

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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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: 02/22/2017 Time: 08:23	
	2. <input type="checkbox"/> Manually submitted cost report	
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report	
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN
		10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL (14-0054) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 10/01/2015 and ending 09/30/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				
		TITLE V	PART A	PART B	HIT	TITLE XIX
		1	2	3	4	5
1	HOSPITAL		909,777	356,336	463,958	1
2	SUBPROVIDER - IPF			-4		2
3	SUBPROVIDER - IRF		7,733			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		917,510	356,332	463,958	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.

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Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 3249 SOUTH OAK PARK AVENUE	P.O. Box:				1
2	City: BERWYN	State: IL	ZIP Code: 60402	County: COOK		2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	MACNEAL HOSPITAL	14-0054	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	MACNEAL PSYCH UNIT	14-S054	16974	4	10 / 01 / 1984	N	P	O	4
5	Subprovider - IRF	MACNEAL REHAB UNIT	14-T054	16974	5	10 / 01 / 2015	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF	M.H. TRANSITIONAL CARE UNIT	14-5848	16974		10 / 01 / 1995	N	P	O	9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	MACNEAL HOME HEALTH	14-7285	16974		10 / 01 / 1984	N	P	N	12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2015	To: 09 / 30 / 2016		20
21	Type of control (see instructions)	6			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)	N	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1	2	3	4	5	6		
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,689	3,341		20	9,603	217	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.	34						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

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**WORKSHEET S-2
PART I**

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
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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**WORKSHEET S-2
PART I**

		1	2		
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39	
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40	
		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		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)	N			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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**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)			0.70	28.06	0.024339	64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65	FAMILY MEDICINE	1350		6.24	28.11	0.181659	65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)			0.89	23.30	0.036792	66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67	FAMILY MEDICINE	1350		11.23	25.94	0.302125	67
67.01	INTERNAL MEDICINE	1400			39.62		67.01
67.02	OB GYN	1750			2.87		67.02

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)	N	N	71

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	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.	2			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

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.	N			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.				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.				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.				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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
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, TX	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	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N	N	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 transition 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)	07 / 01 / 2016	09 / 28 / 2016		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 in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0		171

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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	C	12/31/2015	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.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		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)	Y	01/03/2017	Y	01/03/2017
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)	N		N	
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 services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: BETH	Last name: SLOAN	Title: DIRECTOR OF OPER REIMBURSE
42	Employer: TENET HEALTH		
43	Phone number: 606-451-1228	E-mail Address: BETH1.SLOAN@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	240	87,840			12,216	5,459	46,203	1
2	HMO and other (see instructions)						8,074	9,603		2
3	HMO IPF Subprovider						1,449			3
4	HMO IRF Subprovider						667			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)		240	87,840			12,216	5,459	46,203	7
8	Intensive Care Unit	31	17	6,222			1,749	380	4,848	8
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						2,211	3,664	13
14	Total (see instructions)		257	94,062			13,965	8,050	54,715	14
15	CAH Visits									15
16	Subprovider - IPF	40	26	9,516			3,205		7,231	16
17	Subprovider - IRF	41	12	4,392			1,785	34	3,182	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	25	9,150			3,702		6,448	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					27,405		67,737	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)		320							27
28	Observation Bed Days								3,932	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							217	434	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,021	919	12,831	1
2	HMO and other (see instructions)					1,780	2,472		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	103.76	1,395.74			3,021	919	12,831	14
15	CAH Visits								15
16	Subprovider - IPF	0.48	33.10			381		867	16
17	Subprovider - IRF		13.97			133		220	17
18	Subprovider I								18
19	Skilled Nursing Facility		28.96						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		45.37						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)	104.24	1,517.14						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	103,017,195		103,017,195	3,155,652.00	32.65	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		1,870,319		1,870,319	27,080.00	69.07	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	8,903,680	-3,331,417	5,572,263	202,829.00	27.47	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel		6,886,044		6,886,044	190,449.00	36.16	8
9	SNF	44	1,815,870		1,815,870	60,247.00	30.14	9
10	Excluded area salaries (see instructions)		12,625,511	-388,842	12,236,669	259,960.00	47.07	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		972,140		972,140	13,587.00	71.55	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		226,885		226,885	1,547.00	146.66	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		13,772,087		13,772,087	380,898.00	36.16	14.01
14.02	Related organization salaries							14.02
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)		14,578,018		14,578,018			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		3,462,211		3,462,211			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		332,776		332,776			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		991,444		991,444			25
25.50	Home office wage-related		1,519,810		1,519,810			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		1,103,973	-118,013	985,960	36,940.00	26.69	26
27	Administrative & General		9,404,514	2,505,097	11,909,611	302,955.00	39.31	27
28	Administrative & General under contract (see instructions)		188		188	6.00	31.33	28
29	Maintenance & Repairs		1,581,093		1,581,093	50,985.00	31.01	29
30	Operation of Plant							30
31	Laundry & Linen Service		487,249		487,249	28,344.00	17.19	31
32	Housekeeping		2,075,800		2,075,800	153,631.00	13.51	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		2,292,932		2,292,932	146,063.00	15.70	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,532,329		1,532,329	34,155.00	44.86	38
39	Central Services and Supply		359,260		359,260	23,271.00	15.44	39
40	Pharmacy		2,829,038	-338,327	2,490,711	60,505.00	41.17	40
41	Medical Records & Medical Records Library		3,373,466	-1,659,915	1,713,551	64,800.00	26.44	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		85,357,340	3,331,417	88,688,757	2,735,300.00	32.42	1
2	Excluded area salaries (see instructions)		14,441,381	-388,842	14,052,539	320,207.00	43.89	2
3	Subtotal salaries (line 1 minus line 2)		70,915,959	3,720,259	74,636,218	2,415,093.00	30.90	3
4	Subtotal other wages & related costs (see instructions)		14,971,112		14,971,112	396,032.00	37.80	4

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HOSPITAL WAGE INDEX INFORMATION**WORKSHEET S-3
PARTS II-III**

5	Subtotal wage-related costs (see instructions)		16,097,828		16,097,828		21.57%	5
6	Total (sum of lines 3 through 5)		101,984,899	3,720,259	105,705,158	2,811,125.00	37.60	6
7	Total overhead cost (see instructions)		25,039,842	388,842	25,428,684	901,655.00	28.20	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	1,443,008	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)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	108,323	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	191,970	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	817,644	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	4,393,250	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	694,793	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	321,096	23
24	Total Wage Related cost (Sum of lines 1-23)	7,970,084	24

Part B - Other Than Core Related Cost

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

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,644,352	19,614,326	1
2	Hospital	1,012,532	18,329,322	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF	6,704		8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA	625,116	1,285,004	11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7285

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours				860	860	1
2	Unduplicated Census Count (see instructions)		4,078.00		5,468.00	9,546.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)			
		Staff 1	Contract 2	Total 3	
3	Administrator and Assistant Administrator(s)	1.04		1.04	3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel		28.15	29.40	5
6	Direct Nursing Service		13.01	13.01	6
7	Nursing Supervisor				7
8	Physical Therapy Service		9.13	9.13	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service		2.61	2.61	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service		0.69	0.69	12
13	Speech Pathology Supervisor				13
14	Medical Social Service		0.17	0.17	14
15	Medical Social Service Supervisor				15
16	Home Health Aide		0.41	0.41	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	1	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).	16974	20

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4		
21	Skilled Nursing Visits	13,085	226	737	349	14,397	21
22	Skilled Nursing Visit Charges	2,354,397	40,680	130,680	62,862	2,588,619	22
23	Physical Therapy Visits	8,530	32	125	319	9,006	23
24	Physical Therapy Visit Charges	1,677,455	6,304	23,049	62,843	1,769,651	24
25	Occupational Therapy Visits	2,846	28	36	74	2,984	25
26	Occupational Therapy Visit Charges	560,268	5,516	5,516	14,578	585,878	26
27	Speech Pathology Visits	346	29	1	13	389	27
28	Speech Pathology Visit Charges	71,994	6,177	213	2,769	81,153	28
29	Medical Social Service Visits	152	3	7	7	169	29
30	Medical Social Service Visit Charges	43,776	864	2,016	2,016	48,672	30
31	Home Health Aide Visits	418	22		20	460	31
32	Home Health Aide Visit Charges	34,276	1,804		1,640	37,720	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	25,377	340	906	782	27,405	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	4,742,166	61,345	161,474	146,708	5,111,693	35
36	Total Number of Episodes (standard/non-outlier)						36
37	Total Number of Ourlier Episodes						37
38	Total Non-Routine Medical Supply Charges						38

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE	
		1	2	
1	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter 'Y' for yes and do not complete the rest of this worksheet.	N		1
2	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter 'Y' for yes or 'N' for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N	/ /	2

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	81		81	4
5	RVX				5
6	RVL	164		164	6
7	RHX				7
8	RHL	32		32	8
9	RMX				9
10	RML	31		31	10
11	RLX				11
12	RUC	31		31	12
13	RUB	294		294	13
14	RUA	617		617	14
15	RVC	68		68	15
16	RVB	778		778	16
17	RVA	927		927	17
18	RHC	46		46	18
19	RHB	62		62	19
20	RHA	201		201	20
21	RMC	25		25	21
22	RMB	58		58	22
23	RMA	24		24	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2	21		21	27
28	ES1	9		9	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1				34
35	HB2				35
36	HB1	6		6	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1	30		30	42
43	LB2				43
44	LB1	6		6	44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1	7		7	48
49	CC2				49
50	CC1	13		13	50
51	CB2				51
52	CB1	69		69	52
53	CA2				53
54	CA1	42		42	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1	21		21	74
75	PB2				75
76	PB1	35		35	76
77	PA2				77
78	PA1	4		4	78
199	AAA				199
200	TOTAL	3,702		3,702	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter 'Y' or 'N' for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	3,136,209			207

KPMG LLP Compu-Max 2552-10

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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)		0.169551	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		26,016,718	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		21,889,691	5
6	Medicaid charges		260,645,791	6
7	Medicaid cost (line 1 times line 6)		44,192,755	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)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			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	13,815,267	292,108	14,107,375	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,342,392	49,527	2,391,919	21
22	Partial payment by patients approved for charity care				22
23	Cost of charity care (line 21 minus line 22)	2,342,392	49,527	2,391,919	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)		16,320,011	26
27	Medicare bad debts for the entire hospital complex (see instructions)		1,646,590	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		14,673,421	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,487,893	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		4,879,812	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,879,812	31

KPMG LLP Compu-Max 2552-10

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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				8,409,075	8,409,075	-335,688	8,073,387	1
2	00200	Cap Rel Costs-Mvble Equip				5,961,197	5,961,197	941,462	6,902,659	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,103,973	18,695,460	19,799,433	-216,074	19,583,359	-1,154,803	18,428,556	4
5	00500	Administrative & General	9,404,514	31,280,020	40,684,534	-8,365,991	32,318,543	8,991,340	41,309,883	5
6	00600	Maintenance & Repairs	1,581,093	8,405,571	9,986,664	-921,929	9,064,735	-225,418	8,839,317	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	487,249	310,127	797,376	194,164	991,540	-14,500	977,040	8
9	00900	Housekeeping	2,075,800	896,129	2,971,929	-12,849	2,959,080		2,959,080	9
10	01000	Dietary	2,292,932	1,237,444	3,530,376	-1,976	3,528,400	-668,242	2,860,158	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,532,329	257,144	1,789,473	-4,187	1,785,286	-88,056	1,697,230	13
14	01400	Central Services & Supply	359,260	442,743	802,003	765,587	1,567,590	-28,196	1,539,394	14
15	01500	Pharmacy	2,829,038	6,310,875	9,139,913	-2,452,529	6,687,384	-433,279	6,254,105	15
16	01600	Medical Records & Library	3,373,466	1,199,105	4,572,571	-2,275,351	2,297,220	-26,097	2,271,123	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	8,903,680		8,903,680	-3,331,417	5,572,263		5,572,263	21
22	02200	I&R Services-Other Prgm Costs Apprvd		2,872,785	2,872,785	3,315,497	6,188,282	-308,671	5,879,611	22
23	02300	Paramed Ed Prgm-(specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS										
30	03000	Adults & Pediatrics	18,850,991	1,917,170	20,768,161	-1,022,396	19,745,765	-453,148	19,292,617	30
31	03100	Intensive Care Unit	3,440,479	626,420	4,066,899	-403,926	3,662,973	-50,542	3,612,431	31
40	04000	Subprovider - IPF	2,357,322	787,243	3,144,565	-28,984	3,115,581	-673,916	2,441,665	40
41	04100	Subprovider - IRF	1,334,302	164,316	1,498,618	-11,957	1,486,661	-57,137	1,429,524	41
43	04300	Nursery	1,091,918	490,946	1,582,864	-102,464	1,480,400	-361,709	1,118,691	43
44	04400	Skilled Nursing Facility	1,815,870	208,197	2,024,067	-99,992	1,924,075	-9,566	1,914,509	44
ANCILLARY SERVICE COST CENTERS										
50	05000	Operating Room	4,092,692	15,341,803	19,434,495	-11,204,997	8,229,498	-1,239,465	6,990,033	50
51	05100	Recovery Room	666,320	192,217	858,537	-34,162	824,375		824,375	51
52	05200	Delivery Room & Labor Room	1,725,135	1,918,964	3,644,099	-208,983	3,435,116	-1,549,852	1,885,264	52
53	05300	Anesthesiology	497,660	1,619,993	2,117,653	-966,323	1,151,330	-448,406	702,924	53
54	05400	Radiology-Diagnostic	3,124,141	7,498,519	10,622,660	-1,329,867	9,292,793	-494,420	8,798,373	54
56	05600	Radioisotope	287,088	393,452	680,540	-5,719	674,821		674,821	56
56.01	03630	ULTRA SOUND	972,258	73,283	1,045,541	-51,545	993,996	-2,626	991,370	56.01
56.02	03440	MAMMOGRAPHY	708,120	275,975	984,095	-190,120	793,975		793,975	56.02
57	05700	CT Scan	746,466	522,593	1,269,059	-332,570	936,489	-6,009	930,480	57
58	05800	MRI	436,526	287,057	723,583	-112,277	611,306		611,306	58
59	05900	Cardiac Catheterization	1,018,142	6,576,827	7,594,969	-6,425,985	1,168,984	-28,356	1,140,628	59
59.01	05901	GASTRO INTESTINAL	1,732,629	1,213,003	2,945,632	-371,388	2,574,244	-4,073	2,570,171	59.01
60	06000	Laboratory		5,917,896	5,917,896	-97	5,917,799	-13,227	5,904,572	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		802,722	802,722	-808	801,914	-3,049	798,865	63
65	06500	Respiratory Therapy	1,193,503	483,149	1,676,652	-340,872	1,335,780	-3,378	1,332,402	65
66	06600	Physical Therapy	2,376,845	142,560	2,519,405	-20,006	2,499,399	-3,498	2,495,901	66
66.01	06601	TCU REHAB	863,352	19,451	882,803	-4,193	878,610		878,610	66.01
68	06800	Speech Pathology	129,038	59,453	188,491	-49,957	138,534		138,534	68
69	06900	Electrocardiology	690,004	343,727	1,033,731	-14,033	1,019,698	-219,421	800,277	69
69.01	06901	CARDIAC HEHAB	198,480	15,458	213,938	-2,012	211,926		211,926	69.01
71	07100	Medical Supplies Charged to Patients				10,373,748	10,373,748		10,373,748	71
72	07200	Impl. Dev. Charged to Patients				10,439,859	10,439,859		10,439,859	72
73	07300	Drugs Charged to Patients				4,274,948	4,274,948		4,274,948	73
74	07400	Renal Dialysis		815,773	815,773		815,773		815,773	74
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										
91	09100	Emergency	5,252,263	1,631,120	6,883,383	-783,917	6,099,466	-299,225	5,800,241	91
91.01	09101	FAMILY PRACTICES	4,013,404	4,876,130	8,889,534	-940,587	7,948,947	-2,657,066	5,291,881	91.01
91.02	09102	PSYCH DAY HOSPITAL	309,473	14,553	324,026	-97	323,929	-2,327	321,602	91.02
91.03	09103	WOUND CARE	215,553	148,113	363,666	-137,837	225,829		225,829	91.03
92	09200	Observation Beds (Non-Distinct Part)								92

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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	
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	6,346,802	2,776,920	9,123,722	-299,290	8,824,432	-10,731	8,813,701	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	100,430,110	130,062,406	230,492,516	654,411	231,146,927	-1,941,295	229,205,632	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
191	19100	Research	262,099	-20,710	241,389	-180,558	60,831		60,831	191
192	19200	Physicians' Private Offices								192
194	07950	MARKETING	676,995	303,403	980,398	-208,728	771,670		771,670	194
194.0 1	07951	MACNEAL SCHOOL	1,365,103	443,858	1,808,961	-264,174	1,544,787		1,544,787	194.0 1
194.0 2	07952	COMMUNITY RELATIONS	282,888	107,627	390,515	-951	389,564		389,564	194.0 2
194.0 3	07953	RETAIL PHARMACY								194.0 3
194.0 4	07954	HOME DELIVERED MEALS								194.0 4
194.0 5	07955	CATERED MEALS								194.0 5
194.0 6	07956	VACANT SPACE								194.0 6
200		TOTAL (sum of lines 118-199)	103,017,195	130,896,584	233,913,779		233,913,779	-1,941,295	231,972,484	200

KPMG LLP Compu-Max 2552-10

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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	PROPERTY TAXES	A	Cap Rel Costs-Bldg & Fixt	1		747,182	1
2	PROPERTY TAXES	A	Administrative & General	5		276,536	2
500	Total reclassifications					1,023,718	500
	Code Letter - A						
1	DEPRECIATION	B	Cap Rel Costs-Bldg & Fixt	1		5,218,016	1
2	DEPRECIATION	B	Cap Rel Costs-Mvble Equip	2		5,947,345	2
500	Total reclassifications					11,165,361	500
	Code Letter - B						
1	RENTALS	C	Cap Rel Costs-Bldg & Fixt	1		2,366,510	1
2	RENTALS	C	Maintenance & Repairs	6		63,129	2
3	RENTALS	C	Emergency	91		144	3
4	RENTALS	C					4
5	RENTALS	C					5
6	RENTALS	C					6
7	RENTALS	C					7
8	RENTALS	C					8
9	RENTALS	C					9
10	RENTALS	C					10
11	RENTALS	C					11
12	RENTALS	C					12
13	RENTALS	C					13
14	RENTALS	C					14
15	RENTALS	C					15
16	RENTALS	C					16
17	RENTALS	C					17
18	RENTALS	C					18
19	RENTALS	C					19
20	RENTALS	C					20
21	RENTALS	C					21
500	Total reclassifications					2,429,783	500
	Code Letter - C						
1	CHARGEABLE DRUGS	D	Drugs Charged to Patients	73		4,274,948	1
2	CHARGEABLE DRUGS	D					2
3	CHARGEABLE DRUGS	D					3
4	CHARGEABLE DRUGS	D					4
5	CHARGEABLE DRUGS	D					5
6	CHARGEABLE DRUGS	D					6
7	CHARGEABLE DRUGS	D					7
8	CHARGEABLE DRUGS	D					8
9	CHARGEABLE DRUGS	D					9
10	CHARGEABLE DRUGS	D					10
11	CHARGEABLE DRUGS	D					11
12	CHARGEABLE DRUGS	D					12
13	CHARGEABLE DRUGS	D					13
14	CHARGEABLE DRUGS	D					14
15	CHARGEABLE DRUGS	D					15
16	CHARGEABLE DRUGS	D					16
17	CHARGEABLE DRUGS	D					17
18	CHARGEABLE DRUGS	D					18
19	CHARGEABLE DRUGS	D					19
20	CHARGEABLE DRUGS	D					20
21	CHARGEABLE DRUGS	D					21
22	CHARGEABLE DRUGS	D					22
23	CHARGEABLE DRUGS	D					23
24	CHARGEABLE DRUGS	D					24
25	CHARGEABLE DRUGS	D					25
26	CHARGEABLE DRUGS	D					26
27	CHARGEABLE DRUGS	D					27
28	CHARGEABLE DRUGS	D					28
29	CHARGEABLE DRUGS	D					29
30	CHARGEABLE DRUGS	D					30
31	CHARGEABLE DRUGS	D					31
32	CHARGEABLE DRUGS	D					32
33	CHARGEABLE DRUGS	D					33
34	CHARGEABLE DRUGS	D					34
500	Total reclassifications					4,274,948	500
	Code Letter - D						

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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	CHARGEABLE SUPPLIES	E	Medical Supplies Charged to P	71		10,373,748	1
2	CHARGEABLE SUPPLIES	E	Central Services & Supply	14		965,073	2
3	CHARGEABLE SUPPLIES	E					3
4	CHARGEABLE SUPPLIES	E					4
5	CHARGEABLE SUPPLIES	E					5
6	CHARGEABLE SUPPLIES	E					6
7	CHARGEABLE SUPPLIES	E					7
8	CHARGEABLE SUPPLIES	E					8
9	CHARGEABLE SUPPLIES	E					9
10	CHARGEABLE SUPPLIES	E					10
11	CHARGEABLE SUPPLIES	E					11
12	CHARGEABLE SUPPLIES	E					12
13	CHARGEABLE SUPPLIES	E					13
14	CHARGEABLE SUPPLIES	E					14
15	CHARGEABLE SUPPLIES	E					15
16	CHARGEABLE SUPPLIES	E					16
17	CHARGEABLE SUPPLIES	E					17
18	CHARGEABLE SUPPLIES	E					18
19	CHARGEABLE SUPPLIES	E					19
20	CHARGEABLE SUPPLIES	E					20
21	CHARGEABLE SUPPLIES	E					21
22	CHARGEABLE SUPPLIES	E					22
23	CHARGEABLE SUPPLIES	E					23
24	CHARGEABLE SUPPLIES	E					24
25	CHARGEABLE SUPPLIES	E					25
26	CHARGEABLE SUPPLIES	E					26
27	CHARGEABLE SUPPLIES	E					27
28	CHARGEABLE SUPPLIES	E					28
29	CHARGEABLE SUPPLIES	E					29
30	CHARGEABLE SUPPLIES	E					30
31	CHARGEABLE SUPPLIES	E					31
32	CHARGEABLE SUPPLIES	E					32
33	CHARGEABLE SUPPLIES	E					33
34	CHARGEABLE SUPPLIES	E					34
35	CHARGEABLE SUPPLIES	E					35
36	CHARGEABLE SUPPLIES	E					36
37	CHARGEABLE SUPPLIES	E					37
38	CHARGEABLE SUPPLIES	E					38
39	CHARGEABLE SUPPLIES	E					39
40	CHARGEABLE SUPPLIES	E					40
41	CHARGEABLE SUPPLIES	E					41
42	CHARGEABLE SUPPLIES	E					42
500	Total reclassifications					11,338,821	500
	Code Letter - E						
1	INSURANCE	G	Cap Rel Costs-Bldg & Fixt	1		77,367	1
2	INSURANCE	G					2
500	Total reclassifications					77,367	500
	Code Letter - G						
1	INTEREST EXPENSE	H	Cap Rel Costs-Mvble Equip	2		39,271	1
500	Total reclassifications					39,271	500
	Code Letter - H						
1	IMPLANTABLE DEVICE	I	Impl. Dev. Charged to Patient	72		10,439,859	1
2	IMPLANTABLE DEVICE	I					2
3	IMPLANTABLE DEVICE	I					3
4	IMPLANTABLE DEVICE	I					4
5	IMPLANTABLE DEVICE	I					5
6	IMPLANTABLE DEVICE	I					6
7	IMPLANTABLE DEVICE	I					7
8	IMPLANTABLE DEVICE	I					8
9	IMPLANTABLE DEVICE	I					9
10	IMPLANTABLE DEVICE	I					10
11	IMPLANTABLE DEVICE	I					11
12	IMPLANTABLE DEVICE	I					12
13	IMPLANTABLE DEVICE	I					13
500	Total reclassifications					10,439,859	500
	Code Letter - I						

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	LINEN	J	Laundry & Linen Service	8		194,188	1
2	LINEN	J	Administrative & General	5		1	2
3	LINEN	J					3
4	LINEN	J					4
5	LINEN	J					5
6	LINEN	J					6
7	LINEN	J					7
8	LINEN	J					8
9	LINEN	J					9
10	LINEN	J					10
11	LINEN	J					11
12	LINEN	J					12
13	LINEN	J					13
14	LINEN	J					14
15	LINEN	J					15
16	LINEN	J					16
17	LINEN	J					17
18	LINEN	J					18
19	LINEN	J					19
20	LINEN	J					20
21	LINEN	J					21
22	LINEN	J					22
500	Total reclassifications					194,189	500
	Code Letter - J						
1	CM CHARGEBACKS	K	Administrative & General	5	3,957,262	1,162,757	1
2	CM CHARGEBACKS	K	Research	191		21,375	2
3	CM CHARGEBACKS	K					3
4	CM CHARGEBACKS	K					4
5	CM CHARGEBACKS	K					5
6	CM CHARGEBACKS	K					6
500	Total reclassifications				3,957,262	1,184,132	500
	Code Letter - K						
1	REGIONAL ALLOCATION	L	Employee Benefits Department	4	70,508	8,421	1
2	REGIONAL ALLOCATION	L	Pharmacy	15	112,776	12,381	2
3	REGIONAL ALLOCATION	L	Medical Records & Library	16	1,139,267	422,393	3
4	REGIONAL ALLOCATION	L	Research	191	65,525		4
5	REGIONAL ALLOCATION	L	MARKETING	194	64,089	5,487	5
500	Total reclassifications				1,452,165	448,682	500
	Code Letter - L						
1	INTERNS RESIDENTS OTHER PROG	M	I&R Services-Other Prgm Costs	22	3,331,417		1
500	Total reclassifications				3,331,417		500
	Code Letter - M						
	GRAND TOTAL (Increases)				8,740,844	42,616,131	

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	PROPERTY TAXES	A	Maintenance & Repairs	6		932,188	13	1
2	PROPERTY TAXES	A	MRI	58		91,530		2
500	Total reclassifications					1,023,718		500
	Code letter - A							
1	DEPRECIATION	B	Administrative & General	5		11,165,361	9	1
2	DEPRECIATION	B					9	2
500	Total reclassifications					11,165,361		500
	Code letter - B							
1	RENTALS	C	Cap Rel Costs-Mvble Equip	2		25,419	10	1
2	RENTALS	C	Employee Benefits Department	4		6,426		2
3	RENTALS	C	Administrative & General	5		583,245		3
4	RENTALS	C	Dietary	10		1,766		4
5	RENTALS	C	Nursing Administration	13		98		5
6	RENTALS	C	Central Services & Supply	14		199,481		6
7	RENTALS	C	Adults & Pediatrics	30		245		7
8	RENTALS	C	Intensive Care Unit	31		44,234		8
9	RENTALS	C	Nursery	43		32		9
10	RENTALS	C	Operating Room	50		102,038		10
11	RENTALS	C	Delivery Room & Labor Room	52		153		11
12	RENTALS	C	Anesthesiology	53		154,623		12
13	RENTALS	C	Radiology-Diagnostic	54		84,707		13
14	RENTALS	C	CT Scan	57		228,560		14
15	RENTALS	C	GASTRO INTESTINAL	59.01		17,706		15
16	RENTALS	C	Respiratory Therapy	65		108,383		16
17	RENTALS	C	FAMILY PRACTICES	91.01		424,979		17
18	RENTALS	C	WOUND CARE	91.03		43,524		18
19	RENTALS	C	Home Health Agency	101		140,167		19
20	RENTALS	C	MACNEAL SCHOOL	194.01		263,997		20
21	RENTALS	C						21
500	Total reclassifications					2,429,783		500
	Code letter - C							
1	CHARGEABLE DRUGS	D	Employee Benefits Department	4		74,526		1
2	CHARGEABLE DRUGS	D	Administrative & General	5		102		2
3	CHARGEABLE DRUGS	D	Nursing Administration	13		317		3
4	CHARGEABLE DRUGS	D	Central Services & Supply	14		5		4
5	CHARGEABLE DRUGS	D	Pharmacy	15		1,939,805		5
6	CHARGEABLE DRUGS	D	I&R Services-Other Prgm Costs	22		15,524		6
7	CHARGEABLE DRUGS	D	Adults & Pediatrics	30		126,994		7
8	CHARGEABLE DRUGS	D	Intensive Care Unit	31		49,381		8
9	CHARGEABLE DRUGS	D	Subprovider - IPF	40		367		9
10	CHARGEABLE DRUGS	D	Subprovider - IRF	41		514		10
11	CHARGEABLE DRUGS	D	Nursery	43		20,239		11
12	CHARGEABLE DRUGS	D	Skilled Nursing Facility	44		5,281		12
13	CHARGEABLE DRUGS	D	Operating Room	50		87,496		13
14	CHARGEABLE DRUGS	D	Recovery Room	51		3,435		14
15	CHARGEABLE DRUGS	D	Delivery Room & Labor Room	52		32,856		15
16	CHARGEABLE DRUGS	D	Anesthesiology	53		457,570		16
17	CHARGEABLE DRUGS	D	Radiology-Diagnostic	54		777,402		17
18	CHARGEABLE DRUGS	D	Radioisotope	56		2,536		18
19	CHARGEABLE DRUGS	D	ULTRA SOUND	56.01		1,246		19
20	CHARGEABLE DRUGS	D	MAMMOGRAPHY	56.02		5,843		20
21	CHARGEABLE DRUGS	D	CT Scan	57		12,065		21
22	CHARGEABLE DRUGS	D	MRI	58		2,514		22
23	CHARGEABLE DRUGS	D	Cardiac Catheterization	59		11,853		23
24	CHARGEABLE DRUGS	D	GASTRO INTESTINAL	59.01		38,913		24
25	CHARGEABLE DRUGS	D	Laboratory	60		21		25
26	CHARGEABLE DRUGS	D	Blood Storing, Processing & T	63		808		26
27	CHARGEABLE DRUGS	D	Respiratory Therapy	65		1,997		27
28	CHARGEABLE DRUGS	D	Physical Therapy	66		27		28
29	CHARGEABLE DRUGS	D	Electrocardiology	69		2,922		29
30	CHARGEABLE DRUGS	D	CARDIAC HEHAB	69.01		47		30
31	CHARGEABLE DRUGS	D	Emergency	91		223,101		31
32	CHARGEABLE DRUGS	D	FAMILY PRACTICES	91.01		373,114		32
33	CHARGEABLE DRUGS	D	WOUND CARE	91.03		6,112		33
34	CHARGEABLE DRUGS	D	Home Health Agency	101		15		34
500	Total reclassifications					4,274,948		500

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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	
	Code letter - D							
1	CHARGEABLE SUPPLIES	E	Employee Benefits Department	4		2,288	1	
2	CHARGEABLE SUPPLIES	E	Administrative & General	5		1,872	2	
3	CHARGEABLE SUPPLIES	E	Maintenance & Repairs	6		553	3	
4	CHARGEABLE SUPPLIES	E	Laundry & Linen Service	8		24	4	
5	CHARGEABLE SUPPLIES	E	Housekeeping	9		12,689	5	
6	CHARGEABLE SUPPLIES	E	Dietary	10		71	6	
7	CHARGEABLE SUPPLIES	E	Nursing Administration	13		3,772	7	
8	CHARGEABLE SUPPLIES	E	Pharmacy	15		135,007	8	
9	CHARGEABLE SUPPLIES	E	Medical Records & Library	16		7	9	
10	CHARGEABLE SUPPLIES	E	I&R Services-Other Prgm Costs	22		396	10	
11	CHARGEABLE SUPPLIES	E	Adults & Pediatrics	30		855,682	11	
12	CHARGEABLE SUPPLIES	E	Intensive Care Unit	31		303,604	12	
13	CHARGEABLE SUPPLIES	E	Subprovider - IPF	40		13,850	13	
14	CHARGEABLE SUPPLIES	E	Subprovider - IRF	41		11,353	14	
15	CHARGEABLE SUPPLIES	E	Nursery	43		82,096	15	
16	CHARGEABLE SUPPLIES	E	Skilled Nursing Facility	44		87,968	16	
17	CHARGEABLE SUPPLIES	E	Operating Room	50		5,165,873	17	
18	CHARGEABLE SUPPLIES	E	Recovery Room	51		30,693	18	
19	CHARGEABLE SUPPLIES	E	Delivery Room & Labor Room	52		169,125	19	
20	CHARGEABLE SUPPLIES	E	Anesthesiology	53		353,266	20	
21	CHARGEABLE SUPPLIES	E	Radiology-Diagnostic	54		358,890	21	
22	CHARGEABLE SUPPLIES	E	Radioisotope	56		3,183	22	
23	CHARGEABLE SUPPLIES	E	ULTRA SOUND	56.01		47,707	23	
24	CHARGEABLE SUPPLIES	E	MAMMOGRAPHY	56.02		184,277	24	
25	CHARGEABLE SUPPLIES	E	CT Scan	57		91,929	25	
26	CHARGEABLE SUPPLIES	E	MRI	58		17,984	26	
27	CHARGEABLE SUPPLIES	E	Cardiac Catheterization	59		1,986,472	27	
28	CHARGEABLE SUPPLIES	E	GASTRO INTESTINAL	59.01		283,787	28	
29	CHARGEABLE SUPPLIES	E	Laboratory	60		76	29	
30	CHARGEABLE SUPPLIES	E	Respiratory Therapy	65		230,492	30	
31	CHARGEABLE SUPPLIES	E	Physical Therapy	66		19,834	31	
32	CHARGEABLE SUPPLIES	E	TCU REHAB	66.01		4,193	32	
33	CHARGEABLE SUPPLIES	E	Speech Pathology	68		49,957	33	
34	CHARGEABLE SUPPLIES	E	Electrocardiology	69		11,072	34	
35	CHARGEABLE SUPPLIES	E	CARDIAC HEHAB	69.01		1,965	35	
36	CHARGEABLE SUPPLIES	E	Emergency	91		553,168	36	
37	CHARGEABLE SUPPLIES	E	FAMILY PRACTICES	91.01		44,148	37	
38	CHARGEABLE SUPPLIES	E	PSYCH DAY HOSPITAL	91.02		97	38	
39	CHARGEABLE SUPPLIES	E	WOUND CARE	91.03		59,327	39	
40	CHARGEABLE SUPPLIES	E	Home Health Agency	101		159,108	40	
41	CHARGEABLE SUPPLIES	E	Research	191		15	41	
42	CHARGEABLE SUPPLIES	E	COMMUNITY RELATIONS	194.02		951	42	
500	Total reclassifications					11,338,821	500	
	Code letter - E							
1	INSURANCE	G	Administrative & General	5		77,193	12	
2	INSURANCE	G	FAMILY PRACTICES	91.01		174	2	
500	Total reclassifications					77,367	500	
	Code letter - G							
1	INTEREST EXPENSE	H	Administrative & General	5		39,271	11	
500	Total reclassifications					39,271	500	
	Code letter - H							
1	IMPLANTABLE DEVICE	I	Employee Benefits Department	4		720	1	
2	IMPLANTABLE DEVICE	I	Housekeeping	9		160	2	
3	IMPLANTABLE DEVICE	I	Dietary	10		139	3	
4	IMPLANTABLE DEVICE	I	Subprovider - IPF	40		9,093	4	
5	IMPLANTABLE DEVICE	I	Operating Room	50		5,745,935	5	
6	IMPLANTABLE DEVICE	I	Anesthesiology	53		847	6	
7	IMPLANTABLE DEVICE	I	Radiology-Diagnostic	54		106,505	7	
8	IMPLANTABLE DEVICE	I	Cardiac Catheterization	59		4,423,017	8	
9	IMPLANTABLE DEVICE	I	GASTRO INTESTINAL	59.01		27,692	9	
10	IMPLANTABLE DEVICE	I	Physical Therapy	66		115	10	
11	IMPLANTABLE DEVICE	I	FAMILY PRACTICES	91.01		96,899	11	
12	IMPLANTABLE DEVICE	I	WOUND CARE	91.03		28,560	12	
13	IMPLANTABLE DEVICE	I	MACNEAL SCHOOL	194.01		177	13	

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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	
500	Total reclassifications					10,439,859		
	Code letter - I						500	
1	LINEN	J	Pharmacy	15		2,247	1	
2	LINEN	J	Adults & Pediatrics	30		39,475	2	
3	LINEN	J	Intensive Care Unit	31		6,707	3	
4	LINEN	J	Subprovider - IPF	40		5,674	4	
5	LINEN	J	Subprovider - IRF	41		90	5	
6	LINEN	J	Nursery	43		97	6	
7	LINEN	J	Skilled Nursing Facility	44		6,743	7	
8	LINEN	J	Operating Room	50		103,655	8	
9	LINEN	J	Recovery Room	51		34	9	
10	LINEN	J	Delivery Room & Labor Room	52		6,849	10	
11	LINEN	J	Anesthesiology	53		17	11	
12	LINEN	J	Radiology-Diagnostic	54		2,363	12	
13	LINEN	J	ULTRA SOUND	56.01		2,592	13	
14	LINEN	J	CT Scan	57		16	14	
15	LINEN	J	MRI	58		249	15	
16	LINEN	J	Cardiac Catheterization	59		4,643	16	
17	LINEN	J	GASTRO INTESTINAL	59.01		3,290	17	
18	LINEN	J	Physical Therapy	66		30	18	
19	LINEN	J	Electrocardiology	69		39	19	
20	LINEN	J	Emergency	91		7,792	20	
21	LINEN	J	FAMILY PRACTICES	91.01		1,273	21	
22	LINEN	J	WOUND CARE	91.03		314	22	
500	Total reclassifications					194,189	500	
	Code letter - J							
1	CM CHARGEBACKS	K	Employee Benefits Department	4	188,521	22,522	1	
2	CM CHARGEBACKS	K	Maintenance & Repairs	6		52,317	2	
3	CM CHARGEBACKS	K	Pharmacy	15	451,103	49,524	3	
4	CM CHARGEBACKS	K	Medical Records & Library	16	2,799,182	1,037,822	4	
5	CM CHARGEBACKS	K	Research	191	262,099		5	
6	CM CHARGEBACKS	K	MARKETING	194	256,357	21,947	6	
500	Total reclassifications				3,957,262	1,184,132	500	
	Code letter - K							
1	REGIONAL ALLOCATION	L	Administrative & General	5	1,452,165	443,338	1	
2	REGIONAL ALLOCATION	L	Research	191		5,344	2	
3	REGIONAL ALLOCATION	L					3	
4	REGIONAL ALLOCATION	L					4	
5	REGIONAL ALLOCATION	L					5	
500	Total reclassifications				1,452,165	448,682	500	
	Code letter - L							
1	INTERNS RESIDENTS OTHER PROG	M	I&R Services-Salary & Fringes	21	3,331,417		1	
500	Total reclassifications				3,331,417		500	
	Code letter - M							
	GRAND TOTAL (Decreases)				8,740,844	42,616,131		

(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	2,867,991					2,867,991		2
3	Buildings and Fixtures	129,261,294	4,755,907		4,755,907		134,017,201		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	205,105,169	4,843,840		4,843,840		209,949,009		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	337,234,454	9,599,747		9,599,747		346,834,201		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	337,234,454	9,599,747		9,599,747		346,834,201		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
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)									3

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	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	136,885,192		136,885,192	0.394670					1
2	Cap Rel Costs-Mvble Equip	209,949,009		209,949,009	0.605330					2
3	Total (sum of lines 1-2)	346,834,201		346,834,201	1.000000					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	4,366,300	2,366,510		77,367	1,263,210			8,073,387	1
2	Cap Rel Costs-Mvble Equip	6,888,807	-25,419	39,271					6,902,659	2
3	Total (sum of lines 1-2)	11,255,107	2,341,091	39,271	77,367	1,263,210			14,976,046	3

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

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-7,650,177			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	372,481			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-650,040	Dietary	10	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines	B	-17,766	Dietary	10	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	-2,760,330	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	955,751	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	PATIENT PHONES-DIRECT	A	-100,587	Administrative & General	5	33
33.01	PATIENT PHONES-BENEFITS	A	-7,506	Employee Benefits Department	4	33.01
33.02	PATIENT PHONES-DEPREC.	A	-2,310	Cap Rel Costs-Mvble Equip	2	9 33.02
33.03	TELEVISION-DEPREC	A	-11,979	Cap Rel Costs-Mvble Equip	2	9 33.03
33.04	TELEVISION-CABLE	A	-1,770	Administrative & General	5	33.04
33.05	TELEVISION-CABLE	A	-10,212	FAMILY PRACTICES	91.01	33.05
33.06	OTHER OPERATING REVENUE	B	-45	Employee Benefits Department	4	33.06
33.07	TELEPHONE SERVICES	B	-235,325	Administrative & General	5	33.07
33.08	OTHER OPERATING REVENUE	B	-2,445,672	Administrative & General	5	33.08
33.09	RENT INCOME	B	-220,210	Maintenance & Repairs	6	33.09
33.10	OTHER OPERATING REVENUE	B	-14,500	Laundry & Linen Service	8	33.10
33.11	OTHER OPERATING REVENUE	B	-99	Dietary	10	33.11
33.12	OTHER OPERATING REVENUE	B	-28,196	Central Services & Supply	14	33.12
33.13	OTHER OPERATING REVENUE	B	-433,279	Pharmacy	15	33.13
33.14	OTHER OPERATING REVENUE	B	-26,097	Medical Records & Library	16	33.14
33.15	OTHER OPERATING REVENUE	B	-282,000	I&R Services-Other Prgm Costs Apprvd	22	33.15
33.16	RENT INCOME	B	-413,427	Adults & Pediatrics	30	33.16
33.17	OTHER OPERATING REVENUE	B	-19	Subprovider - IPF	40	33.17
33.18	FIRST PHOTO BABY PICTURES	B	-1,709	Nursery	43	33.18
33.19	OTHER OPERATING REVENUE	B	-2,115	Delivery Room & Labor Room	52	33.19
33.20	OTHER OPERATING REVENUE	B	-102,396	Radiology-Diagnostic	54	33.20
33.21	OTHER OPERATING REVENUE	B	-2,626	ULTRA SOUND	56.01	33.21
33.22	OTHER OPERATING REVENUE	B	-6,009	CT Scan	57	33.22
33.23	OTHER OPERATING REVENUE	B	-3,926	GASTRO INTESTINAL	59.01	33.23
33.24	OTHER OPERATING REVENUE	B	-13,227	Laboratory	60	33.24

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
33.25	OTHER OPERATING REVENUE	B	-3,049	Blood Storing, Processing & Trans.	63	33.25
33.26	OTHER OPERATING REVENUE	B	-3,378	Respiratory Therapy	65	33.26
33.27	OTHER OPERATING REVENUE	B	-3,498	Physical Therapy	66	33.27
33.28	OTHER OPERATING REVENUE	B	-439	Electrocardiology	69	33.28
33.29	OTHER OPERATING REVENUE	B	-66,568	FAMILY PRACTICES	91.01	33.29
33.30	ADVERTISING	A	-6,618	Administrative & General	5	33.30
33.31	ADVERTISING	A	-6,049	I&R Services-Other Prgm Costs Apprvd	22	33.31
33.32	ADVERTISING	A	-553	Adults & Pediatrics	30	33.32
33.33	ADVERTISING	A	-567	Subprovider - IPF	40	33.33
33.34	ADVERTISING	A	-1,962	FAMILY PRACTICES	91.01	33.34
33.35	ADVERTISING	A	-9,319	Home Health Agency	101	33.35
33.36	OTHER OPERATING EXPENSES	A	-2,340	Employee Benefits Department	4	33.36
33.37	OTHER OPERATING EXPENSES	A	-48,971	Administrative & General	5	33.37
33.38	OTHER OPERATING EXPENSES	A	-265	Maintenance & Repairs	6	33.38
33.39	OTHER OPERATING EXPENSES	A	-16,148	Nursing Administration	13	33.39
33.40	OTHER OPERATING EXPENSES	A	-540	Adults & Pediatrics	30	33.40
33.41	OTHER OPERATING EXPENSES	A	-259	Intensive Care Unit	31	33.41
33.42	OTHER OPERATING EXPENSES	A	-55	Subprovider - IRF	41	33.42
33.43	OTHER OPERATING EXPENSES	A	-129	Skilled Nursing Facility	44	33.43
33.44	OTHER OPERATING EXPENSES	A	-185	Operating Room	50	33.44
33.45	OTHER OPERATING EXPENSES	A	-50	Delivery Room & Labor Room	52	33.45
33.46	OTHER OPERATING EXPENSES	A	-1,414	Cardiac Catheterization	59	33.46
33.47	OTHER OPERATING EXPENSES	A	-5,986	Emergency	91	33.47
33.48	OTHER OPERATING EXPENSES	A	-32,344	FAMILY PRACTICES	91.01	33.48
33.49	OTHER OPERATING EXPENSES	A	-1,562	Home Health Agency	101	33.49
33.50	PHYSICIAN RECRUITMENT	A	-30,042	Administrative & General	5	33.50
33.51	PHYSICIAN RECRUITMENT	A	-5,146	Employee Benefits Department	4	33.51
33.52	NON-ALLOWABLE MEALS	A	-30,543	Administrative & General	5	33.52
33.53	NON-ALLOWABLE MEALS	A	-513	FAMILY PRACTICES	91.01	33.53
33.54	NON-ALLOWABLE MEALS	A	150	Home Health Agency	101	33.54
33.55	NON-ALLOWABLE TRAVEL	A	-6,267	Administrative & General	5	33.55
33.56	NON-ALLOWABLE TRAVEL	A	-1,078	Operating Room	50	33.56
33.57	NON-ALLOWABLE TRAVEL	A	-1,151	Emergency	91	33.57
33.58	NON-ALLOWABLE TRAVEL	A	-3,029	FAMILY PRACTICES	91.01	33.58
33.59	DUES & SUBSCRIPTIONS	A	-75,279	Administrative & General	5	33.59
33.60	DUES & SUBSCRIPTIONS	A	-7,928	FAMILY PRACTICES	91.01	33.60
33.61	LOBBYING DUES	A	-45,999	Administrative & General	5	33.61
33.62	PURCHASED SERVICES	A	-263,422	Administrative & General	5	33.62
33.63	PURCHASED SERVICES	A	-4,500	Maintenance & Repairs	6	33.63
33.64	PURCHASED SERVICES	A	-5,540	Delivery Room & Labor Room	52	33.64
33.65	DONATIONS & CONTRIBUTIONS	A	-24,471	Administrative & General	5	33.65
33.66	DONATIONS & CONTRIBUTIONS	A	-1,000	Emergency	91	33.66
33.67	DONATIONS & CONTRIBUTIONS	A	-250	FAMILY PRACTICES	91.01	33.67
33.68	PATIENT TRANSPORTATION	A	-79	Employee Benefits Department	4	33.68
33.69	PATIENT TRANSPORTATION	A	-312	Administrative & General	5	33.69
33.70	PATIENT TRANSPORTATION	A	-4	Nursing Administration	13	33.70
33.71	PATIENT TRANSPORTATION	A	-70	I&R Services-Other Prgm Costs Apprvd	22	33.71
33.72	PATIENT TRANSPORTATION	A	-4,330	Adults & Pediatrics	30	33.72
33.73	PATIENT TRANSPORTATION	A	-32	Intensive Care Unit	31	33.73
33.74	PATIENT TRANSPORTATION	A	-1,677	Subprovider - IPF	40	33.74
33.75	PATIENT TRANSPORTATION	A	-10	Skilled Nursing Facility	44	33.75
33.76	PATIENT TRANSPORTATION	A	-145	Delivery Room & Labor Room	52	33.76
33.77	PATIENT TRANSPORTATION	A	-147	GASTRO INTESTINAL	59.01	33.77
33.78	PATIENT TRANSPORTATION	A	-1,819	Emergency	91	33.78
33.79	PATIENT TRANSPORTATION	A	-11,396	FAMILY PRACTICES	91.01	33.79
33.80	PATIENT TRANSPORTATION	A	-104	PSYCH DAY HOSPITAL	91.02	33.80
33.81	ALCOHOL & LIQUOR	A	-7	Employee Benefits Department	4	33.81
33.82	ALCOHOL & LIQUOR	A	-971	Administrative & General	5	33.82
33.83	ALCOHOL & LIQUOR	A	-494	I&R Services-Other Prgm Costs Apprvd	22	33.83
33.84	PENALTIES & FINES	A	-740	Administrative & General	5	33.84
33.85	MSO FEES	A	-337	Dietary	10	33.85
33.86	MSO FEES	A	-36,745	Electrocardiology	69	33.86
33.87	MSO FEES	A	-320,338	FAMILY PRACTICES	91.01	33.87
33.88	PHYSICIAN RECRUITMENT	A	-194	Administrative & General	5	33.88
33.89	PHYSICIAN RELOCATION EXPENSE	A	-23,401	Administrative & General	5	33.89

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
33.90	EMPLOYEE BENEFITS	A	-39,023	Employee Benefits Department	4		33.90
33.91	PROPERTY TAXES	A	516,028	Cap Rel Costs-Bldg & Fixt	1	13	33.91
33.92	LEGAL	A	-133,755	Administrative & General	5		33.92
33.93	LEGAL	A	-10,000	Adults & Pediatrics	30		33.93
33.94	MEDICAL STAFF RELATIONS	A	-137,963	Administrative & General	5		33.94
33.95	MEDICAL STAFF RELATIONS	A	-20,058	I&R Services-Other Prgm Costs Apprvd	22		33.95
33.96	IDPA TAX ASSESSMENT	A	-215	Administrative & General	5		33.96
33.97	IDPA TAX ASSESSMENT	A	-85	Adults & Pediatrics	30		33.97
33.98	IDPA TAX ASSESSMENT	A	-100	FAMILY PRACTICES	91.01		33.98
33.99	H.O. WORKER COMPENSATION	A	-654,992	Employee Benefits Department	4		33.99
34	PERIOD 13 ADJUSTMENT	A	-378,200	Employee Benefits Department	4		34
34.01	PERIOD 13 ADJUSTMENT	A	14,156,944	Administrative & General	5		34.01
34.02	TELEVISION-CABLE	A	-2,946	Anesthesiology	53		34.02
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-1,941,295				50

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

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

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
1	2	3	4	5	6	7		
1	1	Cap Rel Costs-Bldg & Fixt	TENET DIRECT ALLOC.- CAPITAL	647,104		647,104	9	1
2	1	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC.- CAPITAL	1,261,510		1,261,510	9	2
3	5	Administrative & General	TENET POOL/DIRECT ALLOC.-NON CAPITAL	8,658,187		8,658,187		3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		10,071,202	-10,071,202		4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	329,436	329,436		9	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	4,607	4,607		9	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	78,929	78,929			4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	9,501,596	9,501,596			4.04
4.05	15	Pharmacy	REGIONAL ALLOCATION	125,157	125,157			4.05
4.06	16	Medical Records & Library	REGIONAL ALLOCATION	1,561,659	1,561,659			4.06
4.07	71	Medical Supplies Charged to Patients	REGIONAL ALLOCATION	61	61			4.07
4.08	191	Research	REGIONAL ALLOCATION	60,181	60,181			4.08
4.09	194	MARKETING	REGIONAL ALLOCATION	69,575	69,575			4.09
4.10	60	Laboratory	GENESIS LAB	5,899,520	5,899,520			4.10
4.11	5	Administrative & General	FINANCE DEPT.	476,178	531,831	-55,653		4.11
4.12	4	Employee Benefits Department	FINANCE DEPT.	758,181	825,646	-67,465		4.12
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			29,431,881	29,059,400	372,481		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	
B			TENET HLTHCARE	100.00	HLTHCARE	6
G			GENESIS	1.00	LAB	7
						8
						9
						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	5	Administrative & Gen ADMINISTRATIVE	89,445	80,520	8,925	177,200	59	5,026	251	1
2	6	Maintenance & Repair MAINTENANCE & R	443	443						2
3	13	Nursing Administrati NURSING ADMINIS	75,738	68,354	7,384	177,200	45	3,834	192	3
4	30	Adults & Pediatrics ADULTS & PEDIAT	26,139	22,639	3,500	154,100	26	1,926	96	4
5	31	Intensive Care Unit INTENSIVE CARE	93,444	19,971	73,473	177,200	507	43,193	2,160	5
6	40	Subprovider - IPF SUBPROVIDER - I	678,099	666,296	11,803	154,100	87	6,446	322	6
7	41	Subprovider - IRF SUBPROVIDER - I	98,400	33,600	64,800	177,200	485	41,318	2,066	7
8	43	Nursery NURSERY	360,000	360,000						8
9	44	Skilled Nursing Faci SKILLED NURSING	9,427	9,427						9
10	50	Operating Room OPERATING ROOM	1,238,202	1,238,202						10
11	52	Delivery Room & Labo DELIVERY ROOM &	1,542,002	1,542,002						11
12	53	Anesthesiology ANESTHESIOLOGY	445,460	445,460						12
13	54	Radiology-Diagnostic RADIOLOGY-DIAGN	392,024	392,024						13
14	59	Cardiac Catheterizat CARDIAC CATHETE	52,500		52,500	177,200	300	25,558	1,278	14
15	69	Electrocardiology ELECTROCARDIOLO	182,237	182,237						15
16	91	Emergency EMERGENCY	289,269	289,269						16
17	91.01	FAMILY PRACTICES FAMILY PRACTICE	2,202,426	2,202,426						17
18	91.02	PSYCH DAY HOSPITAL PSYCH DAY HOSPI	5,460	960	4,500	177,200	38	3,237	162	18
19										19
20										20
200		TOTAL	7,780,715	7,553,830	226,885		1,547	130,538	6,527	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen ADMINISTRATIVE					5,026	3,899	84,419	1
2	6	Maintenance & Repair MAINTENANCE & R							443	2
3	13	Nursing Administrati NURSING ADMINIS					3,834	3,550	71,904	3
4	30	Adults & Pediatrics ADULTS & PEDIAT					1,926	1,574	24,213	4
5	31	Intensive Care Unit INTENSIVE CARE					43,193	30,280	50,251	5
6	40	Subprovider - IPF SUBPROVIDER - I					6,446	5,357	671,653	6
7	41	Subprovider - IRF SUBPROVIDER - I					41,318	23,482	57,082	7
8	43	Nursery NURSERY							360,000	8
9	44	Skilled Nursing Faci SKILLED NURSING							9,427	9
10	50	Operating Room OPERATING ROOM							1,238,202	10
11	52	Delivery Room & Labo DELIVERY ROOM &							1,542,002	11
12	53	Anesthesiology ANESTHESIOLOGY							445,460	12
13	54	Radiology-Diagnostic RADIOLOGY-DIAGN							392,024	13
14	59	Cardiac Catheterizat CARDIAC CATHETE					25,558	26,942	26,942	14
15	69	Electrocardiology ELECTROCARDIOLO							182,237	15
16	91	Emergency EMERGENCY							289,269	16
17	91.01	FAMILY PRACTICES FAMILY PRACTICE							2,202,426	17
18	91.02	PSYCH DAY HOSPITAL PSYCH DAY HOSPI					3,237	1,263	2,223	18
19										19
20										20
200		TOTAL					130,538	96,347	7,650,177	200

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	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	8,073,387	8,073,387					1
2	Cap Rel Costs-Mvble Equip	6,902,659		6,902,659				2
4	Employee Benefits Department	18,428,556			18,428,556			4
5	Administrative & General	41,309,883	821,314	727,320	2,151,078	45,009,595	45,009,595	5
6	Maintenance & Repairs	8,839,317	3,250,870	2,878,830	285,572	15,254,589	3,672,405	6
7	Operation of Plant							7
8	Laundry & Linen Service	977,040	5,112	4,527	88,005	1,074,684	258,721	8
9	Housekeeping	2,959,080	66,822	59,175	374,925	3,460,002	832,964	9
10	Dietary	2,860,158	194,001	171,799	414,142	3,640,100	876,321	10
11	Cafeteria		73,309	64,919		138,228	33,277	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,697,230	14,992	13,276	276,765	2,002,263	482,027	13
14	Central Services & Supply	1,539,394	41,783	37,001	64,888	1,683,066	405,183	14
15	Pharmacy	6,254,105	51,675	45,761	449,865	6,801,406	1,637,377	15
16	Medical Records & Library	2,271,123	53,837	47,676	309,496	2,682,132	645,699	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,572,263			1,006,445	6,578,708	1,583,765	21
22	I&R Services-Other Prgm Costs Apprvd	5,879,611	62,653	55,482	601,711	6,599,457	1,588,760	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	19,292,617	952,208	843,234	3,404,791	24,492,850	5,896,399	30
31	Intensive Care Unit	3,612,431	83,943	74,337	621,409	4,392,120	1,057,363	31
40	Subprovider - IPF	2,441,665	135,474	119,970	425,772	3,122,881	751,805	40
41	Subprovider - IRF	1,429,524	73,830	65,381	240,998	1,809,733	435,677	41
43	Nursery	1,118,691	37,824	33,496	197,219	1,387,230	333,963	43
44	Skilled Nursing Facility	1,914,509	118,375	104,827	327,977	2,465,688	593,592	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	6,990,033	316,700	280,456	739,210	8,326,399	2,004,506	50
51	Recovery Room	824,375	29,408	26,042	120,349	1,000,174	240,783	51
52	Delivery Room & Labor Room	1,885,264	83,012	73,512	311,589	2,353,377	566,554	52
53	Anesthesiology	702,924	1,996	1,768	89,886	796,574	191,768	53
54	Radiology-Diagnostic	8,798,373	227,312	201,298	564,273	9,791,256	2,357,157	54
56	Radioisotope	674,821	21,657	19,178	51,853	767,509	184,771	56
56.01	ULTRA SOUND	991,370			175,606	1,166,976	280,939	56.01
56.02	MAMMOGRAPHY	793,975	50,044	44,317	127,899	1,016,235	244,649	56.02
57	CT Scan	930,480	20,515	18,167	134,824	1,103,986	265,775	57
58	MRI	611,306			78,844	690,150	166,147	58
59	Cardiac Catheterization	1,140,628	41,816	37,031	183,894	1,403,369	337,848	59
59.01	GASTRO INTESTINAL	2,570,171	77,312	68,464	312,942	3,028,889	729,178	59.01
60	Laboratory	5,904,572	205,378	181,874		6,291,824	1,514,700	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	798,865	11,876	10,517		821,258	197,710	63
65	Respiratory Therapy	1,332,402	23,464	20,779	215,567	1,592,212	383,311	65
66	Physical Therapy	2,495,901	89,333	79,109	429,299	3,093,642	744,766	66
66.01	TCU REHAB	878,610	26,835	23,764	155,936	1,085,145	261,239	66.01
68	Speech Pathology	138,534	14,593	12,923	23,306	189,356	45,586	68
69	Electrocardiology	800,277			124,626	924,903	222,662	69
69.01	CARDIAC HEHAB	211,926	81,349	72,039	35,849	401,163	96,576	69.01
71	Medical Supplies Charged to Patients	10,373,748				10,373,748	2,497,386	71
72	Impl. Dev. Charged to Patients	10,439,859				10,439,859	2,513,302	72
73	Drugs Charged to Patients	4,274,948				4,274,948	1,029,155	73
74	Renal Dialysis	815,773	3,271	2,897		821,941	197,875	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	5,800,241	144,933	128,346	948,648	7,022,168	1,690,524	91
91.01	FAMILY PRACTICES	5,291,881	143,092	126,716	724,889	6,286,578	1,513,437	91.01
91.02	PSYCH DAY HOSPITAL	321,602	58,417	51,731	55,896	487,646	117,396	91.02
91.03	WOUND CARE	225,829			38,933	264,762	63,739	91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	8,813,701	68,463	60,628	1,146,340	10,089,132	2,428,868	101
	SPECIAL PURPOSE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
118	SUBTOTALS (sum of lines 1-117)	229,205,632	7,778,798	6,888,567	18,031,516	228,499,911	44,173,605	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		10,867			10,867	2,616	190
191	Research	60,831			11,835	72,666	17,494	191
192	Physicians' Private Offices		184,686			184,686	44,461	192
194	MARKETING	771,670	15,913	14,092	87,550	889,225	214,073	194
194.0 1	MACNEAL SCHOOL	1,544,787			246,561	1,791,348	431,251	194.0 1
194.0 2	COMMUNITY RELATIONS	389,564			51,094	440,658	106,084	194.0 2
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS							194.0 5
194.0 6	VACANT SPACE		83,123			83,123	20,011	194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	231,972,484	8,073,387	6,902,659	18,428,556	231,972,484	45,009,595	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6	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	18,926,994						6
7	Operation of Plant							7
8	Laundry & Linen Service	24,181	1,357,586					8
9	Housekeeping	316,090		4,609,056				9
10	Dietary	917,689		227,564	5,661,674			10
11	Cafeteria	346,776		85,992	1,856,326	2,460,599		11
12	Maintenance of Personnel							12
13	Nursing Administration	70,918		17,586		36,170	2,608,964	13
14	Central Services & Supply	197,648	23,578	49,012		24,649		14
15	Pharmacy	244,437		60,614		64,079	8,770	15
16	Medical Records & Library	254,666		63,151		68,617	5,419	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					214,794		21
22	I&R Services-Other Prgm Costs Apprvd	296,367	1,105	73,492		59,673		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,504,255	430,355	1,116,947	1,721,336	652,971	1,107,909	30
31	Intensive Care Unit	397,079	59,347	98,466	180,616	93,266	279,004	31
40	Subprovider - IPF	640,835	51,818	158,911	269,396	72,912	106,433	40
41	Subprovider - IRF	349,241	45,973	86,603	118,547	30,773	19,653	41
43	Nursery	178,922	18,627	44,368		27,777	91,122	43
44	Skilled Nursing Facility	559,950	53,571	138,854	240,228	63,925	109,108	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,498,096	116,656	371,491		153,887	101,982	50
51	Recovery Room	139,109	27,293	34,496		18,812	59,351	51
52	Delivery Room & Labor Room	392,673	53,618	97,373		50,532	137,138	52
53	Anesthesiology	9,442	6,454	2,341		16,301	28,791	53
54	Radiology-Diagnostic	1,075,261	84,803	266,639		106,130	28,948	54
56	Radioisotope	102,443		25,403		6,829		56
56.01	ULTRA SOUND					23,900		56.01
56.02	MAMMOGRAPHY	236,726	20,232	58,702		20,067	6,862	56.02
57	CT Scan	97,041		24,064		21,984	6,856	57
58	MRI					13,811		58
59	Cardiac Catheterization	197,805	14,360	49,051		23,548	31,491	59
59.01	GASTRO INTESTINAL	365,712	61,161	90,688		59,409	93,611	59.01
60	Laboratory	971,507		240,910				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	56,179		13,931				63
65	Respiratory Therapy	110,993		27,524		40,906		65
66	Physical Therapy	422,572	26,373	104,788		99,984		66
66.01	TCU REHAB	126,939		31,478				66.01
68	Speech Pathology	69,030		17,118		2,886		68
69	Electrocardiology		66,695			20,244	13,759	69
69.01	CARDIAC HEHAB	384,805	813	95,422		7,930	4,137	69.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	15,474		3,837				74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	685,578	154,033	170,007		174,967	339,264	91
91.01	FAMILY PRACTICES	676,871	2,512	167,848			6,802	91.01
91.02	PSYCH DAY HOSPITAL	276,329		68,523		10,970	7,252	91.02
91.03	WOUND CARE					6,278	5,856	91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	323,853		80,308		99,940	9,446	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	17,533,492	1,319,377	4,263,502	4,386,449	2,388,921	2,608,964	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN- TENANCE & REPAIRS 6	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	
190	Gift, Flower, Coffee Shop & Canteen	51,405		12,747				190
191	Research					1,652		191
192	Physicians' Private Offices	873,627	37,981	216,638				192
194	MARKETING	75,272		18,666		8,899		194
194.0 1	MACNEAL SCHOOL		228		38,685	53,109		194.0 1
194.0 2	COMMUNITY RELATIONS					8,018		194.0 2
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS				1,236,540			194.0 5
194.0 6	VACANT SPACE	393,198		97,503				194.0 6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	18,926,994	1,357,586	4,609,056	5,661,674	2,460,599	2,608,964	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	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	2,383,136						14
15	Pharmacy		8,816,683					15
16	Medical Records & Library			3,719,684				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				8,377,267			21
22	I&R Services-Other Prgm Costs Apprvd					8,618,854		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			267,729	4,662,788	4,797,255	49,650,794	30
31	Intensive Care Unit			60,589			6,617,850	31
40	Subprovider - IPF			31,196	38,575	39,688	5,284,450	40
41	Subprovider - IRF			22,622			2,918,822	41
43	Nursery			18,642			2,100,651	43
44	Skilled Nursing Facility			9,531			4,234,447	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			378,032	355,214	365,458	13,671,721	50
51	Recovery Room			71,492			1,591,510	51
52	Delivery Room & Labor Room			47,275			3,698,540	52
53	Anesthesiology			137,271			1,188,942	53
54	Radiology-Diagnostic			145,042			13,855,236	54
56	Radioisotope			39,794			1,126,749	56
56.01	ULTRA SOUND			83,243			1,555,058	56.01
56.02	MAMMOGRAPHY			69,291			1,672,764	56.02
57	CT Scan			312,777			1,832,483	57
58	MRI			100,191			970,299	58
59	Cardiac Catheterization			147,574			2,205,046	59
59.01	GASTRO INTESTINAL			116,255			4,544,903	59.01
60	Laboratory			238,145			9,257,086	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			9,293			1,098,371	63
65	Respiratory Therapy			28,203			2,183,149	65
66	Physical Therapy			68,752			4,560,877	66
66.01	TCU REHAB			2,999			1,507,800	66.01
68	Speech Pathology			2,351			326,327	68
69	Electrocardiology			90,610			1,338,873	69
69.01	CARDIAC HEHAB			7,675			998,521	69.01
71	Medical Supplies Charged to Patients	1,187,784		204,998			14,263,916	71
72	Impl. Dev. Charged to Patients	1,195,352		128,576			14,277,089	72
73	Drugs Charged to Patients		8,816,683	468,156			14,588,942	73
74	Renal Dialysis			4,007			1,043,134	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency			292,949	241,096	248,048	11,018,634	91
91.01	FAMILY PRACTICES			50,320	3,079,594	3,168,405	14,952,367	91.01
91.02	PSYCH DAY HOSPITAL			14,751			982,867	91.02
91.03	WOUND CARE			5,322			345,957	91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency			44,031			13,075,578	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,383,136	8,816,683	3,719,684	8,377,267	8,618,854	224,539,753	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
190	Gift, Flower, Coffee Shop & Canteen						77,635	190
191	Research						91,812	191
192	Physicians' Private Offices						1,357,393	192
194	MARKETING						1,206,135	194
194.0	MACNEAL SCHOOL						2,314,621	194.0
1								1
194.0	COMMUNITY RELATIONS						554,760	194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS						1,236,540	194.0
5								5
194.0	VACANT SPACE						593,835	194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,383,136	8,816,683	3,719,684	8,377,267	8,618,854	231,972,484	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		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
17	Social Service				17
19	Nonphysician Anesthetists				19
20	Nursing School				20
21	I&R Services-Salary & Fringes Apprvd				21
22	I&R Services-Other Prgm Costs Apprvd				22
23	Paramed Ed Prgm-(specify)				23
	INPATIENT ROUTINE SERV COST CENTERS				
30	Adults & Pediatrics	-9,460,043	40,190,751		30
31	Intensive Care Unit		6,617,850		31
40	Subprovider - IPF	-78,263	5,206,187		40
41	Subprovider - IRF		2,918,822		41
43	Nursery		2,100,651		43
44	Skilled Nursing Facility		4,234,447		44
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	-720,672	12,951,049		50
51	Recovery Room		1,591,510		51
52	Delivery Room & Labor Room		3,698,540		52
53	Anesthesiology		1,188,942		53
54	Radiology-Diagnostic		13,855,236		54
56	Radioisotope		1,126,749		56
56.01	ULTRA SOUND		1,555,058		56.01
56.02	MAMMOGRAPHY		1,672,764		56.02
57	CT Scan		1,832,483		57
58	MRI		970,299		58
59	Cardiac Catheterization		2,205,046		59
59.01	GASTRO INTESTINAL		4,544,903		59.01
60	Laboratory		9,257,086		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.		1,098,371		63
65	Respiratory Therapy		2,183,149		65
66	Physical Therapy		4,560,877		66
66.01	TCU REHAB		1,507,800		66.01
68	Speech Pathology		326,327		68
69	Electrocardiology		1,338,873		69
69.01	CARDIAC HEHAB		998,521		69.01
71	Medical Supplies Charged to Patients		14,263,916		71
72	Impl. Dev. Charged to Patients		14,277,089		72
73	Drugs Charged to Patients		14,588,942		73
74	Renal Dialysis		1,043,134		74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	-489,144	10,529,490		91
91.01	FAMILY PRACTICES	-6,247,999	8,704,368		91.01
91.02	PSYCH DAY HOSPITAL		982,867		91.02
91.03	WOUND CARE		345,957		91.03
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
101	Home Health Agency		13,075,578		101
	SPECIAL PURPOSE COST CENTERS				
118	SUBTOTALS (sum of lines 1-117)	-16,996,121	207,543,632		118
	NONREIMBURSABLE COST CENTERS				

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
190	Gift, Flower, Coffee Shop & Canteen		77,635				190
191	Research		91,812				191
192	Physicians' Private Offices		1,357,393				192
194	MARKETING		1,206,135				194
194.0	MACNEAL SCHOOL		2,314,621				194.0
1							1
194.0	COMMUNITY RELATIONS		554,760				194.0
2							2
194.0	RETAIL PHARMACY						194.0
3							3
194.0	HOME DELIVERED MEALS						194.0
4							4
194.0	CATERED MEALS		1,236,540				194.0
5							5
194.0	VACANT SPACE		593,835				194.0
6							6
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-16,996,121	214,976,363				202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2	2A	5	6	
	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		821,314	727,320	1,548,634	1,548,634		5
6	Maintenance & Repairs		3,250,870	2,878,830	6,129,700	126,354	6,256,054	6
7	Operation of Plant							7
8	Laundry & Linen Service		5,112	4,527	9,639	8,902	7,993	8
9	Housekeeping		66,822	59,175	125,997	28,659	104,479	9
10	Dietary		194,001	171,799	365,800	30,151	303,329	10
11	Cafeteria		73,309	64,919	138,228	1,145	114,622	11
12	Maintenance of Personnel							12
13	Nursing Administration		14,992	13,276	28,268	16,585	23,441	13
14	Central Services & Supply		41,783	37,001	78,784	13,941	65,330	14
15	Pharmacy		51,675	45,761	97,436	56,336	80,795	15
16	Medical Records & Library		53,837	47,676	101,513	22,216	84,176	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					54,491		21
22	I&R Services-Other Prgm Costs Apprvd		62,653	55,482	118,135	54,663	97,960	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		952,208	843,234	1,795,442	202,897	1,488,818	30
31	Intensive Care Unit		83,943	74,337	158,280	36,380	131,249	31
40	Subprovider - IPF		135,474	119,970	255,444	25,867	211,819	40
41	Subprovider - IRF		73,830	65,381	139,211	14,990	115,437	41
43	Nursery		37,824	33,496	71,320	11,490	59,140	43
44	Skilled Nursing Facility		118,375	104,827	223,202	20,423	185,084	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		316,700	280,456	597,156	68,968	495,175	50
51	Recovery Room		29,408	26,042	55,450	8,284	45,981	51
52	Delivery Room & Labor Room		83,012	73,512	156,524	19,493	129,793	52
53	Anesthesiology		1,996	1,768	3,764	6,598	3,121	53
54	Radiology-Diagnostic		227,312	201,298	428,610	81,101	355,413	54
56	Radioisotope		21,657	19,178	40,835	6,357	33,861	56
56.01	ULTRA SOUND					9,666		56.01
56.02	MAMMOGRAPHY		50,044	44,317	94,361	8,417	78,247	56.02
57	CT Scan		20,515	18,167	38,682	9,144	32,075	57
58	MRI					5,717		58
59	Cardiac Catheterization		41,816	37,031	78,847	11,624	65,382	59
59.01	GASTRO INTESTINAL		77,312	68,464	145,776	25,088	120,881	59.01
60	Laboratory		205,378	181,874	387,252	52,115	321,118	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		11,876	10,517	22,393	6,802	18,569	63
65	Respiratory Therapy		23,464	20,779	44,243	13,188	36,687	65
66	Physical Therapy		89,333	79,109	168,442	25,625	139,675	66
66.01	TCU REHAB		26,835	23,764	50,599	8,988	41,958	66.01
68	Speech Pathology		14,593	12,923	27,516	1,568	22,817	68
69	Electrocardiology					7,661		69
69.01	CARDIAC HEHAB		81,349	72,039	153,388	3,323	127,192	69.01
71	Medical Supplies Charged to Patients					85,926		71
72	Impl. Dev. Charged to Patients					86,473		72
73	Drugs Charged to Patients					35,409		73
74	Renal Dialysis		3,271	2,897	6,168	6,808	5,115	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		144,933	128,346	273,279	58,165	226,608	91
91.01	FAMILY PRACTICES		143,092	126,716	269,808	52,072	223,730	91.01
91.02	PSYCH DAY HOSPITAL		58,417	51,731	110,148	4,039	91,337	91.02
91.03	WOUND CARE					2,193		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		68,463	60,628	129,091	83,568	107,045	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		7,778,798	6,888,567	14,667,365	1,519,870	5,795,452	118
	NONREIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2	2A	5	6	
190	Gift, Flower, Coffee Shop & Canteen		10,867		10,867	90	16,991	190
191	Research					602		191
192	Physicians' Private Offices		184,686		184,686	1,530	288,765	192
194	MARKETING		15,913	14,092	30,005	7,365	24,880	194
194.0	MACNEAL SCHOOL					14,838		194.0
1								1
194.0	COMMUNITY RELATIONS					3,650		194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS							194.0
5								5
194.0	VACANT SPACE		83,123		83,123	689	129,966	194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		8,073,387	6,902,659	14,976,046	1,548,634	6,256,054	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	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	26,534						8
9	Housekeeping		259,135					9
10	Dietary		12,794	712,074				10
11	Cafeteria		4,835	233,472	492,302			11
12	Maintenance of Personnel							12
13	Nursing Administration		989		7,237	76,520		13
14	Central Services & Supply	461	2,756		4,932		166,204	14
15	Pharmacy		3,408		12,821	257		15
16	Medical Records & Library		3,551		13,728	159		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				42,975			21
22	I&R Services-Other Prgm Costs Apprvd	22	4,132		11,939			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	8,412	62,798	216,494	130,643	32,493		30
31	Intensive Care Unit	1,160	5,536	22,716	18,660	8,183		31
40	Subprovider - IPF	1,013	8,934	33,882	14,588	3,122		40
41	Subprovider - IRF	899	4,869	14,910	6,157	576		41
43	Nursery	364	2,495		5,557	2,673		43
44	Skilled Nursing Facility	1,047	7,807	30,214	12,790	3,200		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,280	20,886		30,789	2,991		50
51	Recovery Room	533	1,939		3,764	1,741		51
52	Delivery Room & Labor Room	1,048	5,475		10,110	4,022		52
53	Anesthesiology	126	132		3,261	844		53
54	Radiology-Diagnostic	1,657	14,991		21,234	849		54
56	Radioisotope		1,428		1,366			56
56.01	ULTRA SOUND				4,782			56.01
56.02	MAMMOGRAPHY	395	3,300		4,015	201		56.02
57	CT Scan		1,353		4,398	201		57
58	MRI				2,763			58
59	Cardiac Catheterization	281	2,758		4,711	924		59
59.01	GASTRO INTESTINAL	1,195	5,099		11,886	2,746		59.01
60	Laboratory		13,545					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		783					63
65	Respiratory Therapy		1,547		8,184			65
66	Physical Therapy	515	5,891		20,004			66
66.01	TCU REHAB		1,770					66.01
68	Speech Pathology		962		577			68
69	Electrocardiology	1,304			4,050	404		69
69.01	CARDIAC HEHAB	16	5,365		1,587	121		69.01
71	Medical Supplies Charged to Patients						82,834	71
72	Impl. Dev. Charged to Patients						83,370	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		216					74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	3,011	9,558		35,006	9,951		91
91.01	FAMILY PRACTICES	49	9,437			200		91.01
91.02	PSYCH DAY HOSPITAL		3,853		2,195	213		91.02
91.03	WOUND CARE				1,256	172		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		4,515		19,995	277		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	25,788	239,707	551,688	477,960	76,520	166,204	118
	NONREIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
190	Gift, Flower, Coffee Shop & Canteen		717					190
191	Research				331			191
192	Physicians' Private Offices	742	12,180					192
194	MARKETING		1,049		1,781			194
194.0	MACNEAL SCHOOL	4		4,865	10,626			194.0
1								1
194.0	COMMUNITY RELATIONS				1,604			194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS			155,521				194.0
5								5
194.0	VACANT SPACE		5,482					194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	26,534	259,135	712,074	492,302	76,520	166,204	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	21	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	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	251,053						15
16	Medical Records & Library		225,343					16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			97,466				21
22	I&R Services-Other Prgm Costs Apprvd				286,851			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		16,210			3,954,207		30
31	Intensive Care Unit		3,668			385,832		31
40	Subprovider - IPF		1,889			556,558		40
41	Subprovider - IRF		1,370			298,419		41
43	Nursery		1,129			154,168		43
44	Skilled Nursing Facility		577			484,344		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		22,888			1,241,133		50
51	Recovery Room		4,329			122,021		51
52	Delivery Room & Labor Room		2,862			329,327		52
53	Anesthesiology		8,311			26,157		53
54	Radiology-Diagnostic		8,782			912,637		54
56	Radioisotope		2,409			86,256		56
56.01	ULTRA SOUND		5,040			19,488		56.01
56.02	MAMMOGRAPHY		4,195			193,131		56.02
57	CT Scan		18,937			104,790		57
58	MRI		6,066			14,546		58
59	Cardiac Catheterization		8,935			173,462		59
59.01	GASTRO INTESTINAL		7,039			319,710		59.01
60	Laboratory		14,419			788,449		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		563			49,110		63
65	Respiratory Therapy		1,708			105,557		65
66	Physical Therapy		4,163			364,315		66
66.01	TCU REHAB		182			103,497		66.01
68	Speech Pathology		142			53,582		68
69	Electrocardiology		5,486			18,905		69
69.01	CARDIAC HEHAB		465			291,457		69.01
71	Medical Supplies Charged to Patients		12,412			181,172		71
72	Impl. Dev. Charged to Patients		7,785			177,628		72
73	Drugs Charged to Patients	251,053	28,474			314,936		73
74	Renal Dialysis		243			18,550		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		17,737			633,315		91
91.01	FAMILY PRACTICES		3,047			558,343		91.01
91.02	PSYCH DAY HOSPITAL		893			212,678		91.02
91.03	WOUND CARE		322			3,943		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		2,666			347,157		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	251,053	225,343			13,598,780		118
	NONREIMBURSABLE COST CENTERS							

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	21	22	24	25	
190	Gift, Flower, Coffee Shop & Canteen					28,665		190
191	Research					933		191
192	Physicians' Private Offices					487,903		192
194	MARKETING					65,080		194
194.0	MACNEAL SCHOOL					30,333		194.0
1								1
194.0	COMMUNITY RELATIONS					5,254		194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS					155,521		194.0
5								5
194.0	VACANT SPACE					219,260		194.0
6								6
200	Cross Foot Adjustments			97,466	286,851	384,317		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	251,053	225,343	97,466	286,851	14,976,046		202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	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
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	3,954,207					30
31	Intensive Care Unit	385,832					31
40	Subprovider - IPF	556,558					40
41	Subprovider - IRF	298,419					41
43	Nursery	154,168					43
44	Skilled Nursing Facility	484,344					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,241,133					50
51	Recovery Room	122,021					51
52	Delivery Room & Labor Room	329,327					52
53	Anesthesiology	26,157					53
54	Radiology-Diagnostic	912,637					54
56	Radioisotope	86,256					56
56.01	ULTRA SOUND	19,488					56.01
56.02	MAMMOGRAPHY	193,131					56.02
57	CT Scan	104,790					57
58	MRI	14,546					58
59	Cardiac Catheterization	173,462					59
59.01	GASTRO INTESTINAL	319,710					59.01
60	Laboratory	788,449					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	49,110					63
65	Respiratory Therapy	105,557					65
66	Physical Therapy	364,315					66
66.01	TCU REHAB	103,497					66.01
68	Speech Pathology	53,582					68
69	Electrocardiology	18,905					69
69.01	CARDIAC HEHAB	291,457					69.01
71	Medical Supplies Charged to Patients	181,172					71
72	Impl. Dev. Charged to Patients	177,628					72
73	Drugs Charged to Patients	314,936					73
74	Renal Dialysis	18,550					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	633,315					91
91.01	FAMILY PRACTICES	558,343					91.01
91.02	PSYCH DAY HOSPITAL	212,678					91.02
91.03	WOUND CARE	3,943					91.03
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	347,157					101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	13,598,780					118
	NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
190	Gift, Flower, Coffee Shop & Canteen	28,665					190
191	Research	933					191
192	Physicians' Private Offices	487,903					192
194	MARKETING	65,080					194
194.0	MACNEAL SCHOOL	30,333					194.0
1							1
194.0	COMMUNITY RELATIONS	5,254					194.0
2							2
194.0	RETAIL PHARMACY						194.0
3							3
194.0	HOME DELIVERED MEALS						194.0
4							4
194.0	CATERED MEALS	155,521					194.0
5							5
194.0	VACANT SPACE	219,260					194.0
6							6
200	Cross Foot Adjustments	384,317					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	14,976,046					202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT 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	728,057						1
2	Cap Rel Costs-Mvble Equip		702,926					2
4	Employee Benefits Department			102,031,235				4
5	Administrative & General	74,066	74,066	11,909,611	-45,009,595	186,962,889		5
6	Maintenance & Repairs	293,163	293,163	1,581,093		15,254,589	360,828	6
7	Operation of Plant							7
8	Laundry & Linen Service	461	461	487,249		1,074,684	461	8
9	Housekeeping	6,026	6,026	2,075,800		3,460,002	6,026	9
10	Dietary	17,495	17,495	2,292,932		3,640,100	17,495	10
11	Cafeteria	6,611	6,611			138,228	6,611	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,352	1,352	1,532,329		2,002,263	1,352	13
14	Central Services & Supply	3,768	3,768	359,260		1,683,066	3,768	14
15	Pharmacy	4,660	4,660	2,490,711		6,801,406	4,660	15
16	Medical Records & Library	4,855	4,855	1,713,551		2,682,132	4,855	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			5,572,263		6,578,708		21
22	I&R Services-Other Prgm Costs Apprvd	5,650	5,650	3,331,417		6,599,457	5,650	22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	85,870	85,870	18,850,991		24,492,850	85,870	30
31	Intensive Care Unit	7,570	7,570	3,440,479		4,392,120	7,570	31
40	Subprovider - IPF	12,217	12,217	2,357,322		3,122,881	12,217	40
41	Subprovider - IRF	6,658	6,658	1,334,302		1,809,733	6,658	41
43	Nursery	3,411	3,411	1,091,918		1,387,230	3,411	43
44	Skilled Nursing Facility	10,675	10,675	1,815,870		2,465,688	10,675	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	28,560	28,560	4,092,692		8,326,399	28,560	50
51	Recovery Room	2,652	2,652	666,320		1,000,174	2,652	51
52	Delivery Room & Labor Room	7,486	7,486	1,725,135		2,353,377	7,486	52
53	Anesthesiology	180	180	497,660		796,574	180	53
54	Radiology-Diagnostic	20,499	20,499	3,124,141		9,791,256	20,499	54
56	Radioisotope	1,953	1,953	287,088		767,509	1,953	56
56.01	ULTRA SOUND			972,258		1,166,976		56.01
56.02	MAMMOGRAPHY	4,513	4,513	708,120		1,016,235	4,513	56.02
57	CT Scan	1,850	1,850	746,466		1,103,986	1,850	57
58	MRI			436,526		690,150		58
59	Cardiac Catheterization	3,771	3,771	1,018,142		1,403,369	3,771	59
59.01	GASTRO INTESTINAL	6,972	6,972	1,732,629		3,028,889	6,972	59.01
60	Laboratory	18,521	18,521			6,291,824	18,521	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,071	1,071			821,258	1,071	63
65	Respiratory Therapy	2,116	2,116	1,193,503		1,592,212	2,116	65
66	Physical Therapy	8,056	8,056	2,376,845		3,093,642	8,056	66
66.01	TCU REHAB	2,420	2,420	863,352		1,085,145	2,420	66.01
68	Speech Pathology	1,316	1,316	129,038		189,356	1,316	68
69	Electrocardiology			690,004		924,903		69
69.01	CARDIAC HEHAB	7,336	7,336	198,480		401,163	7,336	69.01
71	Medical Supplies Charged to Patients					10,373,748		71
72	Impl. Dev. Charged to Patients					10,439,859		72
73	Drugs Charged to Patients					4,274,948		73
74	Renal Dialysis	295	295			821,941	295	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	13,070	13,070	5,252,263		7,022,168	13,070	91
91.01	FAMILY PRACTICES	12,904	12,904	4,013,404		6,286,578	12,904	91.01
91.02	PSYCH DAY HOSPITAL	5,268	5,268	309,473		487,646	5,268	91.02
91.03	WOUND CARE			215,553		264,762		91.03
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	6,174	6,174	6,346,802		10,089,132	6,174	101
SPECIAL PURPOSE COST CENTERS								

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
118	SUBTOTALS (sum of lines 1-117)	701,491	701,491	99,832,992	-45,009,595	183,490,316	334,262	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	980				10,867	980	190
191	Research			65,525		72,666		191
192	Physicians' Private Offices	16,655				184,686	16,655	192
194	MARKETING	1,435	1,435	484,727		889,225	1,435	194
194.0 1	MACNEAL SCHOOL			1,365,103		1,791,348		194.0 1
194.0 2	COMMUNITY RELATIONS			282,888		440,658		194.0 2
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS							194.0 5
194.0 6	VACANT SPACE	7,496				83,123	7,496	194.0 6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,073,387	6,902,659	18,428,556		45,009,595	18,926,994	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.088949	9.819894	0.180617		0.240741	52.454338	203
204	Cost to be allocated (Per Wkst. B, Part II)					1,548,634	6,256,054	204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.008283	17.338050	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	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	1,886,258						8
9	Housekeeping		354,341					9
10	Dietary		17,495	670,437				10
11	Cafeteria		6,611	219,820	111,704			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,352		1,642	829,974		13
14	Central Services & Supply	32,760	3,768		1,119		20,813,607	14
15	Pharmacy		4,660		2,909	2,790		15
16	Medical Records & Library		4,855		3,115	1,724		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				9,751			21
22	I&R Services-Other Prgm Costs Apprvd	1,536	5,650		2,709			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	597,940	85,870	203,835	29,643	352,452		30
31	Intensive Care Unit	82,458	7,570	21,388	4,234	88,758		31
40	Subprovider - IPF	71,997	12,217	31,901	3,310	33,859		40
41	Subprovider - IRF	63,876	6,658	14,038	1,397	6,252		41
43	Nursery	25,881	3,411		1,261	28,988		43
44	Skilled Nursing Facility	74,433	10,675	28,447	2,902	34,710		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	162,085	28,560		6,986	32,443		50
51	Recovery Room	37,922	2,652		854	18,881		51
52	Delivery Room & Labor Room	74,498	7,486		2,294	43,627		52
53	Anesthesiology	8,968	180		740	9,159		53
54	Radiology-Diagnostic	117,827	20,499		4,818	9,209		54
56	Radioisotope		1,953		310			56
56.01	ULTRA SOUND				1,085			56.01
56.02	MAMMOGRAPHY	28,111	4,513		911	2,183		56.02
57	CT Scan		1,850		998	2,181		57
58	MRI				627			58
59	Cardiac Catheterization	19,952	3,771		1,069	10,018		59
59.01	GASTRO INTESTINAL	84,978	6,972		2,697	29,780		59.01
60	Laboratory		18,521					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		1,071					63
65	Respiratory Therapy		2,116		1,857			65
66	Physical Therapy	36,643	8,056		4,539			66
66.01	TCU REHAB		2,420					66.01
68	Speech Pathology		1,316		131			68
69	Electrocardiology	92,667			919	4,377		69
69.01	CARDIAC HEHAB	1,130	7,336		360	1,316		69.01
71	Medical Supplies Charged to Patients						10,373,748	71
72	Impl. Dev. Charged to Patients						10,439,859	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		295					74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	214,017	13,070		7,943	107,928		91
91.01	FAMILY PRACTICES	3,490	12,904			2,164		91.01
91.02	PSYCH DAY HOSPITAL		5,268		498	2,307		91.02
91.03	WOUND CARE				285	1,863		91.03
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		6,174		4,537	3,005		101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,833,169	327,775	519,429	108,450	829,974	20,813,607	118

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		980					190
191	Research				75			191
192	Physicians' Private Offices	52,772	16,655					192
194	MARKETING		1,435		404			194
194.0 1	MACNEAL SCHOOL	317		4,581	2,411			194.0 1
194.0 2	COMMUNITY RELATIONS				364			194.0 2
194.0 3	RETAIL PHARMACY							194.0 3
194.0 4	HOME DELIVERED MEALS							194.0 4
194.0 5	CATERED MEALS			146,427				194.0 5
194.0 6	VACANT SPACE		7,496					194.0 6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,357,586	4,609,056	5,661,674	2,460,599	2,608,964	2,383,136	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.719724	13.007402	8.444752	22.027850	3.143429	0.114499	203
204	Cost to be allocated (Per Wkst. B, Part II)	26,534	259,135	712,074	492,302	76,520	166,204	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.014067	0.731315	1.062104	4.407201	0.092196	0.007985	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
	15	16	21	22			

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	4,274,948					15
16	Medical Records & Library		1,224,080,886				16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			10,424			21
22	I&R Services-Other Prgm Costs Apprvd				10,424		22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		88,097,738	5,802	5,802		30
31	Intensive Care Unit		19,937,154				31
40	Subprovider - IPF		10,265,190	48	48		40
41	Subprovider - IRF		7,443,793				41
43	Nursery		6,134,279				43
44	Skilled Nursing Facility		3,136,209				44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		124,393,577	442	442		50
51	Recovery Room		23,524,974				51
52	Delivery Room & Labor Room		15,556,124				52
53	Anesthesiology		45,169,818				53
54	Radiology-Diagnostic		47,727,003				54
56	Radioisotope		13,094,587				56
56.01	ULTRA SOUND		27,391,608				56.01
56.02	MAMMOGRAPHY		22,800,613				56.02
57	CT Scan		102,921,151				57
58	MRI		32,968,482				58
59	Cardiac Catheterization		48,560,112				59
59.01	GASTRO INTESTINAL		38,254,491				59.01
60	Laboratory		78,363,063				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,057,921				63
65	Respiratory Therapy		9,280,311				65
66	Physical Therapy		22,623,329				66
66.01	TCU REHAB		986,970				66.01
68	Speech Pathology		773,594				68
69	Electrocardiology		29,815,618				69
69.01	CARDIAC HEHAB		2,525,424				69.01
71	Medical Supplies Charged to Patients		67,455,606				71
72	Impl. Dev. Charged to Patients		42,308,553				72
73	Drugs Charged to Patients	4,274,948	154,146,589				73
74	Renal Dialysis		1,318,650				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	Emergency		96,396,507	300	300		91
91.01	FAMILY PRACTICES		16,558,097	3,832	3,832		91.01
91.02	PSYCH DAY HOSPITAL		4,853,969				91.02
91.03	WOUND CARE		1,751,135				91.03
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		14,488,647				101

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME		
		15	16	21	22		
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	4,274,948	1,224,080,886	10,424	10,424		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191	Research						191
192	Physicians' Private Offices						192
194	MARKETING						194
194.0 1	MACNEAL SCHOOL						194.0 1
194.0 2	COMMUNITY RELATIONS						194.0 2
194.0 3	RETAIL PHARMACY						194.0 3
194.0 4	HOME DELIVERED MEALS						194.0 4
194.0 5	CATERED MEALS						194.0 5
194.0 6	VACANT SPACE						194.0 6
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	8,816,683	3,719,684	8,377,267	8,618,854		202
203	Unit Cost Multiplier (Wkst. B, Part I)	2.062407	0.003039	803.651861	826.827897		203
204	Cost to be allocated (Per Wkst. B, Part II)	251,053	225,343	97,466	286,851		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.058727	0.000184	9.350153	27.518323		205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

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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	40,190,751		40,190,751	1,574	40,192,325	30
31	Intensive Care Unit	6,617,850		6,617,850	30,280	6,648,130	31
40	Subprovider - IPF	5,206,187		5,206,187	5,357	5,211,544	40
41	Subprovider - IRF	2,918,822		2,918,822	23,482	2,942,304	41
43	Nursery	2,100,651		2,100,651		2,100,651	43
44	Skilled Nursing Facility	4,234,447		4,234,447		4,234,447	44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,951,049		12,951,049		12,951,049	50
51	Recovery Room	1,591,510		1,591,510		1,591,510	51
52	Delivery Room & Labor Room	3,698,540		3,698,540		3,698,540	52
53	Anesthesiology	1,188,942		1,188,942		1,188,942	53
54	Radiology-Diagnostic	13,855,236		13,855,236		13,855,236	54
56	Radioisotope	1,126,749		1,126,749		1,126,749	56
56.01	ULTRA SOUND	1,555,058		1,555,058		1,555,058	56.01
56.02	MAMMOGRAPHY	1,672,764		1,672,764		1,672,764	56.02
57	CT Scan	1,832,483		1,832,483		1,832,483	57
58	MRI	970,299		970,299		970,299	58
59	Cardiac Catheterization	2,205,046		2,205,046	26,942	2,231,988	59
59.01	GASTRO INTESTINAL	4,544,903		4,544,903		4,544,903	59.01
60	Laboratory	9,257,086		9,257,086		9,257,086	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	1,098,371		1,098,371		1,098,371	63
65	Respiratory Therapy	2,183,149		2,183,149		2,183,149	65
66	Physical Therapy	4,560,877		4,560,877		4,560,877	66
66.01	TCU REHAB	1,507,800		1,507,800		1,507,800	66.01
68	Speech Pathology	326,327		326,327		326,327	68
69	Electrocardiology	1,338,873		1,338,873		1,338,873	69
69.01	CARDIAC HEHAB	998,521		998,521		998,521	69.01
71	Medical Supplies Charged to Patients	14,263,916		14,263,916		14,263,916	71
72	Impl. Dev. Charged to Patients	14,277,089		14,277,089		14,277,089	72
73	Drugs Charged to Patients	14,588,942		14,588,942		14,588,942	73
74	Renal Dialysis	1,043,134		1,043,134		1,043,134	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	Emergency	10,529,490		10,529,490		10,529,490	91
91.01	FAMILY PRACTICES	8,704,368		8,704,368		8,704,368	91.01
91.02	PSYCH DAY HOSPITAL	982,867		982,867	1,263	984,130	91.02
91.03	WOUND CARE	345,957		345,957		345,957	91.03
92	Observation Beds (Non-Distinct Part)	3,152,206		3,152,206		3,152,206	92
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	13,075,578		13,075,578		13,075,578	101
200	Subtotal (sum of lines 30 thru 199)	210,695,838		210,695,838	88,898	210,784,736	200
201	Less Observation Beds	3,152,206		3,152,206		3,152,206	201
202	Total (line 200 minus line 201)	207,543,632		207,543,632		207,632,530	202

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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	70,898,401		70,898,401				30
31	Intensive Care Unit	19,937,154		19,937,154				31
40	Subprovider - IPF	10,265,190		10,265,190				40
41	Subprovider - IRF	7,443,793		7,443,793				41
43	Nursery	6,134,279		6,134,279				43
44	Skilled Nursing Facility	3,136,209		3,136,209				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	53,176,220	71,217,357	124,393,577	0.104113	0.104113	0.104113	50
51	Recovery Room	8,256,330	15,268,644	23,524,974	0.067652	0.067652	0.067652	51
52	Delivery Room & Labor Room	15,556,124		15,556,124	0.237755	0.237755	0.237755	52
53	Anesthesiology	16,827,495	28,342,323	45,169,818	0.026322	0.026322	0.026322	53
54	Radiology-Diagnostic	10,460,376	37,266,627	47,727,003	0.290302	0.290302	0.290302	54
56	Radioisotope	2,635,299	10,459,288	13,094,587	0.086047	0.086047	0.086047	56
56.01	ULTRA SOUND	5,133,619	22,257,989	27,391,608	0.056771	0.056771	0.056771	56.01
56.02	MAMMOGRAPHY	5,597	22,795,016	22,800,613	0.073365	0.073365	0.073365	56.02
57	CT Scan	31,713,006	71,208,145	102,921,151	0.017805	0.017805	0.017805	57
58	MRI	4,892,471	28,076,011	32,968,482	0.029431	0.029431	0.029431	58
59	Cardiac Catheterization	21,664,282	26,895,830	48,560,112	0.045409	0.045409	0.045963	59
59.01	GASTRO INTESTINAL	6,821,092	31,433,399	38,254,491	0.118807	0.118807	0.118807	59.01
60	Laboratory	42,729,364	35,633,699	78,363,063	0.118131	0.118131	0.118131	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,237,673	820,248	3,057,921	0.359189	0.359189	0.359189	63
65	Respiratory Therapy	8,228,037	1,052,274	9,280,311	0.235245	0.235245	0.235245	65
66	Physical Therapy	10,593,388	12,029,941	22,623,329	0.201601	0.201601	0.201601	66
66.01	TCU REHAB	986,970		986,970	1.527706	1.527706	1.527706	66.01
68	Speech Pathology	1,843	771,751	773,594	0.421832	0.421832	0.421832	68
69	Electrocardiology	13,204,975	16,610,643	29,815,618	0.044905	0.044905	0.044905	69
69.01	CARDIAC HEHAB	331	2,525,093	2,525,424	0.395387	0.395387	0.395387	69.01
71	Medical Supplies Charged to Patients	29,282,022	38,173,584	67,455,606	0.211456	0.211456	0.211456	71
72	Impl. Dev. Charged to Patients	24,138,476	18,170,077	42,308,553	0.337452	0.337452	0.337452	72
73	Drugs Charged to Patients	59,566,998	94,579,591	154,146,589	0.094643	0.094643	0.094643	73
74	Renal Dialysis	1,167,950	150,700	1,318,650	0.791062	0.791062	0.791062	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	24,805,137	71,591,370	96,396,507	0.109231	0.109231	0.109231	91
91.01	FAMILY PRACTICES		16,558,097	16,558,097	0.525686	0.525686	0.525686	91.01
91.02	PSYCH DAY HOSPITAL	662	4,853,307	4,853,969	0.202487	0.202487	0.202747	91.02
91.03	WOUND CARE		1,751,135	1,751,135	0.197562	0.197562	0.197562	91.03
92	Observation Beds (Non-Distinct Part)	1,026,067	16,173,270	17,199,337	0.183275	0.183275	0.183275	92
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		14,488,647	14,488,647				101
200	Subtotal (sum of lines 30 thru 199)	512,926,830	711,154,056	1,224,080,886				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	512,926,830	711,154,056	1,224,080,886				202

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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)	3,954,207		3,954,207	50,135	78.87	12,216	963,476	30
31	Intensive Care Unit	385,832		385,832	4,848	79.59	1,749	139,203	31
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	556,558		556,558	7,231	76.97	3,205	246,689	40
41	Subprovider - IRF	298,419		298,419	3,182	93.78	1,785	167,397	41
42	Subprovider I								42
43	Nursery	154,168		154,168	3,664	42.08			43
44	Skilled Nursing Facility	484,344		484,344	6,448	75.12	3,702	278,094	44
45	Nursing Facility								45
200	Total (lines 30-199)	5,833,528		5,833,528	75,508		22,657	1,794,859	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0054

**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	1,241,133	124,393,577	0.009977	14,813,703	147,796	50
51	Recovery Room	122,021	23,524,974	0.005187	1,750,545	9,080	51
52	Delivery Room & Labor Room	329,327	15,556,124	0.021170	19,108	405	52
53	Anesthesiology	26,157	45,169,818	0.000579	4,079,697	2,362	53
54	Radiology-Diagnostic	912,637	47,727,003	0.019122	3,477,556	66,498	54
56	Radioisotope	86,256	13,094,587	0.006587	830,070	5,468	56
56.01	ULTRA SOUND	19,488	27,391,608	0.000711	1,626,110	1,156	56.01
56.02	MAMMOGRAPHY	193,131	22,800,613	0.008470	1,282	11	56.02
57	CT Scan	104,790	102,921,151	0.001018	10,803,164	10,998	57
58	MRI	14,546	32,968,482	0.000441	1,425,948	629	58
59	Cardiac Catheterization	173,462	48,560,112	0.003572	6,690,212	23,897	59
59.01	GASTRO INTESTINAL	319,710	38,254,491	0.008357	2,042,572	17,070	59.01
60	Laboratory	788,449	78,363,063	0.010061	13,670,613	137,540	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	49,110	3,057,921	0.016060	504,026	8,095	63
65	Respiratory Therapy	105,557	9,280,311	0.011374	2,633,066	29,948	65
66	Physical Therapy	364,315	22,623,329	0.016104	4,280,920	68,940	66
66.01	TCU REHAB	103,497	986,970	0.104863			66.01
68	Speech Pathology	53,582	773,594	0.069264			68
69	Electrocardiology	18,905	29,815,618	0.000634	4,840,227	3,069	69
69.01	CARDIAC HEHAB	291,457	2,525,424	0.115409			69.01
71	Medical Supplies Charged to Pat	181,172	67,455,606	0.002686	7,347,842	19,736	71
72	Impl. Dev. Charged to Patients	177,628	42,308,553	0.004198	7,352,116	30,864	72
73	Drugs Charged to Patients	314,936	154,146,589	0.002043	16,999,712	34,730	73
74	Renal Dialysis	18,550	1,318,650	0.014067	580,352	8,164	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	633,315	96,396,507	0.006570	7,671,690	50,403	91
91.01	FAMILY PRACTICES	558,343	16,558,097	0.033720			91.01
91.02	PSYCH DAY HOSPITAL	212,678	4,853,969	0.043815			91.02
91.03	WOUND CARE	3,943	1,751,135	0.002252			91.03
92	Observation Beds (Non-Distinct	310,120	17,199,337	0.018031	352,992	6,365	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,728,215	1,091,777,213		113,793,523	683,224	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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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)					30
31	Intensive Care Unit					31
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					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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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)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	50,135		12,216	30
31	Intensive Care Unit	4,848		1,749	31
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	7,231		3,205	40
41	Subprovider - IRF	3,182		1,785	41
42	Subprovider I				42
43	Nursery	3,664			43
44	Skilled Nursing Facility	6,448		3,702	44
45	Nursing Facility				45
200	Total (lines 30-199)	75,508		22,657	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0054

**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	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	124,393,577			14,813,703		14,590,490		50
51	Recovery Room	23,524,974			1,750,545		2,971,938		51
52	Delivery Room & Labor Room	15,556,124			19,108				52
53	Anesthesiology	45,169,818			4,079,697		5,583,625		53
54	Radiology-Diagnostic	47,727,003			3,477,556		3,966,566		54
56	Radioisotope	13,094,587			830,070		2,293,942		56
56.01	ULTRA SOUND	27,391,608			1,626,110		2,173,513		56.01
56.02	MAMMOGRAPHY	22,800,613			1,282				56.02
57	CT Scan	102,921,151			10,803,164		13,702,824		57
58	MRI	32,968,482			1,425,948		4,258,946		58
59	Cardiac Catheterization	48,560,112			6,690,212		4,327,408		59
59.01	GASTRO INTESTINAL	38,254,491			2,042,572		7,044,296		59.01
60	Laboratory	78,363,063			13,670,613		6,037,301		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,057,921			504,026		75,743		63
65	Respiratory Therapy	9,280,311			2,633,066		193,786		65
66	Physical Therapy	22,623,329			4,280,920		177,307		66
66.01	TCU REHAB	986,970							66.01
68	Speech Pathology	773,594					125,908		68
69	Electrocardiology	29,815,618			4,840,227		3,338,784		69
69.01	CARDIAC HEHAB	2,525,424					1,112,751		69.01
71	Medical Supplies Charged to Pat	67,455,606			7,347,842		6,964,608		71
72	Impl. Dev. Charged to Patients	42,308,553			7,352,116		5,925,578		72
73	Drugs Charged to Patients	154,146,589			16,999,712		19,561,476		73
74	Renal Dialysis	1,318,650			580,352		75,986		74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	96,396,507			7,671,690		7,247,962		91
91.01	FAMILY PRACTICES	16,558,097							91.01
91.02	PSYCH DAY HOSPITAL	4,853,969					497,506		91.02
91.03	WOUND CARE	1,751,135							91.03
92	Observation Beds (Non-Distinct	17,199,337			352,992		2,632,300		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,091,777,213			113,793,523		114,880,544		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0054

**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	0.104113	14,590,490			1,519,060		50	
51	Recovery Room	0.067652	2,971,938			201,058		51	
52	Delivery Room & Labor Room	0.237755						52	
53	Anesthesiology	0.026322	5,583,625			146,972		53	
54	Radiology-Diagnostic	0.290302	3,966,566			1,151,502		54	
56	Radioisotope	0.086047	2,293,942			197,387		56	
56.01	ULTRA SOUND	0.056771	2,173,513			123,393		56.01	
56.02	MAMMOGRAPHY	0.073365						56.02	
57	CT Scan	0.017805	13,702,824			243,979		57	
58	MRI	0.029431	4,258,946			125,345		58	
59	Cardiac Catheterization	0.045409	4,327,408			196,503		59	
59.01	GASTRO INTESTINAL	0.118807	7,044,296			836,912		59.01	
60	Laboratory	0.118131	6,037,301			713,192		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.359189	75,743			27,206		63	
65	Respiratory Therapy	0.235245	193,786			45,587		65	
66	Physical Therapy	0.201601	177,307			35,745		66	
66.01	TCU REHAB	1.527706						66.01	
68	Speech Pathology	0.421832	125,908			53,112		68	
69	Electrocardiology	0.044905	3,338,784			149,928		69	
69.01	CARDIAC HEHAB	0.395387	1,112,751			439,967		69.01	
71	Medical Supplies Charged to Pat	0.211456	6,964,608			1,472,708		71	
72	Impl. Dev. Charged to Patients	0.337452	5,925,578			1,999,598		72	
73	Drugs Charged to Patients	0.094643	19,561,476		91,551	1,851,357	8,665	73	
74	Renal Dialysis	0.791062	75,986			60,110		74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
91	Emergency	0.109231	7,247,962			791,702		91	
91.01	FAMILY PRACTICES	0.525686						91.01	
91.02	PSYCH DAY HOSPITAL	0.202487	497,506			100,738		91.02	
91.03	WOUND CARE	0.197562						91.03	
92	Observation Beds (Non-Distinct	0.183275	2,632,300			482,435		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		114,880,544		91,551	12,965,496	8,665	200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		114,880,544		91,551	12,965,496	8,665	202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S054

**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	1,241,133	124,393,577	0.009977			50
51	Recovery Room	122,021	23,524,974	0.005187			51
52	Delivery Room & Labor Room	329,327	15,556,124	0.021170			52
53	Anesthesiology	26,157	45,169,818	0.000579			53
54	Radiology-Diagnostic	912,637	47,727,003	0.019122	23,393	447	54
56	Radioisotope	86,256	13,094,587	0.006587			56
56.01	ULTRA SOUND	19,488	27,391,608	0.000711	8,372	6	56.01
56.02	MAMMOGRAPHY	193,131	22,800,613	0.008470			56.02
57	CT Scan	104,790	102,921,151	0.001018	55,951	57	57
58	MRI	14,546	32,968,482	0.000441			58
59	Cardiac Catheterization	173,462	48,560,112	0.003572			59
59.01	GASTRO INTESTINAL	319,710	38,254,491	0.008357			59.01
60	Laboratory	788,449	78,363,063	0.010061	276,296	2,780	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	49,110	3,057,921	0.016060			63
65	Respiratory Therapy	105,557	9,280,311	0.011374	12,524	142	65
66	Physical Therapy	364,315	22,623,329	0.016104	66,447	1,070	66
66.01	TCU REHAB	103,497	986,970	0.104863			66.01
68	Speech Pathology	53,582	773,594	0.069264			68
69	Electrocardiology	18,905	29,815,618	0.000634	107,054	68	69
69.01	CARDIAC HEHAB	291,457	2,525,424	0.115409			69.01
71	Medical Supplies Charged to Pat	181,172	67,455,606	0.002686	405	1	71
72	Impl. Dev. Charged to Patients	177,628	42,308,553	0.004198			72
73	Drugs Charged to Patients	314,936	154,146,589	0.002043	1,115,110	2,278	73
74	Renal Dialysis	18,550	1,318,650	0.014067	17,609	248	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	633,315	96,396,507	0.006570	2,215	15	91
91.01	FAMILY PRACTICES	558,343	16,558,097	0.033720			91.01
91.02	PSYCH DAY HOSPITAL	212,678	4,853,969	0.043815			91.02
91.03	WOUND CARE	3,943	1,751,135	0.002252			91.03
92	Observation Beds (Non-Distinct		17,199,337				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,418,095	1,091,777,213		1,685,376	7,112	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S054

**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	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	124,393,577						50
51	Recovery Room	23,524,974						51
52	Delivery Room & Labor Room	15,556,124						52
53	Anesthesiology	45,169,818						53
54	Radiology-Diagnostic	47,727,003			23,393		453	54
56	Radioisotope	13,094,587						56
56.01	ULTRA SOUND	27,391,608			8,372			56.01
56.02	MAMMOGRAPHY	22,800,613						56.02
57	CT Scan	102,921,151			55,951		7,135	57
58	MRI	32,968,482						58
59	Cardiac Catheterization	48,560,112						59
59.01	GASTRO INTESTINAL	38,254,491						59.01
60	Laboratory	78,363,063			276,296			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	3,057,921						63
65	Respiratory Therapy	9,280,311			12,524			65
66	Physical Therapy	22,623,329			66,447			66
66.01	TCU REHAB	986,970						66.01
68	Speech Pathology	773,594						68
69	Electrocardiology	29,815,618			107,054		5,467	69
69.01	CARDIAC HEHAB	2,525,424						69.01
71	Medical Supplies Charged to Pat	67,455,606			405		11	71
72	Impl. Dev. Charged to Patients	42,308,553						72
73	Drugs Charged to Patients	154,146,589			1,115,110		610	73
74	Renal Dialysis	1,318,650			17,609			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	96,396,507			2,215			91
91.01	FAMILY PRACTICES	16,558,097						91.01
91.02	PSYCH DAY HOSPITAL	4,853,969						91.02
91.03	WOUND CARE	1,751,135						91.03
92	Observation Beds (Non-Distinct	17,199,337						92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,091,777,213			1,685,376		13,676	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S054

**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	0.104113						50
51	Recovery Room	0.067652						51
52	Delivery Room & Labor Room	0.237755						52
53	Anesthesiology	0.026322						53
54	Radiology-Diagnostic	0.290302	453			132		54
56	Radioisotope	0.086047						56
56.01	ULTRA SOUND	0.056771						56.01
56.02	MAMMOGRAPHY	0.073365						56.02
57	CT Scan	0.017805	7,135			127		57
58	MRI	0.029431						58
59	Cardiac Catheterization	0.045409						59
59.01	GASTRO INTESTINAL	0.118807						59.01
60	Laboratory	0.118131						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.359189						63
65	Respiratory Therapy	0.235245						65
66	Physical Therapy	0.201601						66
66.01	TCU REHAB	1.527706						66.01
68	Speech Pathology	0.421832						68
69	Electrocardiology	0.044905	5,467			245		69
69.01	CARDIAC HEHAB	0.395387						69.01
71	Medical Supplies Charged to Pat	0.211456	11			2		71
72	Impl. Dev. Charged to Patients	0.337452						72
73	Drugs Charged to Patients	0.094643	610		56	58		73
74	Renal Dialysis	0.791062						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	0.109231						91
91.01	FAMILY PRACTICES	0.525686						91.01
91.02	PSYCH DAY HOSPITAL	0.202487						91.02
91.03	WOUND CARE	0.197562						91.03
92	Observation Beds (Non-Distinct	0.183275						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		13,676		56	564		5 200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		13,676		56	564		5 202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T054

**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	1,241,133	124,393,577	0.009977	14,688	147	50
51	Recovery Room	122,021	23,524,974	0.005187	4,147	22	51
52	Delivery Room & Labor Room	329,327	15,556,124	0.021170			52
53	Anesthesiology	26,157	45,169,818	0.000579			53
54	Radiology-Diagnostic	912,637	47,727,003	0.019122	47,588	910	54
56	Radioisotope	86,256	13,094,587	0.006587	12,288	81	56
56.01	ULTRA SOUND	19,488	27,391,608	0.000711	22,626	16	56.01
56.02	MAMMOGRAPHY	193,131	22,800,613	0.008470			56.02
57	CT Scan	104,790	102,921,151	0.001018	60,762	62	57
58	MRI	14,546	32,968,482	0.000441	20,458	9	58
59	Cardiac Catheterization	173,462	48,560,112	0.003572			59
59.01	GASTRO INTESTINAL	319,710	38,254,491	0.008357			59.01
60	Laboratory	788,449	78,363,063	0.010061	202,557	2,038	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	49,110	3,057,921	0.016060	2,664	43	63
65	Respiratory Therapy	105,557	9,280,311	0.011374	47,266	538	65
66	Physical Therapy	364,315	22,623,329	0.016104	2,250,635	36,244	66
66.01	TCU REHAB	103,497	986,970	0.104863			66.01
68	Speech Pathology	53,582	773,594	0.069264			68
69	Electrocardiology	18,905	29,815,618	0.000634	22,834	14	69
69.01	CARDIAC HEHAB	291,457	2,525,424	0.115409			69.01
71	Medical Supplies Charged to Pat	181,172	67,455,606	0.002686	13,135	35	71
72	Impl. Dev. Charged to Patients	177,628	42,308,553	0.004198	3,768	16	72
73	Drugs Charged to Patients	314,936	154,146,589	0.002043	821,239	1,678	73
74	Renal Dialysis	18,550	1,318,650	0.014067	37,825	532	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	633,315	96,396,507	0.006570			91
91.01	FAMILY PRACTICES	558,343	16,558,097	0.033720			91.01
91.02	PSYCH DAY HOSPITAL	212,678	4,853,969	0.043815			91.02
91.03	WOUND CARE	3,943	1,751,135	0.002252			91.03
92	Observation Beds (Non-Distinct		17,199,337				92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,418,095	1,091,777,213		3,584,480	42,385	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T054

**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	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	124,393,577			14,688			50
51	Recovery Room	23,524,974			4,147			51
52	Delivery Room & Labor Room	15,556,124						52
53	Anesthesiology	45,169,818						53
54	Radiology-Diagnostic	47,727,003			47,588			54
56	Radioisotope	13,094,587			12,288			56
56.01	ULTRA SOUND	27,391,608			22,626			56.01
56.02	MAMMOGRAPHY	22,800,613						56.02
57	CT Scan	102,921,151			60,762			57
58	MRI	32,968,482			20,458			58
59	Cardiac Catheterization	48,560,112						59
59.01	GASTRO INTESTINAL	38,254,491						59.01
60	Laboratory	78,363,063			202,557			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	3,057,921			2,664			63
65	Respiratory Therapy	9,280,311			47,266			65
66	Physical Therapy	22,623,329			2,250,635			66
66.01	TCU REHAB	986,970						66.01
68	Speech Pathology	773,594						68
69	Electrocardiology	29,815,618			22,834			69
69.01	CARDIAC HEHAB	2,525,424						69.01
71	Medical Supplies Charged to Pat	67,455,606			13,135			71
72	Impl. Dev. Charged to Patients	42,308,553			3,768			72
73	Drugs Charged to Patients	154,146,589			821,239			73
74	Renal Dialysis	1,318,650			37,825			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	96,396,507						91
91.01	FAMILY PRACTICES	16,558,097						91.01
91.02	PSYCH DAY HOSPITAL	4,853,969						91.02
91.03	WOUND CARE	1,751,135						91.03
92	Observation Beds (Non-Distinct	17,199,337						92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,091,777,213			3,584,480			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T054

**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	0.104113						50
51	Recovery Room	0.067652						51
52	Delivery Room & Labor Room	0.237755						52
53	Anesthesiology	0.026322						53
54	Radiology-Diagnostic	0.290302						54
56	Radioisotope	0.086047						56
56.01	ULTRA SOUND	0.056771						56.01
56.02	MAMMOGRAPHY	0.073365						56.02
57	CT Scan	0.017805						57
58	MRI	0.029431						58
59	Cardiac Catheterization	0.045409						59
59.01	GASTRO INTESTINAL	0.118807						59.01
60	Laboratory	0.118131						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.359189						63
65	Respiratory Therapy	0.235245						65
66	Physical Therapy	0.201601						66
66.01	TCU REHAB	1.527706						66.01
68	Speech Pathology	0.421832						68
69	Electrocardiology	0.044905						69
69.01	CARDIAC HEHAB	0.395387						69.01
71	Medical Supplies Charged to Pat	0.211456						71
72	Impl. Dev. Charged to Patients	0.337452						72
73	Drugs Charged to Patients	0.094643						73
74	Renal Dialysis	0.791062						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.109231						91
91.01	FAMILY PRACTICES	0.525686						91.01
91.02	PSYCH DAY HOSPITAL	0.202487						91.02
91.03	WOUND CARE	0.197562						91.03
92	Observation Beds (Non-Distinct	0.183275						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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5848

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5848

**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	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	124,393,577			5,544				50
51	Recovery Room	23,524,974							51
52	Delivery Room & Labor Room	15,556,124							52
53	Anesthesiology	45,169,818			1,145				53
54	Radiology-Diagnostic	47,727,003			71,108				54
56	Radioisotope	13,094,587			8,363				56
56.01	ULTRA SOUND	27,391,608			22,319				56.01
56.02	MAMMOGRAPHY	22,800,613							56.02
57	CT Scan	102,921,151			28,351				57
58	MRI	32,968,482			4,053				58
59	Cardiac Catheterization	48,560,112							59
59.01	GASTRO INTESTINAL	38,254,491							59.01
60	Laboratory	78,363,063			415,675				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,057,921			6,192				63
65	Respiratory Therapy	9,280,311			86,876				65
66	Physical Therapy	22,623,329							66
66.01	TCU REHAB	986,970			584,676				66.01
68	Speech Pathology	773,594							68
69	Electrocardiology	29,815,618			28,448				69
69.01	CARDIAC HEHAB	2,525,424							69.01
71	Medical Supplies Charged to Pat	67,455,606			7,677				71
72	Impl. Dev. Charged to Patients	42,308,553							72
73	Drugs Charged to Patients	154,146,589			1,420,678				73
74	Renal Dialysis	1,318,650			27,640				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	96,396,507							91
91.01	FAMILY PRACTICES	16,558,097							91.01
91.02	PSYCH DAY HOSPITAL	4,853,969							91.02
91.03	WOUND CARE	1,751,135							91.03
92	Observation Beds (Non-Distinct	17,199,337							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,091,777,213			2,718,745				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5848

**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	0.104113						50
51	Recovery Room	0.067652						51
52	Delivery Room & Labor Room	0.237755						52
53	Anesthesiology	0.026322						53
54	Radiology-Diagnostic	0.290302						54
56	Radioisotope	0.086047						56
56.01	ULTRA SOUND	0.056771						56.01
56.02	MAMMOGRAPHY	0.073365						56.02
57	CT Scan	0.017805						57
58	MRI	0.029431						58
59	Cardiac Catheterization	0.045409						59
59.01	GASTRO INTESTINAL	0.118807						59.01
60	Laboratory	0.118131						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.359189						63
65	Respiratory Therapy	0.235245						65
66	Physical Therapy	0.201601						66
66.01	TCU REHAB	1.527706						66.01
68	Speech Pathology	0.421832						68
69	Electrocardiology	0.044905						69
69.01	CARDIAC HEHAB	0.395387						69.01
71	Medical Supplies Charged to Pat	0.211456						71
72	Impl. Dev. Charged to Patients	0.337452						72
73	Drugs Charged to Patients	0.094643						73
74	Renal Dialysis	0.791062						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.109231						91
91.01	FAMILY PRACTICES	0.525686						91.01
91.02	PSYCH DAY HOSPITAL	0.202487						91.02
91.03	WOUND CARE	0.197562						91.03
92	Observation Beds (Non-Distinct	0.183275						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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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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)	3,954,207		3,954,207	50,135	78.87	5,459	430,551	30
31	Intensive Care Unit	385,832		385,832	4,848	79.59	380	30,244	31
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	556,558		556,558	7,231	76.97			40
41	Subprovider - IRF	298,419		298,419	3,182	93.78	34	3,189	41
42	Subprovider I								42
43	Nursery	154,168		154,168	3,664	42.08	2,211	93,039	43
44	Skilled Nursing Facility	484,344		484,344	6,448	75.12			44
45	Nursing Facility								45
200	Total (lines 30-199)	5,833,528		5,833,528	75,508		8,084	557,023	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0054

**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	1,241,133	124,393,577	0.009977		50
51	Recovery Room	122,021	23,524,974	0.005187		51
52	Delivery Room & Labor Room	329,327	15,556,124	0.021170		52
53	Anesthesiology	26,157	45,169,818	0.000579		53
54	Radiology-Diagnostic	912,637	47,727,003	0.019122		54
56	Radioisotope	86,256	13,094,587	0.006587		56
56.01	ULTRA SOUND	19,488	27,391,608	0.000711		56.01
56.02	MAMMOGRAPHY	193,131	22,800,613	0.008470		56.02
57	CT Scan	104,790	102,921,151	0.001018		57
58	MRI	14,546	32,968,482	0.000441		58
59	Cardiac Catheterization	173,462	48,560,112	0.003572		59
59.01	GASTRO INTESTINAL	319,710	38,254,491	0.008357		59.01
60	Laboratory	788,449	78,363,063	0.010061		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	49,110	3,057,921	0.016060		63
65	Respiratory Therapy	105,557	9,280,311	0.011374		65
66	Physical Therapy	364,315	22,623,329	0.016104		66
66.01	TCU REHAB	103,497	986,970	0.104863		66.01
68	Speech Pathology	53,582	773,594	0.069264		68
69	Electrocardiology	18,905	29,815,618	0.000634		69
69.01	CARDIAC HEHAB	291,457	2,525,424	0.115409		69.01
71	Medical Supplies Charged to Pat	181,172	67,455,606	0.002686		71
72	Impl. Dev. Charged to Patients	177,628	42,308,553	0.004198		72
73	Drugs Charged to Patients	314,936	154,146,589	0.002043		73
74	Renal Dialysis	18,550	1,318,650	0.014067		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	Emergency	633,315	96,396,507	0.006570		91
91.01	FAMILY PRACTICES	558,343	16,558,097	0.033720		91.01
91.02	PSYCH DAY HOSPITAL	212,678	4,853,969	0.043815		91.02
91.03	WOUND CARE	3,943	1,751,135	0.002252		91.03
92	Observation Beds (Non-Distinct	310,120	17,199,337	0.018031		92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	7,728,215	1,091,777,213			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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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)					30
31	Intensive Care Unit					31
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					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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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)	50,135		5,459	30
31	Intensive Care Unit	4,848		380	31
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	7,231			40
41	Subprovider - IRF	3,182		34	41
42	Subprovider I				42
43	Nursery	3,664		2,211	43
44	Skilled Nursing Facility	6,448			44
45	Nursing Facility				45
200	Total (lines 30-199)	75,508		8,084	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0054

**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	124,393,577							50
51	Recovery Room	23,524,974							51
52	Delivery Room & Labor Room	15,556,124							52
53	Anesthesiology	45,169,818							53
54	Radiology-Diagnostic	47,727,003							54
56	Radioisotope	13,094,587							56
56.01	ULTRA SOUND	27,391,608							56.01
56.02	MAMMOGRAPHY	22,800,613							56.02
57	CT Scan	102,921,151							57
58	MRI	32,968,482							58
59	Cardiac Catheterization	48,560,112							59
59.01	GASTRO INTESTINAL	38,254,491							59.01
60	Laboratory	78,363,063							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,057,921							63
65	Respiratory Therapy	9,280,311							65
66	Physical Therapy	22,623,329							66
66.01	TCU REHAB	986,970							66.01
68	Speech Pathology	773,594							68
69	Electrocardiology	29,815,618							69
69.01	CARDIAC HEHAB	2,525,424							69.01
71	Medical Supplies Charged to Pat	67,455,606							71
72	Impl. Dev. Charged to Patients	42,308,553							72
73	Drugs Charged to Patients	154,146,589							73
74	Renal Dialysis	1,318,650							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	96,396,507							91
91.01	FAMILY PRACTICES	16,558,097							91.01
91.02	PSYCH DAY HOSPITAL	4,853,969							91.02
91.03	WOUND CARE	1,751,135							91.03
92	Observation Beds (Non-Distinct	17,199,337							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,091,777,213							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0054

**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	0.104113							50
51	Recovery Room	0.067652							51
52	Delivery Room & Labor Room	0.237755							52
53	Anesthesiology	0.026322							53
54	Radiology-Diagnostic	0.290302							54
56	Radioisotope	0.086047							56
56.01	ULTRA SOUND	0.056771							56.01
56.02	MAMMOGRAPHY	0.073365							56.02
57	CT Scan	0.017805							57
58	MRI	0.029431							58
59	Cardiac Catheterization	0.045409							59
59.01	GASTRO INTESTINAL	0.118807							59.01
60	Laboratory	0.118131							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.359189							63
65	Respiratory Therapy	0.235245							65
66	Physical Therapy	0.201601							66
66.01	TCU REHAB	1.527706							66.01
68	Speech Pathology	0.421832							68
69	Electrocardiology	0.044905							69
69.01	CARDIAC HEHAB	0.395387							69.01
71	Medical Supplies Charged to Pat	0.211456							71
72	Impl. Dev. Charged to Patients	0.337452							72
73	Drugs Charged to Patients	0.094643							73
74	Renal Dialysis	0.791062							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.109231							91
91.01	FAMILY PRACTICES	0.525686							91.01
91.02	PSYCH DAY HOSPITAL	0.202487							91.02
91.03	WOUND CARE	0.197562							91.03
92	Observation Beds (Non-Distinct	0.183275							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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S054

**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	1,241,133	124,393,577	0.009977		50
51	Recovery Room	122,021	23,524,974	0.005187		51
52	Delivery Room & Labor Room	329,327	15,556,124	0.021170		52
53	Anesthesiology	26,157	45,169,818	0.000579		53
54	Radiology-Diagnostic	912,637	47,727,003	0.019122		54
56	Radioisotope	86,256	13,094,587	0.006587		56
56.01	ULTRA SOUND	19,488	27,391,608	0.000711		56.01
56.02	MAMMOGRAPHY	193,131	22,800,613	0.008470		56.02
57	CT Scan	104,790	102,921,151	0.001018		57
58	MRI	14,546	32,968,482	0.000441		58
59	Cardiac Catheterization	173,462	48,560,112	0.003572		59
59.01	GASTRO INTESTINAL	319,710	38,254,491	0.008357		59.01
60	Laboratory	788,449	78,363,063	0.010061		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	49,110	3,057,921	0.016060		63
65	Respiratory Therapy	105,557	9,280,311	0.011374		65
66	Physical Therapy	364,315	22,623,329	0.016104		66
66.01	TCU REHAB	103,497	986,970	0.104863		66.01
68	Speech Pathology	53,582	773,594	0.069264		68
69	Electrocardiology	18,905	29,815,618	0.000634		69
69.01	CARDIAC HEHAB	291,457	2,525,424	0.115409		69.01
71	Medical Supplies Charged to Pat	181,172	67,455,606	0.002686		71
72	Impl. Dev. Charged to Patients	177,628	42,308,553	0.004198		72
73	Drugs Charged to Patients	314,936	154,146,589	0.002043		73
74	Renal Dialysis	18,550	1,318,650	0.014067		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	Emergency	633,315	96,396,507	0.006570		91
91.01	FAMILY PRACTICES	558,343	16,558,097	0.033720		91.01
91.02	PSYCH DAY HOSPITAL	212,678	4,853,969	0.043815		91.02
91.03	WOUND CARE	3,943	1,751,135	0.002252		91.03
92	Observation Beds (Non-Distinct		17,199,337			92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	7,418,095	1,091,777,213			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S054

**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	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	124,393,577							50
51	Recovery Room	23,524,974							51
52	Delivery Room & Labor Room	15,556,124							52
53	Anesthesiology	45,169,818							53
54	Radiology-Diagnostic	47,727,003							54
56	Radioisotope	13,094,587							56
56.01	ULTRA SOUND	27,391,608							56.01
56.02	MAMMOGRAPHY	22,800,613							56.02
57	CT Scan	102,921,151							57
58	MRI	32,968,482							58
59	Cardiac Catheterization	48,560,112							59
59.01	GASTRO INTESTINAL	38,254,491							59.01
60	Laboratory	78,363,063							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,057,921							63
65	Respiratory Therapy	9,280,311							65
66	Physical Therapy	22,623,329							66
66.01	TCU REHAB	986,970							66.01
68	Speech Pathology	773,594							68
69	Electrocardiology	29,815,618							69
69.01	CARDIAC HEHAB	2,525,424							69.01
71	Medical Supplies Charged to Pat	67,455,606							71
72	Impl. Dev. Charged to Patients	42,308,553							72
73	Drugs Charged to Patients	154,146,589							73
74	Renal Dialysis	1,318,650							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	96,396,507							91
91.01	FAMILY PRACTICES	16,558,097							91.01
91.02	PSYCH DAY HOSPITAL	4,853,969							91.02
91.03	WOUND CARE	1,751,135							91.03
92	Observation Beds (Non-Distinct	17,199,337							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,091,777,213							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S054

**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	0.104113							50
51	Recovery Room	0.067652							51
52	Delivery Room & Labor Room	0.237755							52
53	Anesthesiology	0.026322							53
54	Radiology-Diagnostic	0.290302							54
56	Radioisotope	0.086047							56
56.01	ULTRA SOUND	0.056771							56.01
56.02	MAMMOGRAPHY	0.073365							56.02
57	CT Scan	0.017805							57
58	MRI	0.029431							58
59	Cardiac Catheterization	0.045409							59
59.01	GASTRO INTESTINAL	0.118807							59.01
60	Laboratory	0.118131							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.359189							63
65	Respiratory Therapy	0.235245							65
66	Physical Therapy	0.201601							66
66.01	TCU REHAB	1.527706							66.01
68	Speech Pathology	0.421832							68
69	Electrocardiology	0.044905							69
69.01	CARDIAC HEHAB	0.395387							69.01
71	Medical Supplies Charged to Pat	0.211456							71
72	Impl. Dev. Charged to Patients	0.337452							72
73	Drugs Charged to Patients	0.094643							73
74	Renal Dialysis	0.791062							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.109231							91
91.01	FAMILY PRACTICES	0.525686							91.01
91.02	PSYCH DAY HOSPITAL	0.202487							91.02
91.03	WOUND CARE	0.197562							91.03
92	Observation Beds (Non-Distinct	0.183275							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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T054

**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	1,241,133	124,393,577	0.009977		50
51	Recovery Room	122,021	23,524,974	0.005187		51
52	Delivery Room & Labor Room	329,327	15,556,124	0.021170		52
53	Anesthesiology	26,157	45,169,818	0.000579		53
54	Radiology-Diagnostic	912,637	47,727,003	0.019122		54
56	Radioisotope	86,256	13,094,587	0.006587		56
56.01	ULTRA SOUND	19,488	27,391,608	0.000711		56.01
56.02	MAMMOGRAPHY	193,131	22,800,613	0.008470		56.02
57	CT Scan	104,790	102,921,151	0.001018		57
58	MRI	14,546	32,968,482	0.000441		58
59	Cardiac Catheterization	173,462	48,560,112	0.003572		59
59.01	GASTRO INTESTINAL	319,710	38,254,491	0.008357		59.01
60	Laboratory	788,449	78,363,063	0.010061		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	49,110	3,057,921	0.016060		63
65	Respiratory Therapy	105,557	9,280,311	0.011374		65
66	Physical Therapy	364,315	22,623,329	0.016104		66
66.01	TCU REHAB	103,497	986,970	0.104863		66.01
68	Speech Pathology	53,582	773,594	0.069264		68
69	Electrocardiology	18,905	29,815,618	0.000634		69
69.01	CARDIAC HEHAB	291,457	2,525,424	0.115409		69.01
71	Medical Supplies Charged to Pat	181,172	67,455,606	0.002686		71
72	Impl. Dev. Charged to Patients	177,628	42,308,553	0.004198		72
73	Drugs Charged to Patients	314,936	154,146,589	0.002043		73
74	Renal Dialysis	18,550	1,318,650	0.014067		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	Emergency	633,315	96,396,507	0.006570		91
91.01	FAMILY PRACTICES	558,343	16,558,097	0.033720		91.01
91.02	PSYCH DAY HOSPITAL	212,678	4,853,969	0.043815		91.02
91.03	WOUND CARE	3,943	1,751,135	0.002252		91.03
92	Observation Beds (Non-Distinct		17,199,337			92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	7,418,095	1,091,777,213			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T054

**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	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	124,393,577							50
51	Recovery Room	23,524,974							51
52	Delivery Room & Labor Room	15,556,124							52
53	Anesthesiology	45,169,818							53
54	Radiology-Diagnostic	47,727,003							54
56	Radioisotope	13,094,587							56
56.01	ULTRA SOUND	27,391,608							56.01
56.02	MAMMOGRAPHY	22,800,613							56.02
57	CT Scan	102,921,151							57
58	MRI	32,968,482							58
59	Cardiac Catheterization	48,560,112							59
59.01	GASTRO INTESTINAL	38,254,491							59.01
60	Laboratory	78,363,063							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,057,921							63
65	Respiratory Therapy	9,280,311							65
66	Physical Therapy	22,623,329							66
66.01	TCU REHAB	986,970							66.01
68	Speech Pathology	773,594							68
69	Electrocardiology	29,815,618							69
69.01	CARDIAC HEHAB	2,525,424							69.01
71	Medical Supplies Charged to Pat	67,455,606							71
72	Impl. Dev. Charged to Patients	42,308,553							72
73	Drugs Charged to Patients	154,146,589							73
74	Renal Dialysis	1,318,650							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	96,396,507							91
91.01	FAMILY PRACTICES	16,558,097							91.01
91.02	PSYCH DAY HOSPITAL	4,853,969							91.02
91.03	WOUND CARE	1,751,135							91.03
92	Observation Beds (Non-Distinct	17,199,337							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,091,777,213							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T054

**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	0.104113							50
51	Recovery Room	0.067652							51
52	Delivery Room & Labor Room	0.237755							52
53	Anesthesiology	0.026322							53
54	Radiology-Diagnostic	0.290302							54
56	Radioisotope	0.086047							56
56.01	ULTRA SOUND	0.056771							56.01
56.02	MAMMOGRAPHY	0.073365							56.02
57	CT Scan	0.017805							57
58	MRI	0.029431							58
59	Cardiac Catheterization	0.045409							59
59.01	GASTRO INTESTINAL	0.118807							59.01
60	Laboratory	0.118131							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.359189							63
65	Respiratory Therapy	0.235245							65
66	Physical Therapy	0.201601							66
66.01	TCU REHAB	1.527706							66.01
68	Speech Pathology	0.421832							68
69	Electrocardiology	0.044905							69
69.01	CARDIAC HEHAB	0.395387							69.01
71	Medical Supplies Charged to Pat	0.211456							71
72	Impl. Dev. Charged to Patients	0.337452							72
73	Drugs Charged to Patients	0.094643							73
74	Renal Dialysis	0.791062							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.109231							91
91.01	FAMILY PRACTICES	0.525686							91.01
91.02	PSYCH DAY HOSPITAL	0.202487							91.02
91.03	WOUND CARE	0.197562							91.03
92	Observation Beds (Non-Distinct	0.183275							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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5848

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
56	Radioisotope							56
56.01	ULTRA SOUND							56.01
56.02	MAMMOGRAPHY							56.02
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
59.01	GASTRO INTESTINAL							59.01
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	TCU REHAB							66.01
68	Speech Pathology							68
69	Electrocardiology							69
69.01	CARDIAC HEHAB							69.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency							91
91.01	FAMILY PRACTICES							91.01
91.02	PSYCH DAY HOSPITAL							91.02
91.03	WOUND CARE							91.03
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-5848

**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	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	124,393,577							50
51	Recovery Room	23,524,974							51
52	Delivery Room & Labor Room	15,556,124							52
53	Anesthesiology	45,169,818							53
54	Radiology-Diagnostic	47,727,003							54
56	Radioisotope	13,094,587							56
56.01	ULTRA SOUND	27,391,608							56.01
56.02	MAMMOGRAPHY	22,800,613							56.02
57	CT Scan	102,921,151							57
58	MRI	32,968,482							58
59	Cardiac Catheterization	48,560,112							59
59.01	GASTRO INTESTINAL	38,254,491							59.01
60	Laboratory	78,363,063							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,057,921							63
65	Respiratory Therapy	9,280,311							65
66	Physical Therapy	22,623,329							66
66.01	TCU REHAB	986,970							66.01
68	Speech Pathology	773,594							68
69	Electrocardiology	29,815,618							69
69.01	CARDIAC HEHAB	2,525,424							69.01
71	Medical Supplies Charged to Pat	67,455,606							71
72	Impl. Dev. Charged to Patients	42,308,553							72
73	Drugs Charged to Patients	154,146,589							73
74	Renal Dialysis	1,318,650							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	96,396,507							91
91.01	FAMILY PRACTICES	16,558,097							91.01
91.02	PSYCH DAY HOSPITAL	4,853,969							91.02
91.03	WOUND CARE	1,751,135							91.03
92	Observation Beds (Non-Distinct	17,199,337							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,091,777,213							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5848

**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	0.104113							50
51	Recovery Room	0.067652							51
52	Delivery Room & Labor Room	0.237755							52
53	Anesthesiology	0.026322							53
54	Radiology-Diagnostic	0.290302							54
56	Radioisotope	0.086047							56
56.01	ULTRA SOUND	0.056771							56.01
56.02	MAMMOGRAPHY	0.073365							56.02
57	CT Scan	0.017805							57
58	MRI	0.029431							58
59	Cardiac Catheterization	0.045409							59
59.01	GASTRO INTESTINAL	0.118807							59.01
60	Laboratory	0.118131							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.359189							63
65	Respiratory Therapy	0.235245							65
66	Physical Therapy	0.201601							66
66.01	TCU REHAB	1.527706							66.01
68	Speech Pathology	0.421832							68
69	Electrocardiology	0.044905							69
69.01	CARDIAC HEHAB	0.395387							69.01
71	Medical Supplies Charged to Pat	0.211456							71
72	Impl. Dev. Charged to Patients	0.337452							72
73	Drugs Charged to Patients	0.094643							73
74	Renal Dialysis	0.791062							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.109231							91
91.01	FAMILY PRACTICES	0.525686							91.01
91.02	PSYCH DAY HOSPITAL	0.202487							91.02
91.03	WOUND CARE	0.197562							91.03
92	Observation Beds (Non-Distinct	0.183275							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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**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)	50,135	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,135	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	46,203	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)	12,216	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)	40,192,325	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)	40,192,325	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	40,192,325	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**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)						801.68	38
39	Program general inpatient routine service cost (line 9 x line 38)						9,793,323	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)						9,793,323	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	6,648,130	4,848	1,371.31	1,749	2,398,421		43
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)						14,231,701	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						26,423,445	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,102,679	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						683,224	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,785,903	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						24,637,542	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**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)					3,932	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					801.68	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,152,206	89
		Cost	Routine Cost (from line 21)	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	3,954,207	40,192,325	0.098382	3,152,206	310,120	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**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)	7,231	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,231	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	7,231	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)	3,205	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,211,544	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,211,544	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,211,544	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**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)	720.72	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,309,908	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)	2,309,908	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	181,845	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,491,753	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	246,689	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	7,112	51
52	Total Program excludable cost (sum of lines 50 and 51)	253,801	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,237,952	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**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)	3,182	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,182	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,182	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)	1,785	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)	2,942,304	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)	2,942,304	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,942,304	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**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)	924.67	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,650,536	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,650,536	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	622,106	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,272,642	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	167,397	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	42,385	51
52	Total Program excludable cost (sum of lines 50 and 51)	209,782	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,062,860	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

**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)	6,448	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,448	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	6,448	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)	3,702	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)	4,234,447	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)	4,234,447	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,234,447	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

**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 III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	4,234,447	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	656.71	71
72	Program routine service cost (line 9 x line 71)	2,431,140	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	2,431,140	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	2,431,140	83
84	Program inpatient ancillary services (see instructions)	1,148,061	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,579,201	86

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**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)	50,135	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	50,135	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	46,203	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)	5,459	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)	3,664	15
16	Nursery days (title V or XIX only)	2,211	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)	40,190,751	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)	40,190,751	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	40,190,751	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**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)					801.65	38
39	Program general inpatient routine service cost (line 9 x line 38)					4,376,207	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)					4,376,207	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)	2,100,651	3,664	573.32	2,211	1,267,611	42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	6,617,850	4,848	1,365.07	380	518,727	43
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)					6,162,545	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					553,834	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)					553,834	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**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)					3,932	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 21)	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**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)	7,231	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,231	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	7,231	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)	5,206,187	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,206,187	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,206,187	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**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)	719.98	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
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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**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)	3,182	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,182	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,182	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)	34	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)	2,918,822	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)	2,918,822	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,918,822	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**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)	917.29	38
39	Program general inpatient routine service cost (line 9 x line 38)	31,188	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)	31,188	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)	31,188	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	3,189	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)	3,189	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

**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)	6,448	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,448	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	6,448	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)	4,234,447	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)	4,234,447	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,234,447	37

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

**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 III - SNF, NF, AND ICF/IID ONLY

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	4,234,447	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	656.71	71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)	484,344	75
76	Per diem capital-related costs (line 75 ÷ line 2)	75.12	76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)		86

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0054

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		17,181,312		30
31	Intensive Care Unit		7,282,913		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113	14,813,703	1,542,299	50
51	Recovery Room	0.067652	1,750,545	118,428	51
52	Delivery Room & Labor Room	0.237755	19,108	4,543	52
53	Anesthesiology	0.026322	4,079,697	107,386	53
54	Radiology-Diagnostic	0.290302	3,477,556	1,009,541	54
56	Radioisotope	0.086047	830,070	71,425	56
56.01	ULTRA SOUND	0.056771	1,626,110	92,316	56.01
56.02	MAMMOGRAPHY	0.073365	1,282	94	56.02
57	CT Scan	0.017805	10,803,164	192,350	57
58	MRI	0.029431	1,425,948	41,967	58
59	Cardiac Catheterization	0.045963	6,690,212	307,502	59
59.01	GASTRO INTESTINAL	0.118807	2,042,572	242,672	59.01
60	Laboratory	0.118131	13,670,613	1,614,923	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189	504,026	181,041	63
65	Respiratory Therapy	0.235245	2,633,066	619,416	65
66	Physical Therapy	0.201601	4,280,920	863,038	66
66.01	TCU REHAB	1.527706			66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905	4,840,227	217,350	69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456	7,347,842	1,553,745	71
72	Impl. Dev. Charged to Patients	0.337452	7,352,116	2,480,986	72
73	Drugs Charged to Patients	0.094643	16,999,712	1,608,904	73
74	Renal Dialysis	0.791062	580,352	459,094	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231	7,671,690	837,986	91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202747			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275	352,992	64,695	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		113,793,523	14,231,701	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		113,793,523		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S054

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
40	Subprovider - IPF		4,554,246		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113			50
51	Recovery Room	0.067652			51
52	Delivery Room & Labor Room	0.237755			52
53	Anesthesiology	0.026322			53
54	Radiology-Diagnostic	0.290302	23,393	6,791	54
56	Radioisotope	0.086047			56
56.01	ULTRA SOUND	0.056771	8,372	475	56.01
56.02	MAMMOGRAPHY	0.073365			56.02
57	CT Scan	0.017805	55,951	996	57
58	MRI	0.029431			58
59	Cardiac Catheterization	0.045963			59
59.01	GASTRO INTESTINAL	0.118807			59.01
60	Laboratory	0.118131	276,296	32,639	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189			63
65	Respiratory Therapy	0.235245	12,524	2,946	65
66	Physical Therapy	0.201601	66,447	13,396	66
66.01	TCU REHAB	1.527706			66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905	107,054	4,807	69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456	405	86	71
72	Impl. Dev. Charged to Patients	0.337452			72
73	Drugs Charged to Patients	0.094643	1,115,110	105,537	73
74	Renal Dialysis	0.791062	17,609	13,930	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231	2,215	242	91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202747			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,685,376	181,845	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,685,376		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T054

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
40	Subprovider - IPF				40
41	Subprovider - IRF		1,919,584		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113	14,688	1,529	50
51	Recovery Room	0.067652	4,147	281	51
52	Delivery Room & Labor Room	0.237755			52
53	Anesthesiology	0.026322			53
54	Radiology-Diagnostic	0.290302	47,588	13,815	54
56	Radioisotope	0.086047	12,288	1,057	56
56.01	ULTRA SOUND	0.056771	22,626	1,285	56.01
56.02	MAMMOGRAPHY	0.073365			56.02
57	CT Scan	0.017805	60,762	1,082	57
58	MRI	0.029431	20,458	602	58
59	Cardiac Catheterization	0.045963			59
59.01	GASTRO INTESTINAL	0.118807			59.01
60	Laboratory	0.118131	202,557	23,928	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189	2,664	957	63
65	Respiratory Therapy	0.235245	47,266	11,119	65
66	Physical Therapy	0.201601	2,250,635	453,730	66
66.01	TCU REHAB	1.527706			66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905	22,834	1,025	69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456	13,135	2,777	71
72	Impl. Dev. Charged to Patients	0.337452	3,768	1,272	72
73	Drugs Charged to Patients	0.094643	821,239	77,725	73
74	Renal Dialysis	0.791062	37,825	29,922	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231			91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202747			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,584,480	622,106	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,584,480		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5848

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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113	5,544	577	50
51	Recovery Room	0.067652			51
52	Delivery Room & Labor Room	0.237755			52
53	Anesthesiology	0.026322	1,145	30	53
54	Radiology-Diagnostic	0.290302	71,108	20,643	54
56	Radioisotope	0.086047	8,363	720	56
56.01	ULTRA SOUND	0.056771	22,319	1,267	56.01
56.02	MAMMOGRAPHY	0.073365			56.02
57	CT Scan	0.017805	28,351	505	57
58	MRI	0.029431	4,053	119	58
59	Cardiac Catheterization	0.045409			59
59.01	GASTRO INTESTINAL	0.118807			59.01
60	Laboratory	0.118131	415,675	49,104	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189	6,192	2,224	63
65	Respiratory Therapy	0.235245	86,876	20,437	65
66	Physical Therapy	0.201601			66
66.01	TCU REHAB	1.527706	584,676	893,213	66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905	28,448	1,277	69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456	7,677	1,623	71
72	Impl. Dev. Charged to Patients	0.337452			72
73	Drugs Charged to Patients	0.094643	1,420,678	134,457	73
74	Renal Dialysis	0.791062	27,640	21,865	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231			91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202487			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,718,745	1,148,061	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,718,745		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0054

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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113			50
51	Recovery Room	0.067652			51
52	Delivery Room & Labor Room	0.237755			52
53	Anesthesiology	0.026322			53
54	Radiology-Diagnostic	0.290302			54
56	Radioisotope	0.086047			56
56.01	ULTRA SOUND	0.056771			56.01
56.02	MAMMOGRAPHY	0.073365			56.02
57	CT Scan	0.017805			57
58	MRI	0.029431			58
59	Cardiac Catheterization	0.045409			59
59.01	GASTRO INTESTINAL	0.118807			59.01
60	Laboratory	0.118131			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189			63
65	Respiratory Therapy	0.235245			65
66	Physical Therapy	0.201601			66
66.01	TCU REHAB	1.527706			66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905			69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456			71
72	Impl. Dev. Charged to Patients	0.337452			72
73	Drugs Charged to Patients	0.094643			73
74	Renal Dialysis	0.791062			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231			91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202487			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275			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

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S054

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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113			50
51	Recovery Room	0.067652			51
52	Delivery Room & Labor Room	0.237755			52
53	Anesthesiology	0.026322			53
54	Radiology-Diagnostic	0.290302			54
56	Radioisotope	0.086047			56
56.01	ULTRA SOUND	0.056771			56.01
56.02	MAMMOGRAPHY	0.073365			56.02
57	CT Scan	0.017805			57
58	MRI	0.029431			58
59	Cardiac Catheterization	0.045409			59
59.01	GASTRO INTESTINAL	0.118807			59.01
60	Laboratory	0.118131			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189			63
65	Respiratory Therapy	0.235245			65
66	Physical Therapy	0.201601			66
66.01	TCU REHAB	1.527706			66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905			69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456			71
72	Impl. Dev. Charged to Patients	0.337452			72
73	Drugs Charged to Patients	0.094643			73
74	Renal Dialysis	0.791062			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231			91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202487			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275			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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T054

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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113			50
51	Recovery Room	0.067652			51
52	Delivery Room & Labor Room	0.237755			52
53	Anesthesiology	0.026322			53
54	Radiology-Diagnostic	0.290302			54
56	Radioisotope	0.086047			56
56.01	ULTRA SOUND	0.056771			56.01
56.02	MAMMOGRAPHY	0.073365			56.02
57	CT Scan	0.017805			57
58	MRI	0.029431			58
59	Cardiac Catheterization	0.045409			59
59.01	GASTRO INTESTINAL	0.118807			59.01
60	Laboratory	0.118131			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189			63
65	Respiratory Therapy	0.235245			65
66	Physical Therapy	0.201601			66
66.01	TCU REHAB	1.527706			66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905			69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456			71
72	Impl. Dev. Charged to Patients	0.337452			72
73	Drugs Charged to Patients	0.094643			73
74	Renal Dialysis	0.791062			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231			91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202487			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275			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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5848

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
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.104113			50
51	Recovery Room	0.067652			51
52	Delivery Room & Labor Room	0.237755			52
53	Anesthesiology	0.026322			53
54	Radiology-Diagnostic	0.290302			54
56	Radioisotope	0.086047			56
56.01	ULTRA SOUND	0.056771			56.01
56.02	MAMMOGRAPHY	0.073365			56.02
57	CT Scan	0.017805			57
58	MRI	0.029431			58
59	Cardiac Catheterization	0.045409			59
59.01	GASTRO INTESTINAL	0.118807			59.01
60	Laboratory	0.118131			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.359189			63
65	Respiratory Therapy	0.235245			65
66	Physical Therapy	0.201601			66
66.01	TCU REHAB	1.527706			66.01
68	Speech Pathology	0.421832			68
69	Electrocardiology	0.044905			69
69.01	CARDIAC HEHAB	0.395387			69.01
71	Medical Supplies Charged to Patients	0.211456			71
72	Impl. Dev. Charged to Patients	0.337452			72
73	Drugs Charged to Patients	0.094643			73
74	Renal Dialysis	0.791062			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.109231			91
91.01	FAMILY PRACTICES	0.525686			91.01
91.02	PSYCH DAY HOSPITAL	0.202487			91.02
91.03	WOUND CARE	0.197562			91.03
92	Observation Beds (Non-Distinct Part)	0.183275			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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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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)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	27,846,277			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)	99,752			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	16,242,512			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	246.26			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)	60.12			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).	34.87			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)	0.32			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)	95.31			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	103.68			10
11	FTE count for residents in dental and podiatric programs	0.55			11
12	Current year allowable FTE (see instructions)	95.86			12
13	Total allowable FTE count for the prior year	96.54			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	97.66			14
15	Sum of lines 12 through 14 divided by 3	96.69			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	96.69			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.392634			19
20	Prior year resident to bed ratio (see instructions)	0.402922			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.392634			21
22	IME payment adjustment (see instructions)	5,396,274			22
22.01	IME payment adjustment - Managed Care (see instructions)	3,147,604			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	8.37			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)	5,396,274			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	3,147,604			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0505			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3240			31
32	Sum of lines 30 and 31	0.3745			32
33	Allowable disproportionate share percentage (see instructions)	0.2011			33
34	Disproportionate share adjustment (see instructions)	1,399,972			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
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)			3,528,488	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			3,528,488	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,528,488			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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
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)	38,270,763			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)	41,418,367			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,900,200			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)	4,789,298			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	11,322			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	49,119,187			59
60	Primary payer payments	65,277			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	49,053,910			61
62	Deductibles billed to program beneficiaries	2,784,292			62
63	Coinsurance billed to program beneficiaries	112,595			63
64	Allowable bad debts (see instructions)	1,544,150			64
65	Adjusted reimbursable bad debts (see instructions)	1,003,698			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	955,115			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	47,160,721			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
70.94	HRR adjustment amount (see instructions)	-195,004			70.94
70.99	HAC adjustment amount (see instructions)	441,349			70.99
71	Amount due provider (see instructions)	46,524,368			71
71.01	Sequestration adjustment (see instructions)	930,487			71.01
72	Interim payments	44,684,104			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	909,777			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	367,312			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

		Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)			100

HVBP Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101
102	HVBP adjustment amount for HSP bonus payment (see instructions)			102

HRR Adjustment for HSP Bonus Payment

		Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000	103
104	HRR adjustment amount for HSP bonus payment (see instructions)			104

KPMG LLP Compu-Max 2552-10

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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						1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	27,846,277		27,846,277		27,846,277	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	99,752		99,752		99,752	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	16,242,512		16,242,512		16,242,512	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	0.392634	0.392634	0.392634			5
6	IME payment adjustment	5,396,274		5,396,274		5,396,274	6
6.01	IME payment adjustment for managed care	3,147,604		3,147,604		3,147,604	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	5,396,274		5,396,274		5,396,274	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	3,147,604		3,147,604		3,147,604	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.2011	0.2011	0.2011	0.2011	0.2011	10
11	Disproportionate share adjustment	1,399,972		1,399,972		1,399,972	11
11.01	Uncompensated care payments	3,528,488		3,528,488		3,528,488	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	38,270,763		38,270,763		38,270,763	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	41,418,367		41,418,367		41,418,367	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	2,900,200		2,900,200		2,900,200	16
17	Special add-on payments for new technologies	11,322		11,322		11,322	17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)						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			44,329,889		44,329,889	19
20	Capital DRG other than outlier	2,233,613		2,233,613		2,233,613	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	12,585		12,585		12,585	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	21.4100	21.4100	21.4100			22
23	Indirect medical education adjustment	478,217		478,217		478,217	23
24	Allowable disproportionate share percentage	0.0787	0.0787	0.0787			24
25	Disproportionate share adjustment	175,785		175,785		175,785	25
26	Total prospective capital payments	2,900,200		2,900,200		2,900,200	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment						30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment	-195,004		-195,004		-195,004	31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment			441,349		441,349	32

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0054

**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)	8,665			1
2	Medical and other services reimbursed under OPPS (see instructions)	12,965,496			2
3	PPS payments	14,794,862			3
4	Outlier payment (see instructions)	34,497			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)	8,665			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	91,551			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)	91,551			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)	91,551			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	82,886			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)	8,665			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)	14,829,359			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	2,842,092			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)	11,995,932			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,757,125			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	13,753,057			30
31	Primary payer payments	13,170			31
32	Subtotal (line 30 minus line 31)	13,739,887			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)	989,065			34
35	Adjusted reimbursable bad debts (see instructions)	642,892			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	733,635			36
37	Subtotal (see instructions)	14,382,779			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)	14,382,779			40
40.01	Sequestration adjustment (see instructions)	287,656			40.01
41	Interim payments	13,738,787			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	356,336			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S054

**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)	5			1
2	Medical and other services reimbursed under OPPS (see instructions)	564			2
3	PPS payments	1,102			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)	5			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	56			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)	56			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)	56			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	51			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)	5			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)	1,102			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	281			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)	826			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)	826			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	826			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)	826			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)	826			40
40.01	Sequestration adjustment (see instructions)	17			40.01
41	Interim payments	813			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-4			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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T054

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				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)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				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)				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)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				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)				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)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5848

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				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)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				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)				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)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				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)				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)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0054

**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		45,049,443		13,952,890	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	09/27/2016	365,339	09/27/2016	214,103	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		-365,339		-214,103	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)			44,684,104		13,738,787	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		909,777		356,336	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			45,593,881		14,095,123	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S054

**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		2,462,520		813	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)		2,462,520		813	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			-4	6.02
7	Total Medicare program liability (see instructions)		2,462,520		809	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T054

**WORKSHEET E-1
PART I**

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		2,265,885		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)		2,265,885		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	7,733		6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		2,273,618		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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5848

**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		1,629,968		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)		1,629,968		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)		1,629,968		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

(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

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check Hospital CAH
applicable box:

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	12,831	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	13,965	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	8,074	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	51,051	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,224,080,886	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	14,107,375	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)	473,427	8
9	Sequestration adjustment amount (see instructions)	9,469	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	463,958	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)	463,958	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S054

**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)	2,752,385	1
2	Net IPF PPS Outlier payment	100,561	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
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)		8
9	Average daily census (see instructions)	19,756,831	9
10	Teaching adjustment factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,852,946	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)	2,852,946	16
17	Primary payer payments	1,762	17
18	Subtotal (line 16 less line 17)	2,851,184	18
19	Deductibles	264,348	19
20	Subtotal (line 18 minus line 19)	2,586,836	20
21	Coinsurance	74,060	21
22	Subtotal (line 20 minus line 21)	2,512,776	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	2,512,776	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)		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)	2,512,776	31
31.01	Sequestration adjustment (see instructions)	50,256	31.01
32	Interim payments	2,462,520	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		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)	100,561	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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T054

**WORKSHEET E-3
PART III**

Check Hospital
Applicable Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,320,539		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)			2
3	Inpatient Rehabilitation LIP payments (see instructions)	7,890		3
4	Outlier payments	14,367		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	8,693,989		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,342,796		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	2,342,796		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,342,796		19
20	Deductibles	12,796		20
21	Subtotal (line 19 minus line 20)	2,330,000		21
22	Coinsurance	9,982		22
23	Subtotal (line 21 minus line 22)	2,320,018		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	2,320,018		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	2,320,018		32
32.01	Sequestration adjustment (see instructions)	46,400		32.01
33	Interim payments	2,265,885		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	7,733		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)	14,367		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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT (see instructions)		
1	Resource Utilization Group (RUGS) payment	1,776,573
2	Routine service other pass through costs	
3	Ancillary service other pass through costs	
4	Subtotal (sum of lines 1-3)	1,776,573
COMPUTATION OF NET COST OF COVERED SERVICES		
5	Medical and other services. Do not use this line. (see instructions)	
6	Deductibles	
7	Coinsurance	113,340
8	Allowable bad debts (see instructions)	
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	
10	Adjusted reimbursable bad debts (see instructions)	
11	Utilization review	
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	1,663,233
13	Inpatient primary payer payments	
14	Other adjustments (specify) (see instructions)	
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	
15	Subtotal (see instructions)	1,663,233
15.01	Sequestration adjustment (see instructions)	33,265
16	Interim payments	1,629,968
17	Tentative settlement (for contractor use only)	
18	Balance due provider/program (line 15 minus lines 15.01, 16 and 17)	
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0054

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	6,162,545		1
2			2
3			3
4	6,162,545		4
5			5
6			6
7	6,162,545		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	6,162,545		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	6,162,545		30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S054

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			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 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)			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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T054

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX Subprovider IRF 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	31,188		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	31,188		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	31,188		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 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)			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)	31,188		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)	31,188		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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5848

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 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)			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

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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			62.07	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))			35.88	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.32	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)			98.27	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			103.31	6
7	Enter the lesser of line 5 or line 6			98.27	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	79.57	22.38	101.95	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	75.69	21.29	96.98	9
10	Weighted dental and podiatric resident FTE count for the current year		0.49		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	75.69	21.78		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.44	22.81		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	75.02	23.54		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	75.05	22.71		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	75.05	22.71		17
18	Per resident amount	149,887.94	148,688.00		18
19	Approved amount for resident costs	11,249,090	3,376,704	14,625,794	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)			5.04	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)			14,625,794	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	18,955	10,190		26
27	Total inpatient days (see instructions)	61,898	61,898		27
28	Ratio of inpatient days to total inpatient days	0.306230	0.164626		28
29	Program direct GME amount	4,478,857	2,407,786		29
30	Reduction for direct GME payments for Medicare Advantage		340,220		30
31	Net Program direct GME amount			6,546,423	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)			1,318,650	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)			35,395,553	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)			67,039	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			35,328,514	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			12,974,730	42
43	Primary payer payments (see instructions)			13,170	43
44	Total Part B reasonable cost (line 42 minus line 43)			12,961,560	44
45	Total reasonable cost (sum of lines 41 and 44)			48,290,074	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.731590	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.268410	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			6,546,423	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			4,789,298	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,757,125	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					
		Primary Care 1	Other 2	Total 3	
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 cap (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 the current year from your records (see instructions)				6
7	Enter the lesser of line 5 or line 6				7
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
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
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
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
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
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	6,090	9,603		26
27	Total inpatient days (see instructions)	61,898	61,898		27
28	Ratio of inpatient days to total inpatient days	0.098388	0.155142		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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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	1,058,744				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	45,187,535				4
5	Other receivables	1,399,306				5
6	Allowances for uncollectible notes and accounts receivable	-7,945,248				6
7	Inventory	5,127,832				7
8	Prepaid expenses	1,256,248				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	46,084,417				11
FIXED ASSETS						
12	Land	6,377,656				12
13	Land improvements	930,000				13
14	Accumulated depreciation					14
15	Buildings	102,250,301				15
16	Accumulated depreciation					16
17	Leasehold improvements	95,300				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	43,821,068				23
24	Accumulated depreciation	-43,714,477				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	1,452,103				29
30	Total fixed assets (sum of lines 12-29)	111,211,951				30
OTHER ASSETS						
31	Investments	1,310,455				31
32	Deposits on leases					32
33	Due from owners/officers	79,357,235				33
34	Other assets	315,333				34
35	Total other assets (sum of lines 31-34)	80,983,023				35
36	Total assets (sum of lines 11, 30 and 35)	238,279,391				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	12,239,582				37
38	Salaries, wages and fees payable	13,296,348				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	-5,763,608				43
44	Other current liabilities	657,018				44
45	Total current liabilities (sum of lines 37 thru 44)	20,429,340				45
LONG TERM LIABILITIES						
46	Mortgage payable	232,915,746				46
47	Notes payable	386,367				47
48	Unsecured loans					48
49	Other long term liabilities	3,560,555				49
50	Total long term liabilities (sum of lines 46 thru 49)	236,862,668				50
51	Total liabilities (sum of lines 45 and 50)	257,292,008				51
CAPITAL ACCOUNTS						
52	General fund balance	-19,012,617				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)	-19,012,617				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	238,279,391				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		-55,530,470		
2	Net income (loss) (from Worksheet G-3, line 29)		50,329,663		
3	Total (sum of line 1 and line 2)		-5,200,807		
4	Additions (credit adjustments) (specify)				
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		-5,200,807		
12	Deductions (debit adjustments) (specify)				
13	PERIOD 13 RETAINING EARNINGS	13,778,744			
14	RECONCILING ITEM	33,066			
15					
16					
17					
18	Total deductions (sum of lines 12-17)		13,811,810		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-19,012,617		

		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					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)				
12	Deductions (debit adjustments) (specify)				
13	PERIOD 13 RETAINING EARNINGS				
14	RECONCILING ITEM				
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)				

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	77,032,680		77,032,680	1
2	Subprovider IPF	10,265,190		10,265,190	2
3	Subprovider IRF	7,443,793		7,443,793	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	3,136,209		3,136,209	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	97,877,872		97,877,872	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	19,937,154		19,937,154	11
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)	19,937,154		19,937,154	16
17	Total inpatient routine care services (sum of lines 10 and 16)	117,815,026		117,815,026	17
18	Ancillary services	369,279,938	585,738,230	955,018,168	18
19	Outpatient services	25,831,866	110,927,178	136,759,044	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		14,488,647	14,488,647	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	DIETARY	7,603	82,028	89,631	27
27.01	COMMUNITY RELATIONS	3,789		3,789	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	512,938,222	711,236,083	1,224,174,305	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		233,913,779	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)		233,913,779	43

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,224,174,305	1
2	Less contractual allowances and discounts on patients' accounts	947,013,358	2
3	Net patient revenues (line 1 minus line 2)	277,160,947	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	233,913,779	4
5	Net income from service to patients (line 3 minus line 4)	43,247,168	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	77,683	7
8	Revenues from telephone and other miscellaneous communication services	235,325	8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	650,040	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines	17,766	21
22	Rental of hospital space	633,637	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	5,468,044	24
25	Total other income (sum of lines 6-24)	7,082,495	25
26	Total (line 5 plus line 25)	50,329,663	26
29	Net income (or loss) for the period (line 26 minus line 28)	50,329,663	29

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	1,771,771	358,721		81,274	625,209	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	2,511,657	508,522		625,116		6
7	Physical Therapy	1,667,941	337,699				7
8	Occupational Therapy	317,960	64,376				8
9	Speech Pathology	14,789	2,994				9
10	Medical Social Services	34,243	6,933				10
11	Home Health Aide	28,441	5,758				11
12	Supplies (see instructions)					160,317	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	6,346,802	1,285,003		706,390	785,526	24

KPMG LLP Compu-Max 2552-10

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	2,836,975	-299,290	2,537,685	-10,730	2,526,955	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	3,645,295		3,645,295		3,645,295	6
7	Physical Therapy	2,005,640		2,005,640		2,005,640	7
8	Occupational Therapy	382,336		382,336		382,336	8
9	Speech Pathology	17,783		17,783		17,783	9
10	Medical Social Services	41,176		41,176		41,176	10
11	Home Health Aide	34,199		34,199		34,199	11
12	Supplies (see instructions)	160,317		160,317		160,317	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	9,123,721	-299,290	8,824,431	-10,730	8,813,701	24

Column 6, line 24 should agree with Worksheet A, column 3, line 101, or subscript as applicable.

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

**WORKSHEET H-1
PART I**

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS			
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
	0	1	2	3	
GENERAL SERVICE COST CENTERS					
1 Capital Related-Bldgs. and Fixtures					1
2 Capital Related-Movable Equipment					2
3 Plant Operation & Maintenance					3
4 Transportation (see instructions)					4
5 Administrative and General	2,526,955				5
HHA REIMBURSABLE SERVICES					
6 Skilled Nursing Care	3,645,295				6
7 Physical Therapy	2,005,640				7
8 Occupational Therapy	382,336				8
9 Speech Pathology	17,783				9
10 Medical Social Services	41,176				10
11 Home Health Aide	34,199				11
12 Supplies (see instructions)	160,317				12
13 Drugs					13
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 Home Dialysis Aide Services					15
16 Respiratory Therapy					16
17 Private Duty Nursing					17
18 Clinic					18
19 Health Promotion Activities					19
20 Day Care Program					20
21 Home Delivered Means Program					21
22 Homemaker Service					22
23 All Others					23
23.50 Telemedicine					23.50
24 Totals (sum of lines 1-23)	8,813,701				24

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		2,526,955	2,526,955		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		3,645,295	1,465,224	5,110,519	6
7	Physical Therapy		2,005,640	806,167	2,811,807	7
8	Occupational Therapy		382,336	153,680	536,016	8
9	Speech Pathology		17,783	7,148	24,931	9
10	Medical Social Services		41,176	16,551	57,727	10
11	Home Health Aide		34,199	13,746	47,945	11
12	Supplies (see instructions)		160,317	64,439	224,756	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		8,813,701		8,813,701	24

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7285

**WORKSHEET H-1
PART II**

	CAPITAL RELATED COSTS					RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
	BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)				
	1	2	3	4	5A	5		
GENERAL SERVICE COST CENTERS								
1 Capital Related-Bldgs. and Fixtures							1	
2 Capital Related-Movable Equipment							2	
3 Plant Operation & Maintenance							3	
4 Transportation (see instructions)							4	
5 Administrative and General					-2,526,955	12,573,492	5	
HHA REIMBURSABLE SERVICES								
6 Skilled Nursing Care					3,645,295	7,290,590	6	
7 Physical Therapy					2,005,640	4,011,280	7	
8 Occupational Therapy					382,336	764,672	8	
9 Speech Pathology					17,783	35,566	9	
10 Medical Social Services					41,176	82,352	10	
11 Home Health Aide					34,199	68,398	11	
12 Supplies (see instructions)					160,317	320,634	12	
13 Drugs							13	
14 DME							14	
HHA NONREIMBURSABLE SERVICES								
15 Home Dialysis Aide Services							15	
16 Respiratory Therapy							16	
17 Private Duty Nursing							17	
18 Clinic							18	
19 Health Promotion Activities							19	
20 Day Care Program							20	
21 Home Delivered Means Program							21	
22 Homemaker Service							22	
23 All Others							23	
23.50 Telemedicine							23.50	
24 Totals (sum of lines 1-23)					3,759,791	12,573,492	24	
25 Cost To Be Allocated (per Worksheet H-1, Part I)						2,526,955	25	
26 Unit Cost Multiplier						0.200975	26	

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
1	Administrative and General	0	68,463	60,628	1,146,340	1,275,431	307,049	1
2	Skilled Nursing Care	5,110,519				5,110,519	1,230,312	2
3	Physical Therapy	2,811,807				2,811,807	676,917	3
4	Occupational Therapy	536,016				536,016	129,041	4
5	Speech Pathology	24,931				24,931	6,002	5
6	Medical Social Services	57,727				57,727	13,897	6
7	Home Health Aide	47,945				47,945	11,542	7
8	Supplies	224,756				224,756	54,108	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	8,813,701	68,463	60,628	1,146,340	10,089,132	2,428,868	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
1	Administrative and General	323,853			80,308		99,940	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	323,853			80,308		99,940	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
1	Administrative and General		9,446			44,031		1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		9,446			44,031		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						2,140,058	1
2	Skilled Nursing Care						6,340,831	2
3	Physical Therapy						3,488,724	3
4	Occupational Therapy						665,057	4
5	Speech Pathology						30,933	5
6	Medical Social Services						71,624	6
7	Home Health Aide						59,487	7
8	Supplies						278,864	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)						13,075,578	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

- (1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
- (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL (cols 23 +/- 24)	ALLOCATED HHA A&G (see PtII)	TOTAL HHA COSTS		
		25	26	27	28		
1	Administrative and General		2,140,058				1
2	Skilled Nursing Care		6,340,831	1,240,887	7,581,718		2
3	Physical Therapy		3,488,724	682,736	4,171,460		3
4	Occupational Therapy		665,057	130,150	795,207		4
5	Speech Pathology		30,933	6,054	36,987		5
6	Medical Social Services		71,624	14,017	85,641		6
7	Home Health Aide		59,487	11,641	71,128		7
8	Supplies		278,864	54,573	333,437		8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
20	Totals (sum of lines 1-19)(2)		13,075,578	2,140,058	13,075,578		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.195698			21

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General	6,174	6,174	6,346,802		1,275,431	6,174	1
2	Skilled Nursing Care					5,110,519		2
3	Physical Therapy					2,811,807		3
4	Occupational Therapy					536,016		4
5	Speech Pathology					24,931		5
6	Medical Social Services					57,727		6
7	Home Health Aide					47,945		7
8	Supplies					224,756		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	6,174	6,174	6,346,802		10,089,132	6,174	20
21	Total cost to be allocated	68,463	60,628	1,146,340		2,428,868	323,853	21
22	Unit Cost Multiplier	11.088921		0.180617		0.240741		22
22	Unit Cost Multiplier		9.819890				52.454325	22

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General			6,174		4,537		1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			6,174		4,537		20
21	Total cost to be allocated			80,308		99,940		21
22	Unit Cost Multiplier			13.007451		22.027772		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General	3,005			14,488,647			1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	3,005			14,488,647			20
21	Total cost to be allocated	9,446			44,031			21
22	Unit Cost Multiplier	3.143428						22
22	Unit Cost Multiplier				0.003039			22

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		20	21	22	23		
1	Administrative and General						1
2	Skilled Nursing Care						2
3	Physical Therapy						3
4	Occupational Therapy						4
5	Speech Pathology						5
6	Medical Social Services						6
7	Home Health Aide						7
8	Supplies						8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
19.50	Telemedicine						19.50
20	Totals (sum of lines 1-19)						20
21	Total cost to be allocated						21
22	Unit Cost Multiplier						22
22	Unit Cost Multiplier						22

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2015 To: 09/30/2016	Run Date: 02/22/2017 Run Time: 08:23 Version: 2017.01 (02/16/2017)
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7285

**WORKSHEET H-3
PARTS I & II**

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation								
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
			1	2	3	4	5	
1	Skilled Nursing Care	2	7,581,718		7,581,718	35,391	214.23	1
2	Physical Therapy	3	4,171,460		4,171,460	23,420	178.12	2
3	Occupational Therapy	4	795,207		795,207	6,838	116.29	3
4	Speech Pathology	5	36,987		36,987	858	43.11	4
5	Medical Social Services	6	85,641		85,641	314	272.74	5
6	Home Health Aide	7	71,128		71,128	916	77.65	6
7	Total (sum of lines 1-6)		12,742,141		12,742,141	67,737		7

Limitation Cost Computation						
			Program Visits			
			PART B			
	Patient Services	CBSA No.	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1	2	3	4	
8	Skilled Nursing Care	16974		14,397		8
9	Physical Therapy	16974		9,006		9
10	Occupational Therapy	16974		2,984		10
11	Speech Pathology	16974		389		11
12	Medical Social Services	16974		169		12
13	Home Health Aide	16974		460		13
14	Total (sum of lines 8-13)			27,405		14

Supplies and Drugs Cost Computations								
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
			1	2	3	4	5	
15	Cost of Medical Supplies	8	333,437		333,437	209,136	1.594355	15
16	Cost of Drugs	9						16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
			1	2	3	4	
1	Physical Therapy	66	0.201601			col. 2, line 2	1
1.01	TCU REHAB	66.01	1.527706			col. 2, line 2	1.01
2	Occupational Therapy	67				col. 2, line 3	2
3	Speech Pathology	68	0.421832			col. 2, line 4	3
4	Medical Supplies Charged to Pat	71	0.211456			col. 2, line 15	4
5	Drugs Charged to Patients	73	0.094643			col. 2, line 16	5

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7285

**WORKSHEET H-3
PARTS I & II**

Check applicable box: Title V Title XVIII Title XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		14,397			3,084,269		3,084,269	1
2	Physical Therapy		9,006			1,604,149		1,604,149	2
3	Occupational Therapy		2,984			347,009		347,009	3
4	Speech Pathology		389			16,770		16,770	4
5	Medical Social Services		169			46,093		46,093	5
6	Home Health Aide		460			35,719		35,719	6
7	Total (sum of lines 1-6)		27,405			5,134,009		5,134,009	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services			
		Part B			Part B			
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6	7	8	9	10	11	
15	Cost of Medical Supplies		167,707			267,384		15
16	Cost of Drugs							16

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CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7285

**WORKSHEET H-4
PARTS I & II**

Check applicable box: [] Title V [XX] Title XVIII [] Title XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	Description	Part A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges				2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount 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(b)				4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)				6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)				7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers			11
12	Total PPS Reimbursement - Full Episodes with Outliers		5,199,799	12
13	Total PPS Reimbursement - LUPA Episodes		147,961	13
14	Total PPS Reimbursement - PEP Episodes		93,303	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		5,441,063	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		5,441,063	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		5,441,063	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		5,441,063	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		5,441,063	31
31.01	Sequestration adjustment (see instructions)		108,821	31.01
32	Interim payments (see instructions)		5,332,242	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHa CCN: 14-7285

WORKSHEET H-5

	DESCRIPTION	Part A		Part B		
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4	
1	Total interim payments paid to provider				5,332,242	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. H-4, Part II, column as appropriate, line 32)				5,332,242	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	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01				6.01
		.02				6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				5,332,242	7
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year		8

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

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0054

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	2,233,613	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	12,585	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)	140.67	3
4	Number of interns & residents (see instructions)	96.69	4
5	Indirect medical education percentage (see instructions)	21.41	5
6	Indirect medical education adjustment (see instructions)	478,217	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0505	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3240	8
9	Sum of lines 7 and 8	0.3745	9
10	Allowable disproportionate share percentage (see instructions)	0.0787	10
11	Disproportionate share adjustment (see instructions)	175,785	11
12	Total prospective capital payments (see instructions)	2,900,200	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
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
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
56	Radioisotope						56
56.01	ULTRA SOUND						56.01
56.02	MAMMOGRAPHY						56.02
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.01	GASTRO INTESTINAL						59.01
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
66.01	TCU REHAB						66.01
68	Speech Pathology						68
69	Electrocardiology						69
69.01	CARDIAC REHAB						69.01
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency						91
91.01	FAMILY PRACTICES						91.01
91.02	PSYCH DAY HOSPITAL						91.02
91.03	WOUND CARE						91.03
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118

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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		
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
194	MARKETING							194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS							194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS							194.0
5								5
194.0	VACANT SPACE							194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202