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,019,557	400,286,848		1,095,542	6,350	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,757		1,757	1,757	50
51	Recovery Room			1,757		1,757	1,757	51
53	Anesthesiology							53
54	Radiology-Diagnostic			6,606		6,606	6,606	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			724		724	724	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			724		724	724	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			1,158		1,158	1,158	65
66	Physical Therapy			5,371		5,371	5,371	66
69	Electrocardiology			1,323		1,323	1,323	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			775		775	775	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			20,195		20,195	20,195	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/IID PPS
 Applicable 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	31,563,517	0.000056	0.000056	65,150	4			50
51	Recovery Room	4,251,236	0.000413	0.000413					51
53	Anesthesiology	5,985,768			37,619				53
54	Radiology-Diagnostic	60,301,159	0.000110	0.000110	53,806	6			54
54.03	ENDOSCOPY	4,403,886							54.03
54.05	PET IMAGING	6,539,513	0.000111	0.000111	5,872	1			54.05
55	Radiology-Therapeutic	4,402,191							55
56	Radioisotope	444,816	0.001628	0.001628	2,269	4			56
60	Laboratory	59,424,980			160,249				60
60.02	BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,273,805							63
65	Respiratory Therapy	7,570,944	0.000153	0.000153	6,882	1			65
66	Physical Therapy	5,454,730	0.000985	0.000985	21,571	21			66
69	Electrocardiology	15,778,053	0.000084	0.000084	26,072	2			69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	612,571			2,800				70
71	Medical Supplies Charged to Pat	31,431,381			11,396				71
72	Impl. Dev. Charged to Patients	22,209,176							72
73	Drugs Charged to Patients	90,091,669			555,583		76		73
74	Renal Dialysis	1,346,990							74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	520,332							76.30
76.31	CORNEAL TRANSPLANTS	260,242							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	740,032							90
90.02	TRANSPLANT CLINIC	503,401							90.02
90.03	BONE MARROW CLINIC	894,022							90.03
90.04	TENETCARE	10,136,657							90.04
91	Emergency	28,553,609	0.000027	0.000027	146,273	4			91
92	Observation Beds (Non-Distinct	1,592,168							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	400,286,848			1,095,542	43	76		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.185733						50	
51	Recovery Room	0.309745						51	
53	Anesthesiology	0.054310						53	
54	Radiology-Diagnostic	0.073730						54	
54.03	ENDOSCOPY	0.199398						54.03	
54.05	PET IMAGING	0.039736						54.05	
55	Radiology-Therapeutic	0.150397						55	
56	Radioisotope	2.072938						56	
60	Laboratory	0.110075						60	
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.254092						63	
65	Respiratory Therapy	0.149788						65	
66	Physical Therapy	0.261067						66	
69	Electrocardiology	0.126062						69	
69.02	CARDIOVASCULAR LAB							69.02	
70	Electroencephalography	0.526391						70	
71	Medical Supplies Charged to Pat	0.202223						71	
72	Impl. Dev. Charged to Patients	0.332637						72	
73	Drugs Charged to Patients	0.119392	76		1,203	9		144	
74	Renal Dialysis	0.404824						74	
76	OTHER ANCILLARY SERVICES							76	
76.01	PSYCH THERAPY							76.01	
76.29	AIR RESCUE							76.29	
76.30	BONE MARROW	1.002821						76.30	
76.31	CORNEAL TRANSPLANTS	0.295540						76.31	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	0.797033						90	
90.02	TRANSPLANT CLINIC	1.282926						90.02	
90.03	BONE MARROW CLINIC	0.975219						90.03	
90.04	TENETCARE	0.063523						90.04	
91	Emergency	0.120854						91	
92	Observation Beds (Non-Distinct	0.525920						92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		76		1,203	9		144	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		76		1,203	9		144	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title v
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,148,743		1,148,743	17,428	65.91	3,716	244,922	30
31	Intensive Care Unit	89,570		89,570	1,007	88.95	256	22,771	31
31.01	6TH ICU	81,435		81,435	907	89.79	61	5,477	31.01
31.02	7TH ICU	84,561		84,561	890	95.01	69	6,556	31.02
31.03	8TH ICU	86,693		86,693	927	93.52	291	27,214	31.03
31.04	5TH ICU	104,156		104,156	1,244	83.73	139	11,638	31.04
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	227,273		227,273	2,909	78.13	776	60,629	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,822,431		1,822,431	25,312		5,308	379,207	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	526,594	31,563,517	0.016684	2,198,743	36,684	50
51	Recovery Room	106,952	4,251,236	0.025158	283,281	7,127	51
53	Anesthesiology	66,032	5,985,768	0.011032	450,854	4,974	53
54	Radiology-Diagnostic	304,663	60,301,159	0.005052	4,031,611	20,368	54
54.03	ENDOSCOPY	71,320	4,403,886	0.016195	267,181	4,327	54.03
54.05	PET IMAGING	4,127	6,539,513	0.000631	213,739	135	54.05
55	Radiology-Therapeutic	72,310	4,402,191	0.016426	27,913	458	55
56	Radioisotope	58,995	444,816	0.132628	64,434	8,546	56
60	Laboratory	281,064	59,424,980	0.004730	6,258,907	29,605	60
60.02	BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,445	5,273,805	0.008428	733,490	6,182	63
65	Respiratory Therapy	48,405	7,570,944	0.006394	1,427,700	9,129	65
66	Physical Therapy	105,465	5,454,730	0.019335	636,694	12,310	66
69	Electrocardiology	141,625	15,778,053	0.008976	1,546,554	13,882	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	64,543	612,571	0.105364	51,060	5,380	70
71	Medical Supplies Charged to Pat	107,054	31,431,381	0.003406	2,923,384	9,957	71
72	Impl. Dev. Charged to Patients	122,459	22,209,176	0.005514	1,569,522	8,654	72
73	Drugs Charged to Patients	198,245	90,091,669	0.002200	11,989,082	26,376	73
74	Renal Dialysis	40,568	1,346,990	0.030118	187,972	5,661	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	29,831	520,332	0.057331			76.30
76.31	CORNEAL TRANSPLANTS	924	260,242	0.003551			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	77,404	740,032	0.104595			90
90.02	TRANSPLANT CLINIC	58,982	503,401	0.117167	850	100	90.02
90.03	BONE MARROW CLINIC	94,412	894,022	0.105604			90.03
90.04	TENECARE	146,844	10,136,657	0.014486			90.04
91	Emergency	246,294	28,553,609	0.008626	508,418	4,386	91
92	Observation Beds (Non-Distinct	73,889	1,592,168	0.046408	78,932	3,663	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,093,446	400,286,848		35,450,321	217,904	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		19,595			19,595	30
31	Intensive Care Unit		1,189			1,189	31
31.01	6TH ICU		1,189			1,189	31.01
31.02	7TH ICU		1,189			1,189	31.02
31.03	8TH ICU		1,189			1,189	31.03
31.04	5TH ICU		1,189			1,189	31.04
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		5,955			5,955	40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		31,495			31,495	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX 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)	17,428	1.12	3,716	4,162	30
31	Intensive Care Unit	1,007	1.18	256	302	31
31.01	6TH ICU	907	1.31	61	80	31.01
31.02	7TH ICU	890	1.34	69	92	31.02
31.03	8TH ICU	927	1.28	291	372	31.03
31.04	5TH ICU	1,244	0.96	139	133	31.04
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	2,909	2.05	776	1,591	40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	25,312		5,308	6,732	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,757		1,757	1,757	50
51	Recovery Room			1,757		1,757	1,757	51
53	Anesthesiology							53
54	Radiology-Diagnostic			6,606		6,606	6,606	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			724		724	724	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			724		724	724	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			1,158		1,158	1,158	65
66	Physical Therapy			5,371		5,371	5,371	66
69	Electrocardiology			1,323		1,323	1,323	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENETCARE							90.04
91	Emergency			775		775	775	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			20,195		20,195	20,195	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-0105

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/IID PPS
 Applicable 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)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	31,563,517	0.000056	0.000056	2,198,743	123			50
51	Recovery Room	4,251,236	0.000413	0.000413	283,281	117			51
53	Anesthesiology	5,985,768			450,854				53
54	Radiology-Diagnostic	60,301,159	0.000110	0.000110	4,031,611	443			54
54.03	ENDOSCOPY	4,403,886			267,181				54.03
54.05	PET IMAGING	6,539,513	0.000111	0.000111	213,739	24			54.05
55	Radiology-Therapeutic	4,402,191			27,913				55
56	Radioisotope	444,816	0.001628	0.001628	64,434	105			56
60	Laboratory	59,424,980			6,258,907				60
60.02	BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,273,805			733,490				63
65	Respiratory Therapy	7,570,944	0.000153	0.000153	1,427,700	218			65
66	Physical Therapy	5,454,730	0.000985	0.000985	636,694	627			66
69	Electrocardiology	15,778,053	0.000084	0.000084	1,546,554	130			69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	612,571			51,060				70
71	Medical Supplies Charged to Pat	31,431,381			2,923,384				71
72	Impl. Dev. Charged to Patients	22,209,176			1,569,522				72
73	Drugs Charged to Patients	90,091,669			11,989,082				73
74	Renal Dialysis	1,346,990			187,972				74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	520,332							76.30
76.31	CORNEAL TRANSPLANTS	260,242							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	740,032							90
90.02	TRANSPLANT CLINIC	503,401			850				90.02
90.03	BONE MARROW CLINIC	894,022							90.03
90.04	TENETCARE	10,136,657							90.04
91	Emergency	28,553,609	0.000027	0.000027	508,418	14			91
92	Observation Beds (Non-Distinct	1,592,168			78,932				92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	400,286,848			35,450,321	1,801			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-0105

**WORKSHEET D
PART V**

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/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.)
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	0.185733		1,151,383		213,850	50
51	Recovery Room	0.309745		203,843		63,139	51
53	Anesthesiology	0.054310		189,677		10,301	53
54	Radiology-Diagnostic	0.073730		4,494,098		331,350	54
54.03	ENDOSCOPY	0.199398		246,410		49,134	54.03
54.05	PET IMAGING	0.039736		315,281		12,528	54.05
55	Radiology-Therapeutic	0.150397		982,678		147,792	55
56	Radioisotope	2.072938		36,764		76,209	56
60	Laboratory	0.110075		2,933,148		322,866	60
60.02	BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	0.254092		69,426		17,641	63
65	Respiratory Therapy	0.149788		63,593		9,525	65
66	Physical Therapy	0.261067		49,818		13,006	66
69	Electrocardiology	0.126062		847,435		106,829	69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	0.526391		27,821		14,645	70
71	Medical Supplies Charged to Pat	0.202223		682,023		137,921	71
72	Impl. Dev. Charged to Patients	0.332637		697,210		231,918	72
73	Drugs Charged to Patients	0.119392		2,219,488		264,989	73
74	Renal Dialysis	0.404824		5,916		2,395	74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	1.002821					76.30
76.31	CORNEAL TRANSPLANTS	0.295540		34,958		10,331	76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	0.797033		67,876		54,099	90
90.02	TRANSPLANT CLINIC	1.282926		7,404		9,499	90.02
90.03	BONE MARROW CLINIC	0.975219		98,215		95,781	90.03
90.04	TENETCARE	0.063523		1,014,177		64,424	90.04
91	Emergency	0.120854		4,588,472		554,535	91
92	Observation Beds (Non-Distinct	0.525920		210,090		110,491	92
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (see instructions)			21,237,204		2,925,198	200
201	Less PBP Clinic Lab. Services-Program Only Charges						201
202	Net Charges (line 200 - line 201)			21,237,204		2,925,198	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART II**

Check Title V Hospital SUB (Other)
 Applicable Title XVIII, Part A IPF
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	526,594	31,563,517	0.016684			50
51	Recovery Room	106,952	4,251,236	0.025158			51
53	Anesthesiology	66,032	5,985,768	0.011032			53
54	Radiology-Diagnostic	304,663	60,301,159	0.005052			54
54.03	ENDOSCOPY	71,320	4,403,886	0.016195			54.03
54.05	PET IMAGING	4,127	6,539,513	0.000631			54.05
55	Radiology-Therapeutic	72,310	4,402,191	0.016426			55
56	Radioisotope	58,995	444,816	0.132628			56
60	Laboratory	281,064	59,424,980	0.004730			60
60.02	BLOOD CLOTTING FACTORS ADMIN CO						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	44,445	5,273,805	0.008428			63
65	Respiratory Therapy	48,405	7,570,944	0.006394			65
66	Physical Therapy	105,465	5,454,730	0.019335			66
69	Electrocardiology	141,625	15,778,053	0.008976			69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography	64,543	612,571	0.105364			70
71	Medical Supplies Charged to Pat	107,054	31,431,381	0.003406			71
72	Impl. Dev. Charged to Patients	122,459	22,209,176	0.005514			72
73	Drugs Charged to Patients	198,245	90,091,669	0.002200			73
74	Renal Dialysis	40,568	1,346,990	0.030118			74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW	29,831	520,332	0.057331			76.30
76.31	CORNEAL TRANSPLANTS	924	260,242	0.003551			76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	77,404	740,032	0.104595			90
90.02	TRANSPLANT CLINIC	58,982	503,401	0.117167			90.02
90.03	BONE MARROW CLINIC	94,412	894,022	0.105604			90.03
90.04	TENETCARE	146,844	10,136,657	0.014486			90.04
91	Emergency	246,294	28,553,609	0.008626			91
92	Observation Beds (Non-Distinct		1,592,168				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	3,019,557	400,286,848				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,757		1,757	1,757	50
51	Recovery Room			1,757		1,757	1,757	51
53	Anesthesiology							53
54	Radiology-Diagnostic			6,606		6,606	6,606	54
54.03	ENDOSCOPY							54.03
54.05	PET IMAGING			724		724	724	54.05
55	Radiology-Therapeutic							55
56	Radioisotope			724		724	724	56
60	Laboratory							60
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy			1,158		1,158	1,158	65
66	Physical Therapy			5,371		5,371	5,371	66
69	Electrocardiology			1,323		1,323	1,323	69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW							76.30
76.31	CORNEAL TRANSPLANTS							76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.02	TRANSPLANT CLINIC							90.02
90.03	BONE MARROW CLINIC							90.03
90.04	TENECARE							90.04
91	Emergency			775		775	775	91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			20,195		20,195	20,195	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 26-S105

**WORKSHEET D
PART IV**

Check Title v Hospital SUB (Other) ICF/IID PPS
 Applicable 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	31,563,517	0.000056	0.000056					50
51	Recovery Room	4,251,236	0.000413	0.000413					51
53	Anesthesiology	5,985,768							53
54	Radiology-Diagnostic	60,301,159	0.000110	0.000110					54
54.03	ENDOSCOPY	4,403,886							54.03
54.05	PET IMAGING	6,539,513	0.000111	0.000111					54.05
55	Radiology-Therapeutic	4,402,191							55
56	Radioisotope	444,816	0.001628	0.001628					56
60	Laboratory	59,424,980							60
60.02	BLOOD CLOTTING FACTORS ADMIN CO								60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	5,273,805							63
65	Respiratory Therapy	7,570,944	0.000153	0.000153					65
66	Physical Therapy	5,454,730	0.000985	0.000985					66
69	Electrocardiology	15,778,053	0.000084	0.000084					69
69.02	CARDIOVASCULAR LAB								69.02
70	Electroencephalography	612,571							70
71	Medical Supplies Charged to Pat	31,431,381							71
72	Impl. Dev. Charged to Patients	22,209,176							72
73	Drugs Charged to Patients	90,091,669							73
74	Renal Dialysis	1,346,990							74
76	OTHER ANCILLARY SERVICES								76
76.01	PSYCH THERAPY								76.01
76.29	AIR RESCUE								76.29
76.30	BONE MARROW	520,332							76.30
76.31	CORNEAL TRANSPLANTS	260,242							76.31
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	740,032							90
90.02	TRANSPLANT CLINIC	503,401							90.02
90.03	BONE MARROW CLINIC	894,022							90.03
90.04	TENETCARE	10,136,657							90.04
91	Emergency	28,553,609	0.000027	0.000027					91
92	Observation Beds (Non-Distinct	1,592,168							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	400,286,848							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 26-S105

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.185733						50
51	Recovery Room	0.309745						51
53	Anesthesiology	0.054310						53
54	Radiology-Diagnostic	0.073730						54
54.03	ENDOSCOPY	0.199398						54.03
54.05	PET IMAGING	0.039736						54.05
55	Radiology-Therapeutic	0.150397						55
56	Radioisotope	2.072938						56
60	Laboratory	0.110075						60
60.02	BLOOD CLOTTING FACTORS ADMIN CO							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.254092						63
65	Respiratory Therapy	0.149788						65
66	Physical Therapy	0.261067						66
69	Electrocardiology	0.126062						69
69.02	CARDIOVASCULAR LAB							69.02
70	Electroencephalography	0.526391						70
71	Medical Supplies Charged to Pat	0.202223						71
72	Impl. Dev. Charged to Patients	0.332637						72
73	Drugs Charged to Patients	0.119392						73
74	Renal Dialysis	0.404824						74
76	OTHER ANCILLARY SERVICES							76
76.01	PSYCH THERAPY							76.01
76.29	AIR RESCUE							76.29
76.30	BONE MARROW	1.002821						76.30
76.31	CORNEAL TRANSPLANTS	0.295540						76.31
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.797033						90
90.02	TRANSPLANT CLINIC	1.282926						90.02
90.03	BONE MARROW CLINIC	0.975219						90.03
90.04	TENECARE	0.063523						90.04
91	Emergency	0.120854						91
92	Observation Beds (Non-Distinct	0.525920						92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	17,428	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	17,428	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	7,186	3
4	Semi-private room days (excluding swing-bed private room days)	9,121	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)		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)	13,017,707	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)	13,017,707	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	24,343,667	28
29	Private room charges (excluding swing-bed charges)	12,013,796	29
30	Semi-private room charges (excluding swing-bed charges)	12,329,871	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.534747	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,671.83	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,351.81	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	320.02	34
35	Average per diem private room cost differential (line 34 x line 31)	171.13	35
36	Private room cost differential adjustment (line 3 x line 35)	1,229,740	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	11,787,967	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					676.38	38
39	Program general inpatient routine service cost (line 9 x line 38)						39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)						41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	1,601,929	1,007	1,590.79			43
43.01	6TH ICU	1,349,657	907	1,488.05			43.01
43.02	7TH ICU	1,444,863	890	1,623.44			43.02
43.03	8TH ICU	1,409,868	927	1,520.89			43.03
43.04	5TH ICU	1,749,633	1,244	1,406.46			43.04
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

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

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PARTS III & IV**

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,121	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	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						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	17,428	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	17,428	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	7,186	3
4	Semi-private room days (excluding swing-bed private room days)	9,121	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)	5,125	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)	2,225	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)	13,018,213	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)	13,018,213	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	24,343,667	28
29	Private room charges (excluding swing-bed charges)	12,013,796	29
30	Semi-private room charges (excluding swing-bed charges)	12,329,871	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.534768	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,671.83	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,351.81	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	320.02	34
35	Average per diem private room cost differential (line 34 x line 31)	171.14	35
36	Private room cost differential adjustment (line 3 x line 35)	1,229,812	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	11,788,401	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					746.97	38
39	Program general inpatient routine service cost (line 9 x line 38)					3,828,221	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					3,828,221	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	1,602,850	1,007	1,591.71	401	638,276	43
43.01	6TH ICU	1,349,657	907	1,488.05	179	266,361	43.01
43.02	7TH ICU	1,444,863	890	1,623.44	328	532,488	43.02
43.03	8TH ICU	1,409,868	927	1,520.89	375	570,334	43.03
43.04	5TH ICU	1,749,633	1,244	1,406.46	503	707,449	43.04
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,970,549	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					17,513,678	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					505,729	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					481,663	51
52	Total Program excludable cost (sum of lines 50 and 51)					987,392	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					16,526,286	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

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PARTS III & IV**

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,121	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					746.97	88
89	Observation bed cost (line 87 x line 88) (see instructions)					837,353	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	1,148,743	13,018,213	0.088241	837,353	73,889	90
91	Nursing School						91
92	Allied Health	19,595	13,018,213	0.001505	837,353	1,260	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	2,909	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,909	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	571	3
4	Semi-private room days (excluding swing-bed private room days)	2,338	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)	1,030	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)	207	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)	2,624,114	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)	2,624,114	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	5,374,610	28
29	Private room charges (excluding swing-bed charges)	1,169,979	29
30	Semi-private room charges (excluding swing-bed charges)	4,204,631	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.488243	31
32	Average private room per diem charge (line 29 ÷ line 3)	2,049.00	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,798.39	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	250.61	34
35	Average per diem private room cost differential (line 34 x line 31)	122.36	35
36	Private room cost differential adjustment (line 3 x line 35)	69,868	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,554,246	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	902.07	38
39	Program general inpatient routine service cost (line 9 x line 38)	929,132	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)	929,132	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	138,448	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,067,580	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	82,586	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,393	51
52	Total Program excludable cost (sum of lines 50 and 51)	88,979	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	978,601	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

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	17,428	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	17,428	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	7,186	3
4	Semi-private room days (excluding swing-bed private room days)	9,121	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)	3,716	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)	13,017,707	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)	13,017,707	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	24,343,667	28
29	Private room charges (excluding swing-bed charges)	12,013,796	29
30	Semi-private room charges (excluding swing-bed charges)	12,329,871	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.534747	31
32	Average private room per diem charge (line 29 ÷ line 3)	1,671.83	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,351.81	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	320.02	34
35	Average per diem private room cost differential (line 34 x line 31)	171.13	35
36	Private room cost differential adjustment (line 3 x line 35)	1,229,740	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	11,787,967	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)					676.38	38
39	Program general inpatient routine service cost (line 9 x line 38)					2,513,428	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)					2,513,428	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	1,601,929	1,007	1,590.79	256	407,242	43
43.01	6TH ICU	1,349,657	907	1,488.05	61	90,771	43.01
43.02	7TH ICU	1,444,863	890	1,623.44	69	112,017	43.02
43.03	8TH ICU	1,409,868	927	1,520.89	291	442,579	43.03
43.04	5TH ICU	1,749,633	1,244	1,406.46	139	195,498	43.04
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

1

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,219,428	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					8,980,963	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					323,719	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					219,705	51
52	Total Program excludable cost (sum of lines 50 and 51)					543,424	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-0105

**WORKSHEET D-1
PARTS III & IV**

Check Title V - I/P Hospital SUB (Other) ICF/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)					1,121	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 27)	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						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/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)	2,909	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,909	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.	571	3
4	Semi-private room days (excluding swing-bed private room days)	2,338	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)	776	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)	2,622,934	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)	2,622,934	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)	5,374,610	28
29	Private room charges (excluding swing-bed charges)	1,169,979	29
30	Semi-private room charges (excluding swing-bed charges)	4,204,631	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.488023	31
32	Average private room per diem charge (line 29 ÷ line 3)	2,049.00	32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,798.39	33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	250.61	34
35	Average per diem private room cost differential (line 34 x line 31)	122.30	35
36	Private room cost differential adjustment (line 3 x line 35)	69,833	36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,553,101	37

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 26-S105

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	877.66	38
39	Program general inpatient routine service cost (line 9 x line 38)	681,064	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)	681,064	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	681,064	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	62,220	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	62,220	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.185733			50
51	Recovery Room	0.309745			51
53	Anesthesiology	0.054310			53
54	Radiology-Diagnostic	0.073730			54
54.03	ENDOSCOPY	0.199398			54.03
54.05	PET IMAGING	0.039736			54.05
55	Radiology-Therapeutic	0.150397			55
56	Radioisotope	2.072938			56
60	Laboratory	0.110075			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.254092			63
65	Respiratory Therapy	0.149788			65
66	Physical Therapy	0.261067			66
69	Electrocardiology	0.126062			69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.526391			70
71	Medical Supplies Charged to Patients	0.202223			71
72	Impl. Dev. Charged to Patients	0.332637			72
73	Drugs Charged to Patients	0.119392			73
74	Renal Dialysis	0.404824			74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.002821			76.30
76.31	CORNEAL TRANSPLANTS	0.295540			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.797033			90
90.02	TRANSPLANT CLINIC	1.282926			90.02
90.03	BONE MARROW CLINIC	0.975219			90.03
90.04	TENECARE	0.063523			90.04
91	Emergency	0.120854			91
92	Observation Beds (Non-Distinct Part)	0.525920			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		7,319,877		30
31	Intensive Care Unit		1,360,215		31
31.01	6TH ICU		629,843		31.01
31.02	7TH ICU		1,148,963		31.02
31.03	8TH ICU		1,225,754		31.03
31.04	5TH ICU		1,783,700		31.04
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.185750	4,832,601	897,656	50
51	Recovery Room	0.309745	549,391	170,171	51
53	Anesthesiology	0.054310	994,113	53,990	53
54	Radiology-Diagnostic	0.073730	8,683,271	640,218	54
54.03	ENDOSCOPY	0.199398	509,606	101,614	54.03
54.05	PET IMAGING	0.039736	221,642	8,807	54.05
55	Radiology-Therapeutic	0.150397	57,839	8,699	55
56	Radioisotope	2.072938	140,535	291,320	56
60	Laboratory	0.110200	11,713,557	1,290,834	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.254849	1,256,311	320,170	63
65	Respiratory Therapy	0.149788	2,534,258	379,601	65
66	Physical Therapy	0.261067	1,528,542	399,052	66
69	Electrocardiology	0.126062	3,238,145	408,207	69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.526391	111,513	58,699	70
71	Medical Supplies Charged to Patients	0.202223	6,990,437	1,413,627	71
72	Impl. Dev. Charged to Patients	0.332637	3,998,397	1,330,015	72
73	Drugs Charged to Patients	0.119392	20,507,049	2,448,378	73
74	Renal Dialysis	0.404824	664,256	268,907	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.002821			76.30
76.31	CORNEAL TRANSPLANTS	0.295540			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.797033	1,029	820	90
90.02	TRANSPLANT CLINIC	1.282926	6,329	8,120	90.02
90.03	BONE MARROW CLINIC	0.975219	1,724	1,681	90.03
90.04	TENETCARE	0.063523			90.04
91	Emergency	0.120879	2,837,706	343,019	91
92	Observation Beds (Non-Distinct Part)	0.525920	241,375	126,944	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		71,619,626	10,970,549	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		71,619,626		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	Subprovider - IPF		1,908,575		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.185750	65,150	12,102	50
51	Recovery Room	0.309745			51
53	Anesthesiology	0.054310	37,619	2,043	53
54	Radiology-Diagnostic	0.073730	53,806	3,967	54
54.03	ENDOSCOPY	0.199398			54.03
54.05	PET IMAGING	0.039736	5,872	233	54.05
55	Radiology-Therapeutic	0.150397			55
56	Radioisotope	2.072938	2,269	4,703	56
60	Laboratory	0.110200	160,249	17,659	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.254849			63
65	Respiratory Therapy	0.149788	6,882	1,031	65
66	Physical Therapy	0.261067	21,571	5,631	66
69	Electrocardiology	0.126062	26,072	3,287	69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.526391	2,800	1,474	70
71	Medical Supplies Charged to Patients	0.202223	11,396	2,305	71
72	Impl. Dev. Charged to Patients	0.332637			72
73	Drugs Charged to Patients	0.119392	555,583	66,332	73
74	Renal Dialysis	0.404824			74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.002821			76.30
76.31	CORNEAL TRANSPLANTS	0.295540			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.797033			90
90.02	TRANSPLANT CLINIC	1.282926			90.02
90.03	BONE MARROW CLINIC	0.975219			90.03
90.04	TENETCARE	0.063523			90.04
91	Emergency	0.120879	146,273	17,681	91
92	Observation Beds (Non-Distinct Part)	0.525920			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,095,542	138,448	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,095,542		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-0105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		4,629,667		30
31	Intensive Care Unit		767,165		31
31.01	6TH ICU		487,892		31.01
31.02	7TH ICU		299,343		31.02
31.03	8TH ICU		760,654		31.03
31.04	5TH ICU		558,512		31.04
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.185733	2,198,743	408,379	50
51	Recovery Room	0.309745	283,281	87,745	51
53	Anesthesiology	0.054310	450,854	24,486	53
54	Radiology-Diagnostic	0.073730	4,031,611	297,251	54
54.03	ENDOSCOPY	0.199398	267,181	53,275	54.03
54.05	PET IMAGING	0.039736	213,739	8,493	54.05
55	Radiology-Therapeutic	0.150397	27,913	4,198	55
56	Radioisotope	2.072938	64,434	133,568	56
60	Laboratory	0.110075	6,258,907	688,949	60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.254092	733,490	186,374	63
65	Respiratory Therapy	0.149788	1,427,700	213,852	65
66	Physical Therapy	0.261067	636,694	166,220	66
69	Electrocardiology	0.126062	1,546,554	194,962	69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.526391	51,060	26,878	70
71	Medical Supplies Charged to Patients	0.202223	2,923,384	591,175	71
72	Impl. Dev. Charged to Patients	0.332637	1,569,522	522,081	72
73	Drugs Charged to Patients	0.119392	11,989,082	1,431,400	73
74	Renal Dialysis	0.404824	187,972	76,096	74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.002821			76.30
76.31	CORNEAL TRANSPLANTS	0.295540			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.797033			90
90.02	TRANSPLANT CLINIC	1.282926	850	1,090	90.02
90.03	BONE MARROW CLINIC	0.975219			90.03
90.04	TENETCARE	0.063523			90.04
91	Emergency	0.120854	508,418	61,444	91
92	Observation Beds (Non-Distinct Part)	0.525920	78,932	41,512	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		35,450,321	5,219,428	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		35,450,321		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 26-S105

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	6TH ICU				31.01
31.02	7TH ICU				31.02
31.03	8TH ICU				31.03
31.04	5TH ICU				31.04
40	Subprovider - IPF		1,664,575		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.185733			50
51	Recovery Room	0.309745			51
53	Anesthesiology	0.054310			53
54	Radiology-Diagnostic	0.073730			54
54.03	ENDOSCOPY	0.199398			54.03
54.05	PET IMAGING	0.039736			54.05
55	Radiology-Therapeutic	0.150397			55
56	Radioisotope	2.072938			56
60	Laboratory	0.110075			60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS				60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.254092			63
65	Respiratory Therapy	0.149788			65
66	Physical Therapy	0.261067			66
69	Electrocardiology	0.126062			69
69.02	CARDIOVASCULAR LAB				69.02
70	Electroencephalography	0.526391			70
71	Medical Supplies Charged to Patients	0.202223			71
72	Impl. Dev. Charged to Patients	0.332637			72
73	Drugs Charged to Patients	0.119392			73
74	Renal Dialysis	0.404824			74
76	OTHER ANCILLARY SERVICES				76
76.01	PSYCH THERAPY				76.01
76.29	AIR RESCUE				76.29
76.30	BONE MARROW	1.002821			76.30
76.31	CORNEAL TRANSPLANTS	0.295540			76.31
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.797033			90
90.02	TRANSPLANT CLINIC	1.282926			90.02
90.03	BONE MARROW CLINIC	0.975219			90.03
90.04	TENECARE	0.063523			90.04
91	Emergency	0.120854			91
92	Observation Beds (Non-Distinct Part)	0.525920			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics	12,592	38	746.97	10	7,470	1	
2	Intensive Care Unit		43	1,591.71			2	
2.01	6TH ICU		43.0	1,488.05			2.01	
			1					
2.02	7TH ICU		43.0	1,623.44			2.02	
			2					
2.03	8TH ICU		43.0	1,520.89			2.03	
			3					
2.04	5TH ICU		43.0	1,406.46			2.04	
			4					
3	Coronary Care Unit		44				3	
4	Burn Intensive Care Unit		45				4	
5	Surgical Intensive Care Unit		46				5	
6	Other Special Care (specify)		47				6	
7	TOTAL (sum of lines 1-6)	12,592			10	7,470	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	0.185733	135,562	25,178	8
9	Recovery Room	51	0.309745	6,998	2,168	9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.054310	23,444	1,273	11
12	Radiology-Diagnostic	54	0.073730	276,228	20,366	12
12.03	ENDOSCOPY	54.0	0.199398	10,678	2,129	12.03
		3				
12.05	PET IMAGING	54.0	0.039736	3,867	154	12.05
		5				
13	Radiology-Therapeutic	55	0.150397			13
14	Radioisotope	56	2.072938	32,891	68,181	14
15	CT Scan	57				15
16	MRI	58				16
17	Cardiac Catheterization	59				17
18	Laboratory	60	0.110075	510,065	56,145	18
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0				18.02
		2				
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3				20.30
		0				
21	Blood Storing, Processing & Trans.	63	0.254092	349	89	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.149788	2,119	317	23
24	Physical Therapy	66	0.261067	857	224	24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.126062	413,255	52,096	27
27.02	CARDIOVASCULAR LAB	69.0				27.02
		2				
28	Electroencephalography	70	0.526391			28
29	Medical Supplies Charged to Patients	71	0.202223	182,808	36,968	29
30	Impl. Dev. Charged to Patients	72	0.332637			30
31	Drugs Charged to Patients	73	0.119392	250,478	29,905	31
32	Renal Dialysis	74	0.404824	5,499	2,226	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SERVICES	76				34
34.01	PSYCH THERAPY	76.0				34.01
		1				
34.29	AIR RESCUE	76.2				34.29
		9				

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY 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	I			
34.30	BONE MARROW	76.3 0	1.002821			34.30
34.31	CORNEAL TRANSPLANTS	76.3 1	0.295540			34.31
34.97	CARDIAC REHABILITATION	76.9 7				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.797033			37
37.02	TRANSPLANT CLINIC	90.0 2	1.282926			37.02
37.03	BONE MARROW CLINIC	90.0 3	0.975219			37.03
37.04	TENETCARE	90.0 4	0.063523			37.04
38	Emergency	91	0.120854			38
39	Observation Beds (Non-Distinct Part)	92	0.525920			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			1,855,098	297,419	41

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		10		42
43	Intensive Care Unit	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			10		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	304,889		1,867,690		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,361,672		1,361,672		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,666,561		3,229,362		61
62	Total Usable Organs (see instructions)		16			62
63	Medicare Usable Organs (see instructions)		15			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.937500			64
65	Medicare Cost/Charges (see instructions)	1,562,401		3,027,527		65
66	Revenue for Organs Sold	200,411		593,614		66
67	Subtotal (line 65 minus line 66)	1,361,990		2,433,913		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,361,990		2,433,913		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	3	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)	3	14		74
75	Organs Transplanted	3	10	237,296	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		3	60,910	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)	3	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

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)
		1	D	2	3		
1	Adults & Pediatrics		38	746.97			1
2	Intensive Care Unit		43	1,591.71			2
2.01	6TH ICU		43.0	1,488.05			2.01
			1				
2.02	7TH ICU		43.0	1,623.44			2.02
			2				
2.03	8TH ICU		43.0	1,520.89			2.03
			3				
2.04	5TH ICU		43.0	1,406.46			2.04
			4				
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service 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	0.185733	5,910	1,098
9	Recovery Room	51	0.309745		
10	Delivery Room & Labor Room	52			
11	Anesthesiology	53	0.054310	4,977	270
12	Radiology-Diagnostic	54	0.073730	135,382	9,982
12.03	ENDOSCOPY	54.0	0.199398	11,021	2,198
		3			
12.05	PET IMAGING	54.0	0.039736	195	8
		5			
13	Radiology-Therapeutic	55	0.150397		
14	Radioisotope	56	2.072938	1,958	4,059
15	CT Scan	57			
16	MRI	58			
17	Cardiac Catheterization	59			
18	Laboratory	60	0.110075	195,395	21,508
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0			
		2			
19	PBP Clinical Lab Services-Prgm Only	61			
20	Whole Blood & Packed Red Blood Cells	62			
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3			
		0			
21	Blood Storing, Processing & Trans.	63	0.254092	175	44
22	Intravenous Therapy	64			
23	Respiratory Therapy	65	0.149788	635	95
24	Physical Therapy	66	0.261067		
25	Occupational Therapy	67			
26	Speech Pathology	68			
27	Electrocardiology	69	0.126062	199,257	25,119
27.02	CARDIOVASCULAR LAB	69.0			
		2			
28	Electroencephalography	70	0.526391		
29	Medical Supplies Charged to Patients	71	0.202223	56,734	11,473
30	Impl. Dev. Charged to Patients	72	0.332637		
31	Drugs Charged to Patients	73	0.119392	95,942	11,455
32	Renal Dialysis	74	0.404824		
33	ASC (Non-Distinct Part)	75			
34	OTHER ANCILLARY SERVICES	76			
34.01	PSYCH THERAPY	76.0			
		1			
34.29	AIR RESCUE	76.2			
		9			

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY 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	I			
34.30	BONE MARROW	76.3 0	1.002821			34.30
34.31	CORNEAL TRANSPLANTS	76.3 1	0.295540			34.31
34.97	CARDIAC REHABILITATION	76.9 7				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.797033			37
37.02	TRANSPLANT CLINIC	90.0 2	1.282926			37.02
37.03	BONE MARROW CLINIC	90.0 3	0.975219			37.03
37.04	TENETCARE	90.0 4	0.063523			37.04
38	Emergency	91	0.120854			38
39	Observation Beds (Non-Distinct Part)	92	0.525920			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			707,581	87,309	41

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)					48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	87,309		707,581		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	994,753		994,753		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,082,062		1,702,334		61
62	Total Usable Organs (see instructions)		10			62
63	Medicare Usable Organs (see instructions)		2			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)		0.200000			64
65	Medicare Cost/Charges (see instructions)	216,412		340,467		65
66	Revenue for Organs Sold	7,623		14,437		66
67	Subtotal (line 65 minus line 66)	208,789		326,030		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	208,789		326,030		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		9		73
74	Total (sum of lines 70 thru 73)		10		74
75	Organs Transplanted		9	3,662,374	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	14,437	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		10		84

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)
		1	D	2	3		
1	Adults & Pediatrics		38	746.97			1
2	Intensive Care Unit		43	1,591.71			2
2.01	6TH ICU		43.0	1,488.05			2.01
			1				
2.02	7TH ICU		43.0	1,623.44			2.02
			2				
2.03	8TH ICU		43.0	1,520.89			2.03
			3				
2.04	5TH ICU		43.0	1,406.46			2.04
			4				
3	Coronary Care Unit		44				3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service 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	0.185733		8
9	Recovery Room	51	0.309745		9
10	Delivery Room & Labor Room	52			10
11	Anesthesiology	53	0.054310		11
12	Radiology-Diagnostic	54	0.073730	6,015	443
12.03	ENDOSCOPY	54.0	0.199398		12.03
		3			
12.05	PET IMAGING	54.0	0.039736		12.05
		5			
13	Radiology-Therapeutic	55	0.150397		13
14	Radioisotope	56	2.072938		14
15	CT Scan	57			15
16	MRI	58			16
17	Cardiac Catheterization	59			17
18	Laboratory	60	0.110075	6,636	730
18.02	BLOOD CLOTTING FACTORS ADMIN COSTS	60.0			18.02
		2			
19	PBP Clinical Lab Services-Prgm Only	61			19
20	Whole Blood & Packed Red Blood Cells	62			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.3			20.30
		0			
21	Blood Storing, Processing & Trans.	63	0.254092	175	44
22	Intravenous Therapy	64			22
23	Respiratory Therapy	65	0.149788	74	11
24	Physical Therapy	66	0.261067		24
25	Occupational Therapy	67			25
26	Speech Pathology	68			26
27	Electrocardiology	69	0.126062	2,667	336
27.02	CARDIOVASCULAR LAB	69.0			27.02
		2			
28	Electroencephalography	70	0.526391		28
29	Medical Supplies Charged to Patients	71	0.202223		29
30	Impl. Dev. Charged to Patients	72	0.332637		30
31	Drugs Charged to Patients	73	0.119392	3,134	374
32	Renal Dialysis	74	0.404824		32
33	ASC (Non-Distinct Part)	75			33
34	OTHER ANCILLARY SERVICES	76			34
34.01	PSYCH THERAPY	76.0			34.01
		1			
34.29	AIR RESCUE	76.2			34.29
		9			

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	I			
34.30	BONE MARROW	76.3 0	1.002821			34.30
34.31	CORNEAL TRANSPLANTS	76.3 1	0.295540			34.31
34.97	CARDIAC REHABILITATION	76.9 7				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.9 8				34.98
34.99	LITHOTRIPSY	76.9 9				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.797033			37
37.02	TRANSPLANT CLINIC	90.0 2	1.282926			37.02
37.03	BONE MARROW CLINIC	90.0 3	0.975219			37.03
37.04	TENETCARE	90.0 4	0.063523			37.04
38	Emergency	91	0.120854			38
39	Observation Beds (Non-Distinct Part)	92	0.525920			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			18,701	1,938	41

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

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

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2				42
43	Intensive Care Unit	3				43
43.0 1	6TH ICU	3.01				43.0 1
43.0 2	7TH ICU	3.02				43.0 2
43.0 3	8TH ICU	3.03				43.0 3
43.0 4	5TH ICU	3.04				43.0 4
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)					48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.0 2	TRANSPLANT CLINIC		23.0 2			51.0 2
51.0 3	BONE MARROW CLINIC		23.0 3			51.0 3
51.0 4	TENETCARE		23.0 4			51.0 4
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

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

OPO CCN:

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

Check HEART LIVER PANCREAS ISLET
 Applicable KIDNEY LUNG INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	1,938		18,701		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	9,577		9,577		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	11,515		28,278		61
62	Total Usable Organs (see instructions)					62
63	Medicare Usable Organs (see instructions)					63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷line 62)					64
65	Medicare Cost/Charges (see instructions)					65
66	Revenue for Organs Sold					66
67	Subtotal (line 65 minus line 66)					67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)					69

PART IV - STATISTICS

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

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

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)	10,950,807			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)				1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	693,806			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	3,507,549			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	274.82			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	221.45			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).	36.00			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	257.45			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	288.59			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	257.45			12
13	Total allowable FTE count for the prior year	257.45			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	257.62			14
15	Sum of lines 12 through 14 divided by 3	257.51			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	257.51			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.937013			19
20	Prior year resident to bed ratio (see instructions)	0.932081			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.932081			21
22	IME payment adjustment (see instructions)	4,519,212			22
22.01	IME payment adjustment - Managed Care (see instructions)	1,447,506			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)	1.73			23
24	IME FTE resident count over cap (see instructions)	31.14			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	1.73			25
26	Resident to bed ratio (divide line 25 by line 4)	0.006295			26
27	IME payments adjustment factor (see instructions)	0.001680			27
28	IME add-on adjustment amount (see instructions)	18,397			28
28.01	IME add-on adjustment amount - Managed Care (see instructions)	5,893			28.01
29	Total IME payment (sum of lines 22 and 28)	4,537,609			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	1,453,399			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1124			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.2685			31
32	Sum of lines 30 and 31	0.3809			32
33	Allowable disproportionate share percentage (see instructions)	0.2064			33
34	Disproportionate share adjustment (see instructions)	565,062			34
		Prior to	On or after		
		October 1	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)	4,291,823			35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,081,775			35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,081,775			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	17,829,059			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)	19,282,458			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,303,700			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)	2,966,241			52
53	Nursing and allied health managed care payment	20,529			53
54	Special add-on payments for new technologies	9,114			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	1,570,779			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).	7,850			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	4,141			58
59	Total (sum of amounts on lines 49 through 58)	25,164,812			59
60	Primary payer payments	102,238			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	25,062,574			61
62	Deductibles billed to program beneficiaries	932,400			62
63	Coinsurance billed to program beneficiaries	148,995			63
64	Allowable bad debts (see instructions)	395,751			64
65	Adjusted reimbursable bad debts (see instructions)	257,238			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	350,567			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	24,238,417			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-6,416			70.93
70.94	HRR adjustment amount (see instructions)	-17,536			70.94
70.99	HAC adjustment amount (see instructions)	187,151			70.99
71	Amount due provider (see instructions)	24,027,314			71
71.01	Sequestration adjustment (see instructions)	480,546			71.01
72	Interim payments	23,435,695			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	111,073			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	318,562			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

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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	10,950,807	10,950,807			10,950,807	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1						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	693,806		693,806		693,806	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	3,507,549		3,507,549		3,507,549	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.932081	0.932081	0.932081			5
6	IME payment adjustment	4,519,212	4,519,212			4,519,212	6
6.01	IME payment adjustment for managed care	1,447,506		1,447,506		1,447,506	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor	0.001680	0.001680	0.001680			7
8	IME add-on adjustment amount	18,397	18,397			18,397	8
8.01	IME payment adjustment add-on for managed care	5,893		5,893		5,893	8.01
9	Total IME payment (sum of lines 6 and 8)	4,537,609	4,537,609			4,537,609	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	1,453,399		1,453,399		1,453,399	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.2064	0.2064	0.2064	0.2064		10
11	Disproportionate share adjustment	565,062	565,062			565,062	11
11.01	Uncompensated care payments	1,081,775	1,081,775			1,081,775	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	17,829,059	17,135,253	693,806		17,829,059	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	19,282,458	17,135,253	2,147,205		19,282,458	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	1,303,700		1,303,700		1,303,700	16
17	Special add-on payments for new technologies	9,114	9,114			9,114	17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)	1,570,779	1,570,779			1,570,779	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		18,715,146	3,450,905		22,166,051	19
20	Capital DRG other than outlier	870,238		870,238		870,238	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	39,940		39,940		39,940	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	37.2000	37.2000	37.2000			22
23	Indirect medical education adjustment	323,729		323,729		323,729	23
24	Allowable disproportionate share percentage	0.0802	0.0802	0.0802			24
25	Disproportionate share adjustment	69,793		69,793		69,793	25
26	Total prospective capital payments	1,303,700		1,303,700		1,303,700	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	-6,416		-6,416		-6,416	30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-17,536		-17,536		-17,536	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		187,151			187,151	32

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0105

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	13,371			1
2	Medical and other services reimbursed under OPPI (see instructions)	4,721,899			2
3	PPS payments	4,033,409			3
4	Outlier payment (see instructions)	45,312			4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	1,632			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	13,371			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	113,639			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)	113,639			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)	113,639			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions))	100,268			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)	13,371			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)	4,080,353			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	13,257			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	752,427			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)	3,328,040			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	700,797			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	4,028,837			30
31	Primary payer payments	130			31
32	Subtotal (line 30 minus line 31)	4,028,707			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)	192,043			34
35	Adjusted reimbursable bad debts (see instructions)	124,828			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	108,948			36
37	Subtotal (see instructions)	4,153,535			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)	4,153,535			40
40.01	Sequestration adjustment (see instructions)	83,071			40.01
41	Interim payments	4,026,221			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	44,243			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,400			44

TO BE COMPLETED BY CONTRACTOR

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	144			1
2	Medical and other services reimbursed under OPPS (see instructions)	9			2
3	PPS payments	102			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 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)	144			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	1,203			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)	1,203			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)	1,203			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	1,059			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)	144			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)	102			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				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)	246			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)	246			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	246			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	246			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)	246			40
40.01	Sequestration adjustment (see instructions)	5			40.01
41	Interim payments	241			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

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-0105

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		23,435,695		4,026,221	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				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		23,435,695		4,026,221	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				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 26-S105

**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		802,092		241	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				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		802,092		241	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				6.01
		.02				6.02
7	Total Medicare program liability (see instructions)					7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	3,880	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	6,911	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	2,304	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	21,282	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	451,305,745	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	11,945,915	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)	283,138	8
9	Sequestration adjustment amount (see instructions)	5,663	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	277,475	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)		30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	277,475	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

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

**WORKSHEET E-3
PART II**

Check Hospital
Applicable 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)	810,749	1
2	Net IPF PPS Outlier payment	1,725	2
3	Net IPF PPS ECT payment	17,050	3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	6.12	4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 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)	1.17	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)	1.17	8
9	Average daily census (see instructions)	31.619565	9
10	Teaching adjustment factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}	0.018888	10
11	Teaching adjustment (line 1 multiplied by line 10)	15,313	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	844,837	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)	844,837	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	844,837	18
19	Deductibles	65,520	19
20	Subtotal (line 18 minus line 19)	779,317	20
21	Coinsurance	10,395	21
22	Subtotal (line 20 minus line 21)	768,922	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)	4,560	23
24	Adjusted reimbursable bad debts (see instructions)	2,964	24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,510	25
26	Subtotal (sum of lines 22 and 24)	771,886	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)	2,155	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)	774,041	31
31.01	Sequestration adjustment (see instructions)	15,481	31.01
32	Interim payments	802,092	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	-43,532	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

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0105

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-0105

**WORKSHEET E-3
PART VII**

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	8,980,963		1
2	Medical and other services		2,925,198	2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	8,980,963	2,925,198	4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	8,980,963	2,925,198	7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges	5,396,832		8
9	Ancillary service charges	35,450,321	21,237,204	9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	40,847,153	21,237,204	12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	40,847,153	21,237,204	16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	31,866,190	18,312,006	17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	8,980,963	2,925,198	21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	8,980,963	2,925,198	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	8,980,963	2,925,198	31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	8,980,963	2,925,198	36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	8,980,963	2,925,198	38
39	Direct graduate medical education payments (from Wkst. E-4)	2,401,768		39
40	Total amount payable to the provider (sum of lines 38 and 39)	11,382,731	2,925,198	40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	11,382,731	2,925,198	42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

SAINT LOUIS UNIVERSITY HOSPITAL Provider CCN: 26-0105	In Lieu of Form CMS-2552-10	Period : From: 06/01/2015 To: 08/31/2015	Run Date: 01/29/2016 Run Time: 15:46 Version: 2015.10 (01/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 26-S105

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX Subprovider IPF ICF/IID TEFRA
 Boxes: SNF Other

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	681,064		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	681,064		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	681,064		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges	1,664,575		8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	1,664,575		12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	1,664,575		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	983,511		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	681,064		21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	681,064		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	681,064		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	681,064		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	681,064		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	681,064		40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	681,064		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (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)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	10
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21
22	Allowable additional direct GME FTE resident count (see instructions)			22
23	Enter the locality adjustment national average per resident amount (see instructions)			23
24	Multiply line 22 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
		Inpatient Part A	Managed Care	
26	COMPUTATION OF PROGRAM PATIENT LOAD Inpatient days (see instructions)			26
27	Total inpatient days (see instructions)	24,191		27
28	Ratio of inpatient days to total inpatient days	0.000000	0.000000	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	Renal dialysis direct medical education costs (from 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)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	Part A Reasonable Cost			
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
	Part B Reasonable Cost			
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			57.37	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))			8.98	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)				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)			66.35	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			75.54	6
7	Enter the lesser of line 5 or line 6			66.35	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	18.47	48.42	66.89	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	16.22	42.53	58.75	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	16.22	42.53		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.69	41.92		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.25	40.75		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	16.39	41.73		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	16.39	41.73		17
18	Per resident amount	141,410.92	141,861.69		18
19	Approved amount for resident costs	2,317,725	5,919,888	8,237,613	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			6.01	20
21	Direct GME FTE unweighted resident count over cap (see instructions)			9.19	21
22	Allowable additional direct GME FTE resident count (see instructions)			5.32	22
23	Enter the locality adjustment national average per resident amount (see instructions)			102,150.06	23
24	Multiply line 22 times line 23			543,438	24
25	Total direct GME amount (sum of lines 19 and 24)			8,781,051	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	7,941	2,517		26
27	Total inpatient days (see instructions)	24,191	24,191		27
28	Ratio of inpatient days to total inpatient days	0.328263	0.104047		28
29	Program direct GME amount	2,882,494	913,642		29
30	Reduction for direct GME payments for Medicare Advantage		129,098		30
31	Net Program direct GME amount			3,667,038	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)			1,346,990	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)			18,581,258	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			1,570,779	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			102,238	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			20,049,799	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			4,737,055	42
43	Primary payer payments (see instructions)			130	43
44	Total Part B reasonable cost (line 42 minus line 43)			4,736,925	44
45	Total reasonable cost (sum of lines 41 and 44)			24,786,724	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.808893	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.191107	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			3,667,038	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			2,966,241	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			700,797	50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			57.37	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))			8.98	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)				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)			66.35	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for teh current year from your records (see instructions)			75.54	6
7	Enter the lesser of line 5 or line 6			66.35	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	18.47	48.42	66.89	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	16.22	42.53	58.75	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	16.22	42.53		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.69	41.92		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.25	40.75		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	16.39	41.73		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	16.39	41.73		17
18	Per resident amount	141,410.92	141,861.69		18
19	Approved amount for resident costs	2,317,725	5,919,888	8,237,613	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			6.01	20
21	Direct GME FTE unweighted resident count over cap (see instructions)			9.19	21
22	Allowable additional direct GME FTE resident count (see instructions)			5.32	22
23	Enter the locality adjustment national average per resident amount (see instructions)			102,150.06	23
24	Multiply line 22 times line 23			543,438	24
25	Total direct GME amount (sum of lines 19 and 24)			8,781,051	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	5,308	1,524		26
27	Total inpatient days (see instructions)	24,191	24,191		27
28	Ratio of inpatient days to total inpatient days	0.219420	0.062999		28
29	Program direct GME amount	1,926,738	553,197		29
30	Reduction for direct GME payments for Medicare Advantage		78,167		30
31	Net Program direct GME amount			2,401,768	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)				33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)				34
35	Medicare outpatient ESRD charges (see instructions)				35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
Part A Reasonable Cost					
37	Reasonable cost (see instructions)				37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)				41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)				42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)				44
45	Total reasonable cost (sum of lines 41 and 44)				45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			2,401,768	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				50

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BALANCE SHEET

WORKSHEET G

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

		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	1,840				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	207,013,246				4
5	Other receivables	3,541,753				5
6	Allowances for uncollectible notes and accounts receivable	-128,711,202				6
7	Inventory	9,571,607				7
8	Prepaid expenses	1,705,502				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	93,122,746				11
FIXED ASSETS						
12	Land	2,947,119				12
13	Land improvements	3,475,498				13
14	Accumulated depreciation	-3,090,226				14
15	Buildings	145,758,403				15
16	Accumulated depreciation	-56,126,217				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	11,005,993				19
20	Accumulated depreciation	-1,438,071				20
21	Automobiles and trucks	19,385				21
22	Accumulated depreciation	-19,385				22
23	Major movable equipment	148,216,354				23
24	Accumulated depreciation	-116,907,264				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	23,380				29
30	Total fixed assets (sum of lines 12-29)	133,864,969				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	166,200,654				34
35	Total other assets (sum of lines 31-34)	166,200,654				35
36	Total assets (sum of lines 11, 30 and 35)	393,188,369				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	19,986,193				37
38	Salaries, wages and fees payable	6,531,299				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	1,477,790				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,580,883				44
45	Total current liabilities (sum of lines 37 thru 44)	30,576,165				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	242,636,153				47
48	Unsecured loans					48
49	Other long term liabilities					49
50	Total long term liabilities (sum of lines 46 thru 49)	242,636,153				50
51	Total liabilities (sum of lines 45 and 50)	273,212,318				51
CAPITAL ACCOUNTS						
52	General fund balance	119,976,051				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

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	119,976,051				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	393,188,369				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		133,415,311		
2	Net income (loss) (from Worksheet G-3, line 29)		6,923,209		
3	Total (sum of line 1 and line 2)		140,338,520		
4	Additions (credit adjustments) (specify)				
5					
6	MINORITY INTE	27			
7					
8					
9					
10	Total additions (sum of lines 4-9)		27		
11	Subtotal (line 3 plus line 10)		140,338,547		
12	Deductions (debit adjustments) (specify)				
13	INTERCOMPANY	20,362,496			
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)		20,362,496		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		119,976,051		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)				
4	Additions (credit adjustments) (specify)				
5					
6	MINORITY INTE				
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)				
12	Deductions (debit adjustments) (specify)				
13	INTERCOMPANY				
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				

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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	24,343,667		24,343,667	1
2	Subprovider IPF	5,374,610		5,374,610	2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	29,718,277		29,718,277	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES					
11	Intensive Care Unit	3,556,375		3,556,375	11
11.01	6TH ICU	3,222,954		3,222,954	11.01
11.02	7TH ICU	3,170,061		3,170,061	11.02
11.03	8TH ICU	3,299,155		3,299,155	11.03
11.04	5TH ICU	4,183,933		4,183,933	11.04
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,432,478		17,432,478	16
17	Total inpatient routine care services (sum of lines 10 and 16)	47,150,755		47,150,755	17
18	Ancillary services	247,046,381	168,198,720	415,245,101	18
19	Outpatient services				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)	294,197,136	168,198,720	462,395,856	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		96,542,419	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		96,542,419	43

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STATEMENT OF REVENUES AND EXPENSES**WORKSHEET G-3**

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	462,395,856	1
2	Less contractual allowances and discounts on patients' accounts	360,970,885	2
3	Net patient revenues (line 1 minus line 2)	101,424,971	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	96,542,419	4
5	Net income from service to patients (line 3 minus line 4)	4,882,552	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	-161	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts	16,732	10
11	Rebates and refunds of expenses	14,165	11
12	Parking lot receipts	100,122	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients	4,064	17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	27,915	19
20	Revenue from gifts, flowers, coffee shops and canteen	3,915	20
21	Rental of vending machines		21
22	Rental of hosptial space	830,826	22
23	Governmental appropriations		23
24	Other (specify)	1,043,005	24
24.0		74	24.0
2			2
25	Total other income (sum of lines 6-24)	2,040,657	25
26	Total (line 5 plus line 25)	6,923,209	26
29	Net income (or loss) for the period (line 26 minus line 28)	6,923,209	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 26-0105

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	870,238	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	39,940	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)	231.33	3
4	Number of interns & residents (see instructions)	259.24	4
5	Indirect medical education percentage (see instructions)	37.20	5
6	Indirect medical education adjustment (see instructions)	323,729	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1124	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.2685	8
9	Sum of lines 7 and 8	0.3809	9
10	Allowable disproportionate share percentage (see instructions)	0.0802	10
11	Disproportionate share adjustment (see instructions)	69,793	11
12	Total prospective capital payments (see instructions)	1,303,700	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
16.01	QUALITY ASSURANCE						16.01
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
31.01	6TH ICU						31.01
31.02	7TH ICU						31.02
31.03	8TH ICU						31.03
31.04	5TH ICU						31.04
40	Subprovider - IPF						40
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.03	ENDOSCOPY						54.03
54.05	PET IMAGING						54.05
55	Radiology-Therapeutic						55
56	Radioisotope						56
60	Laboratory						60
60.02	BLOOD CLOTTING FACTORS ADMIN COSTS						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
69.02	CARDIOVASCULAR LAB						69.02
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	OTHER ANCILLARY SERVICES						76
76.01	PSYCH THERAPY						76.01
76.29	AIR RESCUE						76.29
76.30	BONE MARROW						76.30
76.31	CORNEAL TRANSPLANTS						76.31
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.02	TRANSPLANT CLINIC						90.02
90.03	BONE MARROW CLINIC						90.03
90.04	TENETCARE						90.04
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
194	DOCTORS MEALS							194
194.0	PUBLIC RELATIONS							194.0
5								5
194.1	UNIVERSITY SPACE							194.1
1								1
194.1	CANCER CENTER							194.1
2								2
194.1	MARKET SPACE							194.1
3								3
194.1	RENTAL PROPERTIES							194.1
4								4
194.1	OP CATH LAB-UNIV							194.1
5								5
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202