

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

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

PART I - COST REPORT STATUS

Provider use only		1. <input checked="" type="checkbox"/> Electronically filed cost report 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.	Date: 11/28/2016 Time: 13:25
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 UNIVERSITY OF CHICAGO HOSPITALS (14-0088) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 07/01/2015 and ending 06/30/2016, 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		4,091,260	1,081,177	411,342		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		4,091,260	1,081,177	411,342		200

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

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	UNIVERSITY OF CHICAGO HOSPITALS	14-0088	16974	1	07 / 01 / 1996	N	P	O
4	Subprovider - IPF								4
5	Subprovider - IRF								5
6	Subprovider - (OTHER)								6
7	Swing Beds - SNF								7
8	Swing Beds - NF								8
9	Hospital-Based SNF								9
10	Hospital-Based NF								10
11	Hospital-Based OLTC								11
12	Hospital-Based HHA								12
13	Separately Certified ASC								13
14	Hospital-Based Hospice								14
15	Hospital-Based Health Clinic - RHC								15
16	Hospital-Based Health Clinic - FQHC								16
17	Hospital-Based (CMHC)								17
18	Renal Dialysis								18
19	Other								19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2015	To: 06 / 30 / 2016	20
21	Type of control (see instructions)	2		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
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.	36,698	16,193	219	1,960	13,424	24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
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 OPSS 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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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

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

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2	3	4	5	
65	GERIATRIC MEDICINE	1408	0.03	0.75	0.038462	65
65.01	PATHOLOGY	1950	0.51	22.56	0.022107	65.01
65.02	PEDIATRICS	2000	3.43	44.23	0.071968	65.02
65.03	DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582	65.03

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010

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)	7.40	645.85	0.011328	66
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Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2	3	4	5	
67	PEDIATRICS	2000	6.49	67.06	0.088239	67
67.01	GERIATRIC MEDICINE	1408	0.63	1.85	0.254032	67.01
67.02	DEVELOPMENTAL-BEHAVIORAL PEDIATRICS	2015	0.28	2.85	0.089457	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.	N		70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			71

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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**WORKSHEET S-2
PART I**

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

Rural Providers

		1	2		
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108	
		Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.		N	N	N
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.			N	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.				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.	Y			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	09 / 01 / 1977			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	05 / 01 / 2000			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 08 / 1990			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	03 / 28 / 2008			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	07 / 01 / 1999			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2
PART I**

All Providers

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

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

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

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the 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)	10 / 01 / 2014	09 / 30 / 2015		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		Y		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	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2016	Y	11/01/2016
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	444	162,504			41,040	18,384	130,650	1
2	HMO and other (see instructions)						13,810	34,958		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)		444	162,504			41,040	18,384	130,650	7
8	Intensive Care Unit	31	86	29,878			6,444	4,384	24,452	8
9	Coronary Care Unit	32	19	6,954			2,170	510	3,854	9
10	Burn Intensive Care Unit	33	8	2,928			304	455	2,468	10
11	Surgical Intensive Care Unit	34								11
11.01	NURSERY SPECIAL CARE	34.01	24	8,784				2,514	6,260	11.01
12	NURSERY ICU	35	47	17,202				5,839	14,841	12
13	Nursery	43						976	3,067	13
14	Total (see instructions)		628	228,250			49,958	33,062	185,592	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		628							27
28	Observation Bed Days							959	9,585	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)								2,625	30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		8	2,928				474	2,137	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					7,467	10,224	29,199	1
2	HMO and other (see instructions)								2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
11.01	NURSERY SPECIAL CARE								11.01
12	NURSERY ICU								12
13	Nursery								13
14	Total (see instructions)	593.27	7,027.63			7,467	10,224	29,199	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	593.27	7,027.63						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassi- fication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	482,785,744	157,454,789	640,240,533	13,890,693.00	46.09	1
2							2
3		4,435,436		4,435,436	55,152.11	80.42	3
4		26,323,166		26,323,166	159,817.00	164.71	4
4.01		11,379,893		11,379,893	100,622.00	113.10	4.01
5		119,741,233		119,741,233	893,729.00	133.98	5
6							6
7	21	36,054,361	-658	36,053,703	1,206,641.54	29.88	7
7.01							7.01
8							8
9	44						9
10		7,830,957	-1,455,268	6,375,689	194,928.56	32.71	10
OTHER WAGES & RELATED COSTS							
11		8,003,246		8,003,246	175,947.20	45.49	11
12							12
13							13
14							14
15							15
16							16
WAGE-RELATED COSTS							
17		147,785,558		147,785,558			17
18							18
19		1,584,526		1,584,526			19
20							20
21		1,102,322		1,102,322			21
22		7,791,657		7,791,657			22
22.01		2,792,107		2,792,107			22.01
23							23
24							24
25		6,171,128		6,171,128			25
OVERHEAD COSTS - DIRECT SALARIES							
26		7,210,713	-3,268	7,207,445	101,762.68	70.83	26
27		95,340,932	2,293,170	97,634,102	2,128,411.98	45.87	27
28		8,750,806		8,750,806	94,091.51	93.00	28
29							29
30		12,846,903	-20,738	12,826,165	531,255.19	24.14	30
31							31
32		16,364,467	-55,705	16,308,762	947,878.21	17.21	32
33							33
34		5,149,517	-5,677	5,143,840	259,200.68	19.85	34
35		1,659,740		1,659,740	69,825.00	23.77	35
36		900,188	-2,911	897,277	47,474.47	18.90	36
37							37
38		8,074,506	-8,808	8,065,698	195,726.56	41.21	38
39		2,899,591	-7,647	2,891,944	117,922.60	24.52	39
40		17,585,808	-218,662	17,367,146	409,202.60	42.44	40
41		4,305,462	-2,379	4,303,083	121,323.46	35.47	41
42		511,760		511,760	22,150.54	23.10	42
43		5,597,587	-10,878	5,586,709	255,954.55	21.83	43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	321,585,367	157,455,447	479,040,814	11,798,464.86	40.60	1
2	Excluded area salaries (see instructions)	7,830,957	-1,455,268	6,375,689	194,928.56	32.71	2
3	Subtotal salaries (line 1 minus line 2)	313,754,410	158,910,715	472,665,125	11,603,536.30	40.73	3
4	Subtotal other wages & related costs (see instructions)	8,003,246		8,003,246	175,947.20	45.49	4
5	Subtotal wage-related costs (see instructions)	155,577,215		155,577,215		32.91%	5
6	Total (sum of lines 3 through 5)	477,334,871	158,910,715	636,245,586	11,779,483.50	54.01	6
7	Total overhead cost (see instructions)	187,197,980	1,956,497	189,154,477	5,302,180.03	35.67	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	12,576,511	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)	30,333,336	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees	725,940	5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees	1,871,575	7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	57,492,059	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	412,658	10
11	Life Insurance (If employee is owner or beneficiary)	492,805	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	1,165,536	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,054,262	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	37,952,547	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	1,120,257	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)	941,091	21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	5,543,648	23
24	Total Wage Related cost (Sum of lines 1-23)	151,682,225	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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HOSPITAL 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)		0.206936	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		272,301,506	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		1,423,296,381	6
7	Medicaid cost (line 1 times line 6)		294,531,260	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.		22,229,754	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)			22,229,754	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	18,436,323	19,373,835	37,810,158	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,815,139	4,009,144	7,824,283	21
22	Partial payment by patients approved for charity care	40,895	417,329	458,224	22
23	Cost of charity care (line 21 minus line 22)	3,774,244	3,591,815	7,366,059	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			82,423,598	26
27	Medicare bad debts for the entire hospital complex (see instructions)			3,858,181	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			78,565,417	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			16,258,013	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)			23,624,072	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			45,853,826	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		39,251,065	39,251,065	-2,930,732	36,320,333	-5,320,361	30,999,972	1
1.01	00101	DCAM CAPITAL				3,898,643	3,898,643		3,898,643	1.01
2	00200	Cap Rel Costs-Mvble Equip		48,189,609	48,189,609	40,564	48,230,173		48,230,173	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	7,210,713	148,790,307	156,001,020		156,001,020	-40,288,367	115,712,653	4
5.01	00540	NON-PATIENT PHONES	1,752,775	-39,992	1,712,783		1,712,783	-314,574	1,398,209	5.01
5.02	00550	DATA PROCESSING	26,263,816	28,185,889	54,449,705	-247,124	54,202,581		54,202,581	5.02
5.03	00560	PURCHASING	6,853,812	2,458,229	9,312,041		9,312,041		9,312,041	5.03
5.04	00570	ADMITTING	4,418,619	269,964	4,688,583	-118,849	4,569,734		4,569,734	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,322,141	10,224,856	15,546,997		15,546,997		15,546,997	5.05
5.06	00590	OTHER ADMIN & GENERAL	50,729,769	75,087,348	125,817,117	-1,012,946	124,804,171	-19,593,309	105,210,862	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	12,846,903	26,856,336	39,703,239	322,917	40,026,156	-400,122	39,626,034	7
8	00800	Laundry & Linen Service		3,379,077	3,379,077		3,379,077		3,379,077	8
9	00900	Housekeeping	16,364,467	7,694,486	24,058,953		24,058,953	-198,402	23,860,551	9
10	01000	Dietary	5,149,517	3,764,178	8,913,695	-3,183	8,910,512	-1,605	8,908,907	10
11	01100	Cafeteria	900,188	2,700,841	3,601,029		3,601,029	-3,071,730	529,299	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	8,074,506	1,035,436	9,109,942		9,109,942		9,109,942	13
14	01400	Central Services & Supply	2,899,591	3,117,891	6,017,482		6,017,482		6,017,482	14
15	01500	Pharmacy	17,585,808	118,563,959	136,149,767	-110,359,799	25,789,968	-21,437,726	4,352,242	15
16	01600	Medical Records & Library	4,305,462	2,905,523	7,210,985		7,210,985		7,210,985	16
17	01700	Social Service	511,760	107,626	619,386		619,386	-221	619,165	17
18	01850	OCCUPATIONAL THERAPY								18
18.01	01851	VOLUNTEERS	220,961	133,497	354,458		354,458		354,458	18.01
18.02	01852	PATIENT TRANSPORT	4,270,580	1,268,673	5,539,253		5,539,253		5,539,253	18.02
18.03	01853	MEDICAL ELECTRONICS	1,106,046	586,179	1,692,225		1,692,225		1,692,225	18.03
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	36,054,361		36,054,361		36,054,361	-703,546	35,350,815	21
22	02200	I&R Services-Other Prgm Costs Apprvd		1,606,193	1,606,193		1,606,193	23,511,804	25,117,997	22
23	02300	PARAMED ED PRGM-PHARMACY	1,070,132	73,750	1,143,882	196,918	1,340,800		1,340,800	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	79,719,462	11,373,266	91,092,728	-1,524,548	89,568,180	11,387,421	100,955,601	30
31	03100	Intensive Care Unit	25,434,143	5,422,662	30,856,805	-1,418,325	29,438,480	2,097,096	31,535,576	31
32	03200	Coronary Care Unit	5,769,038	749,490	6,518,528	-6,064	6,512,464	332,340	6,844,804	32
33	03300	Burn Intensive Care Unit	2,348,775	398,744	2,747,519		2,747,519	212,819	2,960,338	33
34.01	02060	NURSERY SPECIAL CARE	2,580,288	213,077	2,793,365	-15,976	2,777,389	539,793	3,317,182	34.01
35	02080	NURSERY ICU	14,689,387	1,393,184	16,082,571		16,082,571	1,279,624	17,362,195	35
43	04300	Nursery	267	18,182	18,449	1,293,541	1,311,990	46,080	1,358,070	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	29,762,782	68,789,196	98,551,978	-37,844,789	60,707,189	16,724,244	77,431,433	50
52	05200	Delivery Room & Labor Room	4,499,922	1,161,848	5,661,770	-220,467	5,441,303		5,441,303	52
53	05300	Anesthesiology	5,833,432	3,516,507	9,349,939	-821,965	8,527,974	1,221,271	9,749,245	53
54	05400	Radiology-Diagnostic	12,060,237	12,909,539	24,969,776	-5,470,211	19,499,565	5,166,085	24,665,650	54
55	05500	Radiology-Therapeutic	4,341,615	2,783,531	7,125,146	-1,953	7,123,193	1,988,091	9,111,284	55
57	05700	CT Scan	2,443,171	794,250	3,237,421	30,046	3,267,467	-4,747	3,262,720	57
58	05800	MRI	2,642,600	1,159,554	3,802,154	12,458	3,814,612		3,814,612	58
59	05900	Cardiac Catheterization	1,808,062	6,950,889	8,758,951	-3,904,362	4,854,589		4,854,589	59
60	06000	Laboratory	17,452,158	17,889,131	35,341,289	-3,131	35,338,158	-3,986,066	31,352,092	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	2,887,285	9,424,716	12,312,001	-115,873	12,196,128	-877,451	11,318,677	63
65	06500	Respiratory Therapy	6,908,017	3,943,377	10,851,394	-128,558	10,722,836	-174	10,722,662	65
66	06600	Physical Therapy	5,509,287	791,284	6,300,571	-213,684	6,086,887		6,086,887	66
69	06900	Electrocardiology	5,735,946	11,074,042	16,809,988	-7,789,324	9,020,664	9,361,260	18,381,924	69
70	07000	Electroencephalography	2,609,498	296,021	2,905,519	-74,109	2,831,410	220,914	3,052,324	70
70.01	07001	BRACE AND PLASTER ROOM	176,218	164,313	340,531	-100,038	240,493		240,493	70.01
71	07100	Medical Supplies Charged to Patients				19,683,581	19,683,581		19,683,581	71
72	07200	Impl. Dev. Charged to Patients				39,722,619	39,722,619		39,722,619	72
73	07300	Drugs Charged to Patients		1,245	1,245	110,161,421	110,162,666		110,162,666	73
74	07400	Renal Dialysis	2,230,836	801,514	3,032,350	-17,495	3,014,855		3,014,855	74
76.97	07697	CARDIAC REHABILITATION	103,383	13,606	116,989		116,989		116,989	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	5,553,502	287,953,639	293,507,141	-1,130,632	292,376,509	-192,576,184	99,800,325	90
90.01	09001	TRANSPLANT CLINIC				2,614,600	2,614,600		2,614,600	90.01
90.02	09002	SILVER CROSS	2,997,770	2,475,791	5,473,561	-60,006	5,413,555	-1,515,638	3,897,917	90.02
91	09100	Emergency	16,015,911	3,729,061	19,744,972	-146	19,744,826		19,744,826	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
95	09500	Ambulance Services	1,289,147	123,402	1,412,549		1,412,549	-959,653	452,896	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	2,877,437	3,321,142	6,198,579	-2,444,191	3,754,388	853,116	4,607,504	105
106	10600	Heart Acquisition	117,218	1,292,855	1,410,073	242,199	1,652,272	218,776	1,871,048	106
107	10700	Liver Acquisition	732,906	1,232,506	1,965,412	-277,939	1,687,473	475,893	2,163,366	107
108	10800	Lung Acquisition	615,857	1,521,544	2,137,401	-307,863	1,829,538	229,346	2,058,884	108
109	10900	Pancreas Acquisition				341,592	341,592	28,832	370,424	109
113	11300	Interest Expense		33,647,209	33,647,209		33,647,209	-33,647,209		113
118		SUBTOTALS (sum of lines 1-117)	481,657,484	1,023,541,237	1,505,198,721	-3,183	1,505,195,538	-249,002,280	1,256,193,258	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen		1,151	1,151		1,151	-1,151		190
191.01	19101	OTHER NONREIMBURSABLE	1,128,260	2,402,636	3,530,896	3,183	3,534,079		3,534,079	191.01
191.02	19102	MEDICAL SCHOOL								191.02
200		TOTAL (sum of lines 118-199)	482,785,744	1,025,945,024	1,508,730,768		1,508,730,768	-249,003,431	1,259,727,337	200

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	NRCC DIETARY	A	OTHER NONREIMBURSABLE	191.01	1,907	1,276	1
500	Total reclassifications				1,907	1,276	500
	Code Letter - A						
1	ST DISABILITY	B	Employee Benefits Department	4		2,393	1
2	ST DISABILITY	B	NON-PATIENT PHONES	5.01		187	2
3	ST DISABILITY	B	DATA PROCESSING	5.02		3,793	3
4	ST DISABILITY	B	PURCHASING	5.03		2,907	4
5	ST DISABILITY	B	ADMITTING	5.04		9,287	5
6	ST DISABILITY	B	CASHIERING/ACCOUNTS RECEIVABL	5.05		5,039	6
7	ST DISABILITY	B	OTHER ADMIN & GENERAL	5.06		18,350	7
8	ST DISABILITY	B	Operation of Plant	7		20,738	8
9	ST DISABILITY	B	Housekeeping	9		55,705	9
10	ST DISABILITY	B	Dietary	10		3,770	10
11	ST DISABILITY	B	Cafeteria	11		2,911	11
12	ST DISABILITY	B	Nursing Administration	13		8,808	12
13	ST DISABILITY	B	Central Services & Supply	14		7,647	13
14	ST DISABILITY	B	Pharmacy	15		21,744	14
15	ST DISABILITY	B	Medical Records & Library	16		2,379	15
16	ST DISABILITY	B	PATIENT TRANSPORT	18.02		10,878	16
17	ST DISABILITY	B	I&R Services-Salary & Fringes	21		658	17
18	ST DISABILITY	B	Adults & Pediatrics	30		141,353	18
19	ST DISABILITY	B	Intensive Care Unit	31		40,374	19
20	ST DISABILITY	B	Coronary Care Unit	32		8,146	20
21	ST DISABILITY	B	Burn Intensive Care Unit	33		2,194	21
22	ST DISABILITY	B	NURSERY ICU	35		19,470	22
23	ST DISABILITY	B	Operating Room	50		58,623	23
24	ST DISABILITY	B	Delivery Room & Labor Room	52		10,091	24
25	ST DISABILITY	B	Anesthesiology	53		9,185	25
26	ST DISABILITY	B	Radiology-Diagnostic	54		14,971	26
27	ST DISABILITY	B	Radiology-Therapeutic	55		6,985	27
28	ST DISABILITY	B	MRI	58		5,212	28
29	ST DISABILITY	B	Laboratory	60		8,333	29
30	ST DISABILITY	B	Respiratory Therapy	65		12,423	30
31	ST DISABILITY	B	Physical Therapy	66		3,045	31
32	ST DISABILITY	B	Electrocardiology	69		6,731	32
33	ST DISABILITY	B	Electroencephalography	70		3,595	33
34	ST DISABILITY	B	Renal Dialysis	74		718	34
35	ST DISABILITY	B	Clinic	90		58,296	35
36	ST DISABILITY	B	Emergency	91		14,542	36
37	ST DISABILITY	B	Kidney Acquisition	105		790	37
38	ST DISABILITY	B	OTHER NONREIMBURSABLE	191.01		2,660	38
500	Total reclassifications					604,931	500
	Code Letter - B						
1	DRUGS CHARGED	C	Drugs Charged to Patients	73		110,161,421	1
500	Total reclassifications					110,161,421	500
	Code Letter - C						
1	ELECTRICITY RECLASS	D					1
2	ELECTRICITY RECLASS	D					2
3	ELECTRICITY RECLASS	D					3
4	ELECTRICITY RECLASS	D					4
5	ELECTRICITY RECLASS	D	Operation of Plant	7		322,917	5
500	Total reclassifications					322,917	500
	Code Letter - D						
1	NURSERY RECLASS	E	Nursery	43	1,121,688	171,853	1
500	Total reclassifications				1,121,688	171,853	500
	Code Letter - E						
1	MED SUP & IMP	F	Medical Supplies Charged to P	71		19,683,581	1
2	MED SUP & IMP	F	Impl. Dev. Charged to Patient	72		39,722,619	2
3	MED SUP & IMP	F					3
4	MED SUP & IMP	F					4
5	MED SUP & IMP	F					5
6	MED SUP & IMP	F					6
7	MED SUP & IMP	F					7
8	MED SUP & IMP	F					8
9	MED SUP & IMP	F					9
10	MED SUP & IMP	F					10
11	MED SUP & IMP	F					11
12	MED SUP & IMP	F					12
13	MED SUP & IMP	F					13
14	MED SUP & IMP	F					14
15	MED SUP & IMP	F					15

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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	
16	MED SUP & IMP	F					16
17	MED SUP & IMP	F					17
18	MED SUP & IMP	F					18
19	MED SUP & IMP	F					19
20	MED SUP & IMP	F					20
21	MED SUP & IMP	F					21
22	MED SUP & IMP	F					22
23	MED SUP & IMP	F					23
24	MED SUP & IMP	F					24
25	MED SUP & IMP	F					25
500	Total reclassifications					59,406,200	500
	Code Letter - F						
1	TRANSPLANT	G	Kidney Acquisition	105	134,231		1
2	TRANSPLANT	G	Heart Acquisition	106	286,923	25,843	2
3	TRANSPLANT	G	Liver Acquisition	107	217,357	25,173	3
4	TRANSPLANT	G	Lung Acquisition	108	201,698	30,644	4
5	TRANSPLANT	G	Pancreas Acquisition	109	157,531	184,061	5
6	TRANSPLANT	G	TRANSPLANT CLINIC	90.01	1,819,041	795,559	6
7	TRANSPLANT	G					7
8	TRANSPLANT	G					8
9	TRANSPLANT	G					9
10	TRANSPLANT	G					10
500	Total reclassifications				2,816,781	1,061,280	500
	Code Letter - G						
1	PARAMED PHAR	H	PARAMED ED PRGM-PHARMACY	23	616,604		1
2	PARAMED PHAR	H	PARAMED ED PRGM-PHARMACY	23	29,428		2
3			Pharmacy	15	449,114		3
500	Total reclassifications				1,095,146		500
	Code Letter - H						
1	WAGE INDEX	I	Clinic	90		353,964	1
2	WAGE INDEX	I	OTHER ADMIN & GENERAL	5.06	2,464,885		2
3	WAGE INDEX	I	Employee Benefits Department	4		875	3
4	WAGE INDEX	I	OTHER ADMIN & GENERAL	5.06		13,303	4
5	WAGE INDEX	I	Adults & Pediatrics	30		87,778	5
6	WAGE INDEX	I	Intensive Care Unit	31		3,538	6
7	WAGE INDEX	I	Clinic	90		1,358,259	7
8	WAGE INDEX	I	Emergency	91		31,724	8
500	Total reclassifications				2,464,885	1,849,441	500
	Code Letter - I						
1	RADIOLOGY	J	Radiology-Therapeutic	55	79,300	22,146	1
2	RADIOLOGY	J	CT Scan	57	162,376	45,347	2
3			MRI	58	75,167	20,992	3
500	Total reclassifications				316,843	88,485	500
	Code Letter - J						
1	DCAM DEPR	K	DCAM CAPITAL	1.01		3,898,643	1
500	Total reclassifications					3,898,643	500
	Code Letter - K						
1	INSURANCE	L	Cap Rel Costs-Bldg & Fixt	1		967,911	1
2	INSURANCE	L	Cap Rel Costs-Mvble Equip	2		40,564	2
500	Total reclassifications					1,008,475	500
	Code Letter - L						
1	PHYSICIAN COMP	M	I&R Services-Other Prgm Costs	22	11,379,892		1
2	PHYSICIAN COMP	M	Adults & Pediatrics	30	19,743,910		2
3	PHYSICIAN COMP	M	Intensive Care Unit	31	3,624,922		3
4	PHYSICIAN COMP	M	Coronary Care Unit	32	571,341		4
5	PHYSICIAN COMP	M	Burn Intensive Care Unit	33	365,871		5
6	PHYSICIAN COMP	M	NURSERY SPECIAL CARE	34.01	928,022		6
7	PHYSICIAN COMP	M	NURSERY ICU	35	2,200,125		7
8	PHYSICIAN COMP	M	Nursery	43	79,162		8
9	PHYSICIAN COMP	M	Operating Room	50	32,337,408		9
10	PHYSICIAN COMP	M	Anesthesiology	53	3,153,204		10
11	PHYSICIAN COMP	M	Radiology-Diagnostic	54	11,126,285		11
12	PHYSICIAN COMP	M	Radiology-Therapeutic	55	2,964,960		12
13	PHYSICIAN COMP	M	Laboratory	60	657,063		13
14	PHYSICIAN COMP	M	Electrocardiology	69	11,147,361		14
15	PHYSICIAN COMP	M	Electroencephalography	70	308,070		15
16	PHYSICIAN COMP	M	Clinic	90	56,856,680		16
500	Total reclassifications				157,444,276		500
	Code Letter - M						

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
GRAND TOTAL (Increases)				165,261,526	178,574,922

(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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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	NRCC DIETARY	A	Dietary	10	1,907	1,276	1	
500	Total reclassifications				1,907	1,276	500	
	Code letter - A							
1	ST DISABILITY	B	Employee Benefits Department	4	2,393		1	
2	ST DISABILITY	B	NON-PATIENT PHONES	5.01	187		2	
3	ST DISABILITY	B	DATA PROCESSING	5.02	3,793		3	
4	ST DISABILITY	B	PURCHASING	5.03	2,907		4	
5	ST DISABILITY	B	ADMITTING	5.04	9,287		5	
6	ST DISABILITY	B	CASHIERING/ACCOUNTS RECEIVABL	5.05	5,039		6	
7	ST DISABILITY	B	OTHER ADMIN & GENERAL	5.06	18,350		7	
8	ST DISABILITY	B	Operation of Plant	7	20,738		8	
9	ST DISABILITY	B	Housekeeping	9	55,705		9	
10	ST DISABILITY	B	Dietary	10	3,770		10	
11	ST DISABILITY	B	Cafeteria	11	2,911		11	
12	ST DISABILITY	B	Nursing Administration	13	8,808		12	
13	ST DISABILITY	B	Central Services & Supply	14	7,647		13	
14	ST DISABILITY	B	Pharmacy	15	21,744		14	
15	ST DISABILITY	B	Medical Records & Library	16	2,379		15	
16	ST DISABILITY	B	PATIENT TRANSPORT	18.02	10,878		16	
17	ST DISABILITY	B	I&R Services-Salary & Fringes	21	658		17	
18	ST DISABILITY	B	Adults & Pediatrics	30	141,353		18	
19	ST DISABILITY	B	Intensive Care Unit	31	40,374		19	
20	ST DISABILITY	B	Coronary Care Unit	32	8,146		20	
21	ST DISABILITY	B	Burn Intensive Care Unit	33	2,194		21	
22	ST DISABILITY	B	NURSERY ICU	35	19,470		22	
23	ST DISABILITY	B	Operating Room	50	58,623		23	
24	ST DISABILITY	B	Delivery Room & Labor Room	52	10,091		24	
25	ST DISABILITY	B	Anesthesiology	53	9,185		25	
26	ST DISABILITY	B	Radiology-Diagnostic	54	14,971		26	
27	ST DISABILITY	B	Radiology-Therapeutic	55	6,985		27	
28	ST DISABILITY	B	MRI	58	5,212		28	
29	ST DISABILITY	B	Laboratory	60	8,333		29	
30	ST DISABILITY	B	Respiratory Therapy	65	12,423		30	
31	ST DISABILITY	B	Physical Therapy	66	3,045		31	
32	ST DISABILITY	B	Electrocardiology	69	6,731		32	
33	ST DISABILITY	B	Electroencephalography	70	3,595		33	
34	ST DISABILITY	B	Renal Dialysis	74	718		34	
35	ST DISABILITY	B	Clinic	90	58,296		35	
36	ST DISABILITY	B	Emergency	91	14,542		36	
37	ST DISABILITY	B	Kidney Acquisition	105	790		37	
38	ST DISABILITY	B	OTHER NONREIMBURSABLE	191.01	2,660		38	
500	Total reclassifications				604,931		500	
	Code letter - B							
1	DRUGS CHARGED	C	Pharmacy	15		110,161,421	1	
500	Total reclassifications					110,161,421	500	
	Code letter - C							
1	ELECTRICITY RECLASS	D	DATA PROCESSING	5.02		247,124	1	
2	ELECTRICITY RECLASS	D	OTHER ADMIN & GENERAL	5.06		4,471	2	
3	ELECTRICITY RECLASS	D	Clinic	90		11,316	3	
4	ELECTRICITY RECLASS	D	SILVER CROSS	90.02		60,006	4	
5	ELECTRICITY RECLASS	D					5	
500	Total reclassifications					322,917	500	
	Code letter - D							
1	NURSERY RECLASS	E	Adults & Pediatrics	30	1,121,688	171,853	1	
500	Total reclassifications				1,121,688	171,853	500	
	Code letter - E							
1	MED SUP & IMP	F					1	
2	MED SUP & IMP	F					2	
3	MED SUP & IMP	F	Pharmacy	15		1,460	3	
4	MED SUP & IMP	F	Adults & Pediatrics	30		231,007	4	
5	MED SUP & IMP	F	Intensive Care Unit	31		1,418,325	5	
6	MED SUP & IMP	F	Coronary Care Unit	32		6,064	6	
7	MED SUP & IMP	F					7	
8	MED SUP & IMP	F	NURSERY SPECIAL CARE	34.01		15,976	8	
9	MED SUP & IMP	F	Operating Room	50		37,844,789	9	
10	MED SUP & IMP	F	Delivery Room & Labor Room	52		220,467	10	
11	MED SUP & IMP	F	Anesthesiology	53		821,965	11	
12	MED SUP & IMP	F	Radiology-Diagnostic	54		5,064,883	12	
13	MED SUP & IMP	F	Radiology-Therapeutic	55		103,399	13	
14	MED SUP & IMP	F	CT Scan	57		177,677	14	

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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	
15	MED SUP & IMP	F	MRI	58		83,701	15	
16	MED SUP & IMP	F	Cardiac Catheterization	59		3,904,362	16	
17	MED SUP & IMP	F	Blood Storing, Processing & T	63		115,873	17	
18	MED SUP & IMP	F	Respiratory Therapy	65		128,558	18	
19	MED SUP & IMP	F	Physical Therapy	66		213,684	19	
20	MED SUP & IMP	F	Electrocardiology	69		7,772,334	20	
21	MED SUP & IMP	F	Electroencephalography	70		74,109	21	
22	MED SUP & IMP	F	BRACE AND PLASTER ROOM	70.01		100,038	22	
23	MED SUP & IMP	F	Renal Dialysis	74		17,495	23	
24	MED SUP & IMP	F	Clinic	90		1,089,888	24	
25	MED SUP & IMP	F	Emergency	91		146	25	
500	Total reclassifications					59,406,200	500	
	Code letter - F							
1	TRANSPLANT	G	Kidney Acquisition	105	1,866,888	711,534	1	
2	TRANSPLANT	G	Heart Acquisition	106	59,375	11,192	2	
3	TRANSPLANT	G	Liver Acquisition	107	363,690	156,779	3	
4	TRANSPLANT	G	Lung Acquisition	108	358,430	181,775	4	
5	TRANSPLANT	G					5	
6	TRANSPLANT	G					6	
7	TRANSPLANT	G	ADMITTING	5.04	118,849		7	
8	TRANSPLANT	G	Pharmacy	15	29,428		8	
9	TRANSPLANT	G	Laboratory	60	3,131		9	
10	TRANSPLANT	G	Electrocardiology	69	16,990		10	
500	Total reclassifications				2,816,781	1,061,280	500	
	Code letter - G							
1	PARAMED PHAR	H	Pharmacy	15	616,604		1	
2	PARAMED PHAR	H	Clinic	90	29,428		2	
3			PARAMED ED PRGM-PHARMACY	23	449,114		3	
500	Total reclassifications				1,095,146		500	
	Code letter - H							
1	WAGE INDEX	I	Clinic	90	353,964		1	
2	WAGE INDEX	I	OTHER ADMIN & GENERAL	5.06		2,464,885	2	
3	WAGE INDEX	I	Employee Benefits Department	4	875		3	
4	WAGE INDEX	I	OTHER ADMIN & GENERAL	5.06	13,303		4	
5	WAGE INDEX	I	Adults & Pediatrics	30	87,778		5	
6	WAGE INDEX	I	Intensive Care Unit	31	3,538		6	
7	WAGE INDEX	I	Clinic	90	1,358,259		7	
8	WAGE INDEX	I	Emergency	91	31,724		8	
500	Total reclassifications				1,849,441	2,464,885	500	
	Code letter - I							
1	RADIOLOGY	J	Radiology-Diagnostic	54	79,300	22,146	1	
2	RADIOLOGY	J	Radiology-Diagnostic	54	162,376	45,347	2	
3			Radiology-Diagnostic	54	75,167	20,992	3	
500	Total reclassifications				316,843	88,485	500	
	Code letter - J							
1	DCAM DEPR	K	Cap Rel Costs-Bldg & Fixt	1		3,898,643	9 1	
500	Total reclassifications					3,898,643	500	
	Code letter - K							
1	INSURANCE	L	OTHER ADMIN & GENERAL	5.06		967,911	9 1	
2	INSURANCE	L	OTHER ADMIN & GENERAL	5.06		40,564	9 2	
500	Total reclassifications					1,008,475	500	
	Code letter - L							
1	PHYSICIAN COMP	M	I&R Services-Other Prgm Costs	22		11,379,892	1	
2	PHYSICIAN COMP	M	Adults & Pediatrics	30		19,743,910	2	
3	PHYSICIAN COMP	M	Intensive Care Unit	31		3,624,922	3	
4	PHYSICIAN COMP	M	Coronary Care Unit	32		571,341	4	
5	PHYSICIAN COMP	M	Burn Intensive Care Unit	33		365,871	5	
6	PHYSICIAN COMP	M	NURSERY SPECIAL CARE	34.01		928,022	6	
7	PHYSICIAN COMP	M	NURSERY ICU	35		2,200,125	7	
8	PHYSICIAN COMP	M	Nursery	43		79,162	8	
9	PHYSICIAN COMP	M	Operating Room	50		32,337,408	9	
10	PHYSICIAN COMP	M	Anesthesiology	53		3,153,204	10	
11	PHYSICIAN COMP	M	Radiology-Diagnostic	54		11,126,285	11	
12	PHYSICIAN COMP	M	Radiology-Therapeutic	55		2,964,960	12	
13	PHYSICIAN COMP	M	Laboratory	60		657,063	13	
14	PHYSICIAN COMP	M	Electrocardiology	69		11,147,361	14	
15	PHYSICIAN COMP	M	Electroencephalography	70		308,070	15	
16	PHYSICIAN COMP	M	Clinic	90		56,856,680	16	

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
500	Total reclassifications					157,444,276		
	Code letter - M							
	GRAND TOTAL (Decreases)				7,806,737	336,029,711		

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

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RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	36,008,345					36,008,345		1
2	Land Improvements								2
3	Buildings and Fixtures	1,440,255,323	267,706,501		267,706,501	93,240,838	1,614,720,986		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	512,530,989	12,697,259		12,697,259	554,939	524,673,309		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,988,794,657	280,403,760		280,403,760	93,795,777	2,175,402,640		8
9	Reconciling Items	55,237,782	235,347,901		235,347,901	93,240,838	197,344,845		9
10	Total (line 7 minus line 9)	1,933,556,875	45,055,859		45,055,859	554,939	1,978,057,795		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	39,251,065						39,251,065	1	
1.01	DCAM CAPITAL								1.01	
2	Cap Rel Costs-Mvble Equip	48,189,609						48,189,609	2	
3	Total (sum of lines 1-2)	87,440,674						87,440,674	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				Total (sum of cols. 5 through 7)	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs			
*		1	2	3	4	5	6	7	8		
1	Cap Rel Costs-Bldg & Fi	1,650,729,331		1,650,729,331	0.758816					1	
1.01	DCAM CAPITAL				0.000000					1.01	
2	Cap Rel Costs-Mvble Equ	524,673,309		524,673,309	0.241184					2	
3	Total (sum of lines 1-2)	2,175,402,640		2,175,402,640	1.000000					3	

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	30,999,972						30,999,972	1	
1.01	DCAM CAPITAL	3,898,643						3,898,643	1.01	
2	Cap Rel Costs-Mvble Equip	48,230,173						48,230,173	2	
3	Total (sum of lines 1-2)	83,128,788						83,128,788	3	

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)	A	-5,327,532	OTHER ADMIN & GENERAL	5.06	9
10	Provider-based physician adjustment	Wkst A-8-2	-130,209,006			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	19,896,640			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-3,071,730	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients	B	-21,437,726	Pharmacy	15	17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	MISCELLANEOUS REVENUE	B	-1,123,933	OTHER ADMIN & GENERAL	5.06	33
33.01	MISCELLANEOUS REVENUE	B	-43,094	Operation of Plant	7	33.01
33.02	MISCELLANEOUS REVENUE	B	-1,605	Dietary	10	33.02
33.03	MISCELLANEOUS REVENUE	B	-221	Social Service	17	33.03
33.04	MISCELLANEOUS REVENUE	B	-703,546	I&R Services-Salary & Fringes Apprvd	21	33.04
33.05	MISCELLANEOUS REVENUE	B	-8,275	Adults & Pediatrics	30	33.05
33.06	MISCELLANEOUS REVENUE	B	-2,765	Radiology-Diagnostic	54	33.06
33.07	MISCELLANEOUS REVENUE	B	-4,747	CT Scan	57	33.07
33.08	MISCELLANEOUS REVENUE	B	-5,043,882	Laboratory	60	33.08
33.09	MISCELLANEOUS REVENUE	B	-877,451	Blood Storing, Processing & Trans.	63	33.09
33.10	MISCELLANEOUS REVENUE	B	-174	Respiratory Therapy	65	33.10
33.11	MISCELLANEOUS REVENUE	B	-2,695,441	Clinic	90	33.11
33.12	MISCELLANEOUS REVENUE	B	-1,515,638	SILVER CROSS	90.02	33.12
33.13	MISCELLANEOUS REVENUE	B	-959,653	Ambulance Services	95	33.13
33.14	MISCELLANEOUS REVENUE	B	-480	Heart Acquisition	106	33.14
33.15	MISCELLANEOUS REVENUE	B	-1,151	Gift, Flower, Coffee Shop & Canteen	190	33.15
34	GL OFFSET - ADMINISTRATIVE	A	-5,670,155	OTHER ADMIN & GENERAL	5.06	34
34.01	GL OFFSET - CLINIC	A	-1,964,763	Clinic	90	34.01
34.02	GL OFFSET - INTEREST EXPENSE	A	-33,647,209	Interest Expense	113	34.02
34.03	CRNA	A	-4,421,087	Clinic	90	34.03
34.04	MEDICAID PROVIDER TAX	A	-36,110,297	OTHER ADMIN & GENERAL	5.06	34.04
34.05	TELEPHONE SERVICES	A	-314,574	NON-PATIENT PHONES	5.01	34.05
34.06	OTHER NON-ALLOWABLE EXPENSES	A	-9,667	OTHER ADMIN & GENERAL	5.06	34.06
34.07	NON PATIENT CARE RELATED	A	-127,477	OTHER ADMIN & GENERAL	5.06	34.07
34.08	BUILDING DEPRECIATION OFFSET	A	-2,891,648	Cap Rel Costs-Bldg & Fixt	1	34.08
35	NURSE PRACTITIONERS	A	-875	Employee Benefits Department	4	35
35.01	NURSE PRACTITIONERS	A	-13,303	OTHER ADMIN & GENERAL	5.06	35.01
35.02	NURSE PRACTITIONERS	A	-87,778	Adults & Pediatrics	30	35.02
35.03	NURSE PRACTITIONERS	A	-3,538	Intensive Care Unit	31	35.03
35.04	NURSE PRACTITIONERS	A	-1,358,259	Clinic	90	35.04
35.05	NURSE PRACTITIONERS	A	-31,724	Electrocardiology	69	35.05
35.06	BSD PHY ASSISTANTS	A	-7,725	Intensive Care Unit	31	35.06
35.07	BSD PHY ASSISTANTS	A	-284,350	Clinic	90	35.07

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref. 5
				COST CENTER	LINE#		
		1	2	3	4		
36	NON-ALLOWABLE EXPENSE	A	-9,667	OTHER ADMIN & GENERAL	5.06		36
36.01	AHA & IHA DUES	A	-237,140	OTHER ADMIN & GENERAL	5.06		36.01
36.02	NON EMERGENCY PATIENT TRANSPORT	A	-90,041	Clinic	90		36.02
37	ORGAN ACQ-S&B	A	853,116	Kidney Acquisition	105		37
37.01	ORGAN ACQ-S&B	A	219,256	Heart Acquisition	106		37.01
37.02	ORGAN ACQ-S&B	A	475,893	Liver Acquisition	107		37.02
37.03	ORGAN ACQ-S&B	A	229,346	Lung Acquisition	108		37.03
37.04	ORGAN ACQ-S&B	A	28,832	Pancreas Acquisition	109		37.04
37.05	ORGAN ACQ-S&B	A	541,572	Employee Benefits Department	4		37.05
38							38
38.01	SMG SALARY & BENEFITS	A	1,064,173	OTHER ADMIN & GENERAL	5.06		38.01
39	MEDICAL STUDENT OFFSET	A	-1,947,100	I&R Services-Other Prgm Costs Apprvd	22		39
39.01	MEDICAL STUDENT OFFSET	A	1,714,826	I&R Services-Other Prgm Costs Apprvd	22		39.01
39.02	PY INVENTORY ADJUSTMENT	A	-11,770,658	OTHER ADMIN & GENERAL	5.06		39.02
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)		-249,003,431				50

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	7	Operation of Plant	ELECTRICITY, STEAM, SECURITY	13,600,153	13,957,181	-357,028		1
2	9	Housekeeping	HOUSEKEEPING		198,402	-198,402		2
3	4	Employee Benefits Department	BENEFITS		40,829,064	-40,829,064		3
3.01	5.06	OTHER ADMIN & GENERAL	HOSPITAL MALPRACTICE & OVERHEAD	39,742,347		39,742,347		3.01
3.02	1	Cap Rel Costs-Bldg & Fixt	BSD DEPRECIATION		2,428,713	-2,428,713	9	3.02
3.03	90	Clinic	PROGRAM INVESTMENT		213,689,058	-213,689,058		3.03
3.04	22	I&R Services-Other Prgm Costs Apprvd	PBP DIRECTS & INDIRECTS	24,892,454		24,892,454		3.04
3.05	30	Adults & Pediatrics	PBP DIRECTS & INDIRECTS	28,649,423		28,649,423		3.05
3.06	31	Intensive Care Unit	PBP DIRECTS & INDIRECTS	5,259,948		5,259,948		3.06
3.07	32	Coronary Care Unit	PBP DIRECTS & INDIRECTS	829,046		829,046		3.07
3.08	33	Burn Intensive Care Unit	PBP DIRECTS & INDIRECTS	530,899		530,899		3.08
3.09	34.01	NURSERY SPECIAL CARE	PBP DIRECTS & INDIRECTS	1,346,609		1,346,609		3.09
3.10	35	NURSERY ICU	PBP DIRECTS & INDIRECTS	3,192,495		3,192,495		3.10
3.11	43	Nursery	PBP DIRECTS & INDIRECTS	114,870		114,870		3.11
3.12	50	Operating Room	PBP DIRECTS & INDIRECTS	46,300,787		46,300,787		3.12
3.13	53	Anesthesiology	PBP DIRECTS & INDIRECTS	4,256,041		4,256,041		3.13
3.14	54	Radiology-Diagnostic	PBP DIRECTS & INDIRECTS	15,457,735		15,457,735		3.14
3.15	55	Radiology-Therapeutic	PBP DIRECTS & INDIRECTS	4,514,220		4,514,220		3.15
3.16	60	Laboratory	PBP DIRECTS & INDIRECTS	1,370,983		1,370,983		3.16
3.17	69	Electrocardiology	PBP DIRECTS & INDIRECTS	18,063,456		18,063,456		3.17
3.18	70	Electroencephalography	PBP DIRECTS & INDIRECTS	463,094		463,094		3.18
3.19	90	Clinic	PBP DIRECTS & INDIRECTS	82,414,498		82,414,498		3.19
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			290,999,058	271,102,418	19,896,640		5

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

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

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

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

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

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	22	I&R Services-Other P	11,379,892		11,379,892	211,500	100,622	10,231,516	511,576	1
2	30	Adults & Pediatrics AGGREGATE	19,743,910	16,309,660	3,434,250	211,500	25,353	2,577,961	128,898	2
3	31	Intensive Care Unit AGGREGATE	3,624,922	2,994,404	630,518	211,500	4,655	473,333	23,667	3
4	32	Coronary Care Unit AGGREGATE	571,341	471,962	99,379	211,500	734	74,635	3,732	4
5	33	Burn Intensive Care AGGREGATE	365,871	302,232	63,639	211,500	470	47,791	2,390	5
6	34.01	NURSERY SPECIAL CARE AGGREGATE	928,022	766,602	161,420	211,500	1,192	121,206	6,060	6
7	35	NURSERY ICU AGGREGATE	2,200,125	1,817,436	382,689	211,500	2,825	287,254	14,363	7
8	43	Nursery AGGREGATE	79,162	65,393	13,769	211,500	102	10,372	519	8
9	50	Operating Room AGGREGATE	32,337,408	27,410,918	4,926,490	246,400	23,306	2,760,865	138,043	9
10	53	Anesthesiology AGGREGATE	3,153,204	2,963,068	190,136	239,400	1,029	118,434	5,922	10
11	54	Radiology-Diagnostic AGGREGATE	11,126,285	9,961,757	1,164,528	271,900	6,406	837,400	41,870	11
12	55	Radiology-Therapeuti AGGREGATE	2,964,960	2,211,511	753,449	271,900	3,357	438,831	21,942	12
13	60	Laboratory AGGREGATE	657,063	74,358	582,705	260,300	2,748	343,896	17,195	13
14	69	Electrocardiology AGGREGATE	11,147,361	7,090,318	4,057,043	211,500	24,359	2,476,889	123,844	14
15	70	Electroencephalogram AGGREGATE	308,070	236,459	71,611	211,500	648	65,890	3,295	15
16	90	Clinic AGGREGATE	56,856,680	47,065,146	9,791,534	211,500	62,636	6,368,997	318,450	16
17										17
18										18
19										19
20										20
200		TOTAL	157,444,276	119,741,224	37,703,052		260,442	27,235,270	1,361,766	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	22	I&R Services-Other P					10,231,516	1,148,376	1,148,376	1
2	30	Adults & Pediatrics AGGREGATE					2,577,961	856,289	17,165,949	2
3	31	Intensive Care Unit AGGREGATE					473,333	157,185	3,151,589	3
4	32	Coronary Care Unit AGGREGATE					74,635	24,744	496,706	4
5	33	Burn Intensive Care AGGREGATE					47,791	15,848	318,080	5
6	34.01	NURSERY SPECIAL CARE AGGREGATE					121,206	40,214	806,816	6
7	35	NURSERY ICU AGGREGATE					287,254	95,435	1,912,871	7
8	43	Nursery AGGREGATE					10,372	3,397	68,790	8
9	50	Operating Room AGGREGATE					2,760,865	2,165,625	29,576,543	9
10	53	Anesthesiology AGGREGATE					118,434	71,702	3,034,770	10
11	54	Radiology-Diagnostic AGGREGATE					837,400	327,128	10,288,885	11
12	55	Radiology-Therapeuti AGGREGATE					438,831	314,618	2,526,129	12
13	60	Laboratory AGGREGATE					343,896	238,809	313,167	13
14	69	Electrocardiology AGGREGATE					2,476,889	1,580,154	8,670,472	14
15	70	Electroencephalogram AGGREGATE					65,890	5,721	242,180	15
16	90	Clinic AGGREGATE					6,368,997	3,422,537	50,487,683	16
17										17
18										18
19										19
20										20
200		TOTAL					27,235,270	10,467,782	130,209,006	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	1.01	2	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	30,999,972	30,999,972					1
1.01	DCAM CAPITAL	3,898,643		3,898,643				1.01
2	Cap Rel Costs-Mvble Equip	48,230,173			48,230,173			2
4	Employee Benefits Department	115,712,653	136,259		111,426	115,960,338		4
5.01	NON-PATIENT PHONES	1,398,209			2,163	321,043	1,721,415	5.01
5.02	DATA PROCESSING	54,202,581	671,712	40,733	20,185,869	4,810,364	11,325	5.02
5.03	PURCHASING	9,312,041	1,257,607	2,028	184,393	1,254,962	11,325	5.03
5.04	ADMITTING	4,569,734	76,175	7,193	5,053	785,939	11,325	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	15,546,997	13,108		2,121	973,997	11,325	5.05
5.06	OTHER ADMIN & GENERAL	105,210,862	2,966,839	406,706	4,820,585	9,738,505	1,132,515	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	39,626,034	460,936	6,987	495,993	2,349,523	11,325	7
8	Laundry & Linen Service	3,379,077	33,055		10,086		11,325	8
9	Housekeeping	23,860,551	1,125,989	74,879	275,157	2,987,472	11,325	9
10	Dietary	8,908,907	256,819		21,169	942,259	11,325	10
11	Cafeteria	529,299	1,199,271	140,330	245,748	164,365	11,325	11
12	Maintenance of Personnel							12
13	Nursing Administration	9,109,942	252,480		231,423	1,477,491	11,325	13
14	Central Services & Supply	6,017,482	611,056		264,583	529,752	11,325	14
15	Pharmacy	4,352,242	702,538	27,818	854,372	3,181,349	11,325	15
16	Medical Records & Library	7,210,985	303,976		6,334	788,247	11,325	16
17	Social Service	619,165	80,363		1,535	93,745	11,325	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	354,458	34,502		2,764	40,476	11,325	18.01
18.02	PATIENT TRANSPORT	5,539,253	281,708		42,747	780,301	11,325	18.02
18.03	MEDICAL ELECTRONICS	1,692,225	267,757		362,549	202,608	11,325	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	35,350,815	543,981		87,827	6,604,389		21
22	I&R Services-Other Prgm Costs Apprvd	25,117,997				2,084,591	11,325	22
23	PARAMED ED PRGM-PHARMACY	1,340,800	32,844			232,101	11,325	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	100,955,601	6,732,728	10,409	820,203	17,972,525	11,325	30
31	Intensive Care Unit	31,535,576	1,369,037		238,005	5,315,054	11,325	31
32	Coronary Care Unit	6,844,804	258,566		14,712	1,159,951	11,325	32
33	Burn Intensive Care Unit	2,960,338	148,613		10,404	496,872	11,325	33
34.01	NURSERY SPECIAL CARE	3,317,182	217,345		11,532	642,659	11,325	34.01
35	NURSERY ICU	17,362,195	596,803		149,846	3,090,288	11,325	35
43	Nursery	1,358,070	66,261		2,901	220,023	11,325	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	77,431,433	2,321,884	253,113	5,300,684	11,364,898	22,650	50
52	Delivery Room & Labor Room	5,441,303	497,065		41,624	822,456	11,325	52
53	Anesthesiology	9,749,245	153,555	12,798	1,099,846	1,644,507	11,325	53
54	Radiology-Diagnostic	24,665,650	1,547,421	414,339	3,772,489	4,186,571	11,325	54
55	Radiology-Therapeutic	9,111,284		298,999	1,060,335	1,351,680	11,325	55
57	CT Scan	3,262,720	41,462		507,214	477,289	11,325	57
58	MRI	3,814,612	1,567	52,046	874,316	496,891	11,325	58
59	Cardiac Catheterization	4,854,589	106,910		427,845	331,204	11,325	59
60	Laboratory	31,352,092	1,658,218	57,070	1,423,980	3,315,183	11,325	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	11,318,677	167,145	31,370	105,236	528,899	11,325	63
65	Respiratory Therapy	10,722,662	153,464	45,588	492,969	1,263,149	11,325	65
66	Physical Therapy	6,086,887	375,239	11,843	32,382	1,008,644	11,325	66
69	Electrocardiology	18,381,924	162,866	93,786	639,007	3,088,373	11,325	69
70	Electroencephalography	3,052,324	149,668	46,260	116,556	533,787	11,325	70
70.01	BRACE AND PLASTER ROOM	240,493		8,214		32,280	11,325	70.01
71	Medical Supplies Charged to Patients	19,683,581						71
72	Impl. Dev. Charged to Patients	39,722,619						72
73	Drugs Charged to Patients	110,162,666						73
74	Renal Dialysis	3,014,855	165,427		61,689	408,517	11,325	74
76.97	CARDIAC REHABILITATION	116,989	5,062			18,938		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	99,800,325	1,138,855	1,810,687	2,205,602	11,102,704	11,325	90
90.01	TRANSPLANT CLINIC	2,614,600	35,375	3,991		333,216	11,325	90.01
90.02	SILVER CROSS	3,897,917			221,763	549,138		90.02
91	Emergency	19,744,826	706,153		312,039	2,925,352	11,325	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	452,896	73,855		23,993	236,149	11,325	95
99.10	CORF							99.10

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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	DCAM	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NON PATIENT PHONES	
		0	1	1.01	2	4	5.01	
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,607,504	79,007	10,138	26,457	209,558	11,325	105
106	Heart Acquisition	1,871,048	34,803	4,468		63,155	11,325	106
107	Liver Acquisition	2,163,366	8,407	3,991	3,035	107,450	11,325	107
108	Lung Acquisition	2,058,884	39,473		8,102	84,103	11,325	108
109	Pancreas Acquisition	370,424	8,738	1,124	1,733	28,857	11,325	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,256,193,258	30,329,947	3,876,908	48,220,396	115,753,799	1,721,415	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		71,143	21,735				190
191.01	OTHER NONREIMBURSABLE	3,534,079	598,882		9,777	206,539		191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,259,727,337	30,999,972	3,898,643	48,230,173	115,960,338	1,721,415	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING	79,922,584	79,922,584					5.02
5.03	PURCHASING	12,022,356	814,418	12,836,774				5.03
5.04	ADMITTING	5,455,419	369,561	1,411	5,826,391			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	16,547,548	1,120,964	1,812		17,670,324		5.05
5.06	OTHER ADMIN & GENERAL	124,276,012	8,418,706				132,694,718	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	42,950,798	2,909,573	60,864			45,921,235	7
8	Laundry & Linen Service	3,433,543	232,595	1,763			3,667,901	8
9	Housekeeping	28,335,373	1,919,495	51,254			30,306,122	9
10	Dietary	10,140,479	686,936	45,338			10,872,753	10
11	Cafeteria	2,290,338	155,152	34,860			2,480,350	11
12	Maintenance of Personnel							12
13	Nursing Administration	11,082,661	750,762	1,792			11,835,215	13
14	Central Services & Supply	7,434,198	503,607	75,401			8,013,206	14
15	Pharmacy	9,129,644	618,460	3,924,828			13,672,932	15
16	Medical Records & Library	8,320,867	563,672	6,064			8,890,603	16
17	Social Service	806,133	54,609	30			860,772	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	443,525	30,045	61			473,631	18.01
18.02	PATIENT TRANSPORT	6,655,334	450,846	452			7,106,632	18.02
18.03	MEDICAL ELECTRONICS	2,536,464	171,825	116			2,708,405	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	42,587,012	2,884,929	1,188			45,473,129	21
22	I&R Services-Other Prgm Costs Apprvd	27,213,913	1,843,525				29,057,438	22
23	PARAMED ED PRGM-PHARMACY	1,617,070	109,544	16			1,726,630	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	126,502,791	8,569,799	230,955	881,009	1,578,725	137,763,279	30
31	Intensive Care Unit	38,468,997	2,605,967	118,823	397,237	655,095	42,246,119	31
32	Coronary Care Unit	8,289,358	561,538	24,105	89,590	147,745	9,112,336	32
33	Burn Intensive Care Unit	3,627,552	245,738	12,838	39,262	64,748	3,990,138	33
34.01	NURSERY SPECIAL CARE	4,200,043	284,519	3,700	46,643	76,921	4,611,826	34.01
35	NURSERY ICU	21,210,457	1,436,839	39,122	213,403	351,930	23,251,751	35
43	Nursery	1,658,580	112,356	517	14,534	23,969	1,809,956	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	96,694,662	6,550,290	865,181	623,184	1,630,234	106,363,551	50
52	Delivery Room & Labor Room	6,813,773	461,579	19,309	47,085	83,808	7,425,554	52
53	Anesthesiology	12,671,276	858,378	66,885	183,277	577,087	14,356,903	53
54	Radiology-Diagnostic	34,597,795	2,343,724	96,847	154,976	687,448	37,880,790	54
55	Radiology-Therapeutic	11,833,623	801,633	20,340	65,756	416,660	13,138,012	55
57	CT Scan	4,300,010	291,291	20,071	171,722	883,250	5,666,344	57
58	MRI	5,250,757	355,697	22,232	69,787	397,522	6,095,995	58
59	Cardiac Catheterization	5,731,873	388,289	74,656	97,567	288,652	6,581,037	59
60	Laboratory	37,817,868	2,561,858	380,161	627,537	2,080,256	43,467,680	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	12,162,652	823,922	296,817	194,560	383,342	13,861,293	63
65	Respiratory Therapy	12,689,157	859,589	106,597	240,437	445,284	14,341,064	65
66	Physical Therapy	7,526,320	509,848	8,546	41,418	126,793	8,212,925	66
69	Electrocardiology	22,377,281	1,515,882	49,949	124,136	455,120	24,522,368	69
70	Electroencephalography	3,909,920	264,866	1,167	42,560	111,681	4,330,194	70
70.01	BRACE AND PLASTER ROOM	292,312	19,802	1,913	27	3,368	317,422	70.01
71	Medical Supplies Charged to Patients	19,683,581	1,333,405	1,408,723	130,067	353,652	22,909,428	71
72	Impl. Dev. Charged to Patients	39,722,619	2,690,890	698,059	265,190	665,294	44,042,052	72
73	Drugs Charged to Patients	110,162,666	7,462,639	3,906,765	776,964	3,005,451	125,314,485	73
74	Renal Dialysis	3,661,813	248,059	22,322	48,771	86,073	4,067,038	74
76.97	CARDIAC REHABILITATION	140,989	9,551	237	4	3,260	154,041	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	116,069,498	7,862,780	20,840	82,306	1,217,298	125,252,722	90
90.01	TRANSPLANT CLINIC	2,998,507	203,125	1,558	4,079	7,771	3,215,040	90.01
90.02	SILVER CROSS	4,668,818	316,275	4,993	23	68,980	5,059,089	90.02
91	Emergency	23,699,695	1,605,465	95,609	127,560	747,139	26,275,468	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	798,218	54,073	1,155	10	22	853,478	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (cols.0-4)	
		4A	5.02	5.03	5.04	5.05		
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,943,989	334,916	3,183	9,224	18,501	5,309,813	105
106	Heart Acquisition	1,984,799	134,454	757	6,891	11,364	2,138,265	106
107	Liver Acquisition	2,297,574	155,642	383	5,147	8,488	2,467,234	107
108	Lung Acquisition	2,201,887	149,160	2,186	4,448	7,336	2,365,017	108
109	Pancreas Acquisition	422,201	28,601	353		57	451,212	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,255,285,182	79,621,663	12,835,104	5,826,391	17,670,324	1,254,982,591	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	92,878	6,292				99,170	190
191.01	OTHER NONREIMBURSABLE	4,349,277	294,629	1,670			4,645,576	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,259,727,337	79,922,584	12,836,774	5,826,391	17,670,324	1,259,727,337	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL	132,694,718						5.06
6	Maintenance & Repairs							6
7	Operation of Plant	5,406,674	51,327,909					7
8	Laundry & Linen Service	431,851	50,750	4,150,502				8
9	Housekeeping	3,568,182	1,996,956		35,871,260			9
10	Dietary	1,280,136	394,293		287,008	12,834,190		10
11	Cafeteria	292,031	2,343,923		1,706,151		6,822,455	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,393,455	387,631		282,158		125,015	13
14	Central Services & Supply	943,459	938,152		682,885		75,315	14
15	Pharmacy	1,609,824	1,178,253		857,655		253,683	15
16	Medical Records & Library	1,046,762	466,693		339,708		77,493	16
17	Social Service	101,346	123,381		89,810		14,149	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	55,764	52,970		38,557		4,783	18.01
18.02	PATIENT TRANSPORT	836,721	432,506		314,823		140,160	18.02
18.03	MEDICAL ELECTRONICS	318,882	411,086		299,231		18,546	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,353,915	835,172		607,925		1,282,233	21
22	I&R Services-Other Prgm Costs Apprvd	3,421,165						22
23	PARAMED ED PRGM-PHARMACY	203,290	50,426		36,705		31,221	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	16,220,125	10,374,029	2,921,803	7,551,298	9,034,802	1,221,453	30
31	Intensive Care Unit	4,973,974	2,101,879	546,834	1,529,966	1,690,922	328,812	31
32	Coronary Care Unit	1,072,868	396,976	86,189	288,961	266,515	74,943	32
33	Burn Intensive Care Unit	469,791	228,165	55,193	166,082	170,669	32,429	33
34.01	NURSERY SPECIAL CARE	542,987	333,690	139,996	242,894	432,896	27,833	34.01
35	NURSERY ICU	2,737,615	916,270	331,898	666,957	1,026,295	176,017	35
43	Nursery	213,101	101,731	68,589	74,050	212,091	13	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	12,523,032	4,471,477		3,254,806		395,704	50
52	Delivery Room & Labor Room	874,270	763,142		555,494		61,020	52
53	Anesthesiology	1,690,353	281,598		204,977		67,715	53
54	Radiology-Diagnostic	4,460,008	3,859,983		2,809,697		201,592	54
55	Radiology-Therapeutic	1,546,843	1,071,063		779,631		63,916	55
57	CT Scan	667,144	63,657		46,336		35,180	57
58	MRI	717,730	188,842		137,459		38,953	58
59	Cardiac Catheterization	774,838	164,138		119,477		26,332	59
60	Laboratory	5,117,798	2,750,290		2,001,947		372,042	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,632,001	368,988		268,588		48,385	63
65	Respiratory Therapy	1,688,488	398,919		290,375		130,449	65
66	Physical Therapy	966,973	618,526		450,228		96,730	66
69	Electrocardiology	2,887,215	586,004		426,555		95,654	69
70	Electroencephalography	509,828	395,496		287,883		62,693	70
70.01	BRACE AND PLASTER ROOM	37,373	29,423		21,417		5,288	70.01
71	Medical Supplies Charged to Patients	2,697,310						71
72	Impl. Dev. Charged to Patients	5,185,423						72
73	Drugs Charged to Patients	14,754,277						73
74	Renal Dialysis	478,845	253,980		184,873		30,184	74
76.97	CARDIAC REHABILITATION	18,136	7,772		5,657		2,471	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	14,747,005	8,234,679		5,994,056		843,406	90
90.01	TRANSPLANT CLINIC	378,532	68,607		49,939			90.01
90.02	SILVER CROSS	595,647					15,836	90.02
91	Emergency	3,093,621	1,084,156		789,161		219,593	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	100,487	113,389		82,536		16,965	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		5.06	7	8	9	10	11	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	625,167	157,615		114,729		30,928	105
106	Heart Acquisition	251,755	69,440		50,545		1,329	106
107	Liver Acquisition	290,487	27,202		19,801		8,250	107
108	Lung Acquisition	278,452	60,604		44,114		5,885	108
109	Pancreas Acquisition	53,125	17,441		12,695		3,428	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	132,136,081	50,221,363	4,150,502	35,065,800	12,834,190	6,764,026	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	11,676	187,084		136,180			190
191.01	OTHER NONREIMBURSABLE	546,961	919,462		669,280		58,429	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	132,694,718	51,327,909	4,150,502	35,871,260	12,834,190	6,822,455	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	
		13	14	15	16	17	18.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	14,023,474						13
14	Central Services & Supply	8,412	10,661,429					14
15	Pharmacy	19,709	3,331,138	20,923,194				15
16	Medical Records & Library		5,147		10,826,406			16
17	Social Service		25			1,189,483		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS		51				625,756	18.01
18.02	PATIENT TRANSPORT		383					18.02
18.03	MEDICAL ELECTRONICS		98					18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		1,008					21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY		14					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,892,676	196,003	3,661	1,635,439	837,352	95,058	30
31	Intensive Care Unit	1,751,362	100,841	1,161	738,262	156,716	42,628	31
32	Coronary Care Unit	394,577	20,457	117	166,502	24,701	9,614	32
33	Burn Intensive Care Unit	159,113	10,896	122	72,968	15,818	4,213	33
34.01	NURSERY SPECIAL CARE	162,638	3,140	21	86,686	40,121	5,005	34.01
35	NURSERY ICU	960,365	33,201	465	396,609	95,118	22,901	35
43	Nursery		439	2	27,012	19,657	1,560	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,640,320	734,248	21,501	1,158,184		66,875	50
52	Delivery Room & Labor Room	295,953	16,387	1,297	87,508		5,053	52
53	Anesthesiology	209,426	56,763	84,222	340,619		19,668	53
54	Radiology-Diagnostic	89,251	82,190	50,347	288,023		16,631	54
55	Radiology-Therapeutic	45,266	17,262	63,230	122,207		7,056	55
57	CT Scan		17,034	38,834	319,145		18,428	57
58	MRI		18,868	69,846	129,700		7,489	58
59	Cardiac Catheterization	66,177	63,358	16,169	181,328		10,470	59
60	Laboratory		322,629	344	1,166,275		67,342	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	27,080	251,898	12,086	361,588		20,879	63
65	Respiratory Therapy	80	90,465	362,507	446,851		25,802	65
66	Physical Therapy	16,104	7,253	45,686	76,976		4,445	66
69	Electrocardiology	122,740	42,390	1,985	230,705		13,321	69
70	Electroencephalography				79,098		4,567	70
70.01	BRACE AND PLASTER ROOM		1,623		50		3	70.01
71	Medical Supplies Charged to Patients		1,195,532		241,728		13,958	71
72	Impl. Dev. Charged to Patients		592,417		492,854		28,458	72
73	Drugs Charged to Patients		3,315,528	19,011,883	1,443,985		83,378	73
74	Renal Dialysis	116,330	19,935		90,641		5,234	74
76.97	CARDIAC REHABILITATION		201		7			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,838,930	17,686	1,109,161	152,966		8,832	90
90.01	TRANSPLANT CLINIC		1,322	5,099	7,580		438	90.01
90.02	SILVER CROSS	8,012	4,238	34	43		2	90.02
91	Emergency	967,976	81,140	3,965	237,069		13,689	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	53,999	980	354	18		1	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	
		13	14	15	16	17	18.01	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	64,494	2,701	14,565	17,142		990	105
106	Heart Acquisition	80	643	487	12,806		739	106
107	Liver Acquisition	29,483	325	1,836	9,565		552	107
108	Lung Acquisition	19,549	1,855	593	8,267		477	108
109	Pancreas Acquisition	7,130	299	1,614				109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	13,967,232	10,660,011	20,923,194	10,826,406	1,189,483	625,756	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE	56,242	1,418					191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	14,023,474	10,661,429	20,923,194	10,826,406	1,189,483	625,756	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	
		18.02	18.03	21	22	23	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS							18.01
18.02	PATIENT TRANSPORT	8,831,225						18.02
18.03	MEDICAL ELECTRONICS		3,756,248					18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			53,553,382				21
22	I&R Services-Other Prgm Costs Apprvd				32,478,603			22
23	PARAMED ED PRGM-PHARMACY					2,048,286		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,333,807	566,854	16,337,520	9,908,243		220,893,402	30
31	Intensive Care Unit	602,228	256,187	3,156,342	1,914,231		62,138,464	31
32	Coronary Care Unit	135,822	57,779	993,725	602,666		13,704,748	32
33	Burn Intensive Care Unit	59,523	25,321	242,536	147,091		5,850,068	33
34.01	NURSERY SPECIAL CARE	70,713	30,081	20,211	12,258		6,762,996	34.01
35	NURSERY ICU	323,529	137,629	1,620,278	982,652		33,679,550	35
43	Nursery	22,035	9,374				2,559,610	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	944,774	401,906	5,686,131	3,448,477		141,110,986	50
52	Delivery Room & Labor Room	71,383	30,366	1,795,443	1,088,885		13,071,755	52
53	Anesthesiology	277,856	118,200	3,799,737	2,304,432		23,812,469	53
54	Radiology-Diagnostic	234,951	99,948	2,378,204	1,442,313		53,893,928	54
55	Radiology-Therapeutic	99,688	42,407	562,550	341,170		17,900,301	55
57	CT Scan	260,339	110,748	336,856	204,294		7,784,339	57
58	MRI	105,801	45,008	70,740	42,902		7,669,333	58
59	Cardiac Catheterization	147,916	62,923	357,067	216,551		8,787,781	59
60	Laboratory	951,374	404,714	3,115,919	1,889,716		61,628,070	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	294,961	125,476	20,211	12,258		17,305,692	63
65	Respiratory Therapy	364,513	155,063				18,294,576	65
66	Physical Therapy	62,792	26,712				10,585,350	66
69	Electrocardiology	188,195	80,058	293,065	177,735		29,667,990	69
70	Electroencephalography	64,524	27,448	417,702	253,324		6,432,757	70
70.01	BRACE AND PLASTER ROOM	41	17				412,657	70.01
71	Medical Supplies Charged to Patients	197,187	83,883				27,339,026	71
72	Impl. Dev. Charged to Patients	402,039	171,027				50,914,270	72
73	Drugs Charged to Patients	1,177,912	501,083			2,048,286	167,650,817	73
74	Renal Dialysis	73,939	31,454	67,371	40,859		5,460,683	74
76.97	CARDIAC REHABILITATION	6	2				188,293	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	124,780	53,081	5,281,904	3,203,324		166,862,532	90
90.01	TRANSPLANT CLINIC	6,184	2,631				3,735,372	90.01
90.02	SILVER CROSS	35	15	178,534	108,276		5,969,761	90.02
91	Emergency	193,386	82,266	1,650,595	1,001,039		35,693,124	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	15	6				1,222,228	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PATIENT TRANSPORT	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	
		18.02	18.03	21	22	23	24	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	13,983	5,949				6,358,076	105
106	Heart Acquisition	10,447	4,444				2,540,980	106
107	Liver Acquisition	7,803	3,319				2,865,857	107
108	Lung Acquisition	6,744	2,869				2,794,426	108
109	Pancreas Acquisition						546,944	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	8,831,225	3,756,248	48,382,641	29,342,696	2,048,286	1,244,089,211	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						434,110	190
191.01	OTHER NONREIMBURSABLE			5,170,741	3,135,907		15,204,016	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,831,225	3,756,248	53,553,382	32,478,603	2,048,286	1,259,727,337	202

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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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
1.01	DCAM CAPITAL						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS						18.03
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	-26,245,763	194,647,639				30
31	Intensive Care Unit	-5,070,573	57,067,891				31
32	Coronary Care Unit	-1,596,391	12,108,357				32
33	Burn Intensive Care Unit	-389,627	5,460,441				33
34.01	NURSERY SPECIAL CARE	-32,469	6,730,527				34.01
35	NURSERY ICU	-2,602,930	31,076,620				35
43	Nursery		2,559,610				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	-9,134,608	131,976,378				50
52	Delivery Room & Labor Room	-2,884,328	10,187,427				52
53	Anesthesiology	-6,104,169	17,708,300				53
54	Radiology-Diagnostic	-3,820,517	50,073,411				54
55	Radiology-Therapeutic	-903,720	16,996,581				55
57	CT Scan	-541,150	7,243,189				57
58	MRI	-113,642	7,555,691				58
59	Cardiac Catheterization	-573,618	8,214,163				59
60	Laboratory	-5,005,635	56,622,435				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	-32,469	17,273,223				63
65	Respiratory Therapy		18,294,576				65
66	Physical Therapy		10,585,350				66
69	Electrocardiology	-470,800	29,197,190				69
70	Electroencephalography	-671,026	5,761,731				70
70.01	BRACE AND PLASTER ROOM		412,657				70.01
71	Medical Supplies Charged to Patients		27,339,026				71
72	Impl. Dev. Charged to Patients		50,914,270				72
73	Drugs Charged to Patients		167,650,817				73
74	Renal Dialysis	-108,230	5,352,453				74
76.97	CARDIAC REHABILITATION		188,293				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	-8,485,228	158,377,304				90
90.01	TRANSPLANT CLINIC		3,735,372				90.01
90.02	SILVER CROSS	-286,810	5,682,951				90.02
91	Emergency	-2,651,634	33,041,490				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services		1,222,228				95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30

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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				
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition		6,358,076				105
106	Heart Acquisition		2,540,980				106
107	Liver Acquisition		2,865,857				107
108	Lung Acquisition		2,794,426				108
109	Pancreas Acquisition		546,944				109
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)	-77,725,337	1,166,363,874				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		434,110				190
191.01	OTHER NONREIMBURSABLE	-8,306,648	6,897,368				191.01
191.02	MEDICAL SCHOOL						191.02
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-86,031,985	1,173,695,352				202

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		136,259		111,426	247,685	247,685	4
5.01	NON-PATIENT PHONES				2,163	2,163	685	5.01
5.02	DATA PROCESSING		671,712	40,733	20,185,869	20,898,314	10,268	5.02
5.03	PURCHASING		1,257,607	2,028	184,393	1,444,028	2,679	5.03
5.04	ADMITTING		76,175	7,193	5,053	88,421	1,678	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		13,108		2,121	15,229	2,079	5.05
5.06	OTHER ADMIN & GENERAL		2,966,839	406,706	4,820,585	8,194,130	20,787	5.06
6	Maintenance & Repairs							6
7	Operation of Plant		460,936	6,987	495,993	963,916	5,015	7
8	Laundry & Linen Service		33,055		10,086	43,141		8
9	Housekeeping		1,125,989	74,879	275,157	1,476,025	6,377	9
10	Dietary		256,819		21,169	277,988	2,011	10
11	Cafeteria		1,199,271	140,330	245,748	1,585,349	351	11
12	Maintenance of Personnel							12
13	Nursing Administration		252,480		231,423	483,903	3,154	13
14	Central Services & Supply		611,056		264,583	875,639	1,131	14
15	Pharmacy		702,538	27,818	854,372	1,584,728	6,791	15
16	Medical Records & Library		303,976		6,334	310,310	1,683	16
17	Social Service		80,363		1,535	81,898	200	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS		34,502		2,764	37,266	86	18.01
18.02	PATIENT TRANSPORT		281,708		42,747	324,455	1,666	18.02
18.03	MEDICAL ELECTRONICS		267,757		362,549	630,306	432	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		543,981		87,827	631,808	14,097	21
22	I&R Services-Other Prgm Costs Apprvd						4,450	22
23	PARAMED ED PRGM-PHARMACY		32,844			32,844	495	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		6,732,728	10,409	820,203	7,563,340	38,528	30
31	Intensive Care Unit		1,369,037		238,005	1,607,042	11,345	31
32	Coronary Care Unit		258,566		14,712	273,278	2,476	32
33	Burn Intensive Care Unit		148,613		10,404	159,017	1,061	33
34.01	NURSERY SPECIAL CARE		217,345		11,532	228,877	1,372	34.01
35	NURSERY ICU		596,803		149,846	746,649	6,596	35
43	Nursery		66,261		2,901	69,162	470	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		2,321,884	253,113	5,300,684	7,875,681	24,258	50
52	Delivery Room & Labor Room		497,065		41,624	538,689	1,756	52
53	Anesthesiology		153,555	12,798	1,099,846	1,266,199	3,510	53
54	Radiology-Diagnostic		1,547,421	414,339	3,772,489	5,734,249	8,936	54
55	Radiology-Therapeutic			298,999	1,060,335	1,359,334	2,885	55
57	CT Scan		41,462		507,214	548,676	1,019	57
58	MRI		1,567	52,046	874,316	927,929	1,061	58
59	Cardiac Catheterization		106,910		427,845	534,755	707	59
60	Laboratory		1,658,218	57,070	1,423,980	3,139,268	7,076	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		167,145	31,370	105,236	303,751	1,129	63
65	Respiratory Therapy		153,464	45,588	492,969	692,021	2,696	65
66	Physical Therapy		375,239	11,843	32,382	419,464	2,153	66
69	Electrocardiology		162,866	93,786	639,007	895,659	6,592	69
70	Electroencephalography		149,668	46,260	116,556	312,484	1,139	70
70.01	BRACE AND PLASTER ROOM			8,214		8,214	69	70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis		165,427		61,689	227,116	872	74
76.97	CARDIAC REHABILITATION		5,062			5,062	40	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		1,138,855	1,810,687	2,205,602	5,155,144	23,699	90
90.01	TRANSPLANT CLINIC		35,375	3,991		39,366	711	90.01
90.02	SILVER CROSS				221,763	221,763	1,172	90.02
91	Emergency		706,153		312,039	1,018,192	6,244	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services		73,855		23,993	97,848	504	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	DCAM	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	2	2A	4	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		79,007	10,138	26,457	115,602	447	105
106	Heart Acquisition		34,803	4,468		39,271	135	106
107	Liver Acquisition		8,407	3,991	3,035	15,433	229	107
108	Lung Acquisition		39,473		8,102	47,575	180	108
109	Pancreas Acquisition		8,738	1,124	1,733	11,595	62	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)		30,329,947	3,876,908	48,220,396	82,427,251	247,244	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		71,143	21,735		92,878		190
191.01	OTHER NONREIMBURSABLE		598,882		9,777	608,659	441	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		30,999,972	3,898,643	48,230,173	83,128,788	247,685	202

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UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	OTHER ADMIN & GEERAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES	2,848						5.01
5.02	DATA PROCESSING	19	20,908,601					5.02
5.03	PURCHASING	19	213,060	1,659,786				5.03
5.04	ADMITTING	19	96,681	182	186,981			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	19	293,256	234		310,817		5.05
5.06	OTHER ADMIN & GENERAL	1,861	2,202,419				10,419,197	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	19	761,174	7,869			424,542	7
8	Laundry & Linen Service	19	60,849	228			33,910	8
9	Housekeeping	19	502,159	6,626			280,180	9
10	Dietary	19	179,710	5,862			100,519	10
11	Cafeteria	19	40,589	4,507			22,931	11
12	Maintenance of Personnel							12
13	Nursing Administration	19	196,407	232			109,417	13
14	Central Services & Supply	19	131,749	9,748			74,082	14
15	Pharmacy	19	161,796	507,596			126,406	15
16	Medical Records & Library	19	147,462	784			82,194	16
17	Social Service	19	14,286	4			7,958	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	19	7,860	8			4,379	18.01
18.02	PATIENT TRANSPORT	19	117,946	58			65,701	18.02
18.03	MEDICAL ELECTRONICS	19	44,951	15			25,039	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		754,727	154			420,399	21
22	I&R Services-Other Prgm Costs Apprvd	19	482,285				268,636	22
23	PARAMED ED PRGM-PHARMACY	19	28,658	2			15,963	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	19	2,241,984	29,859	28,290	27,697	1,273,401	30
31	Intensive Care Unit	19	681,748	15,362	12,747	11,493	390,565	31
32	Coronary Care Unit	19	146,904	3,116	2,875	2,592	84,244	32
33	Burn Intensive Care Unit	19	64,287	1,660	1,260	1,136	36,889	33
34.01	NURSERY SPECIAL CARE	19	74,433	478	1,497	1,349	42,636	34.01
35	NURSERY ICU	19	375,892	5,058	6,848	6,174	214,962	35
43	Nursery	19	29,393	67	466	421	16,733	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	37	1,713,623	111,856	19,997	28,601	983,331	50
52	Delivery Room & Labor Room	19	120,754	2,496	1,511	1,470	68,649	52
53	Anesthesiology	19	224,560	8,647	5,881	10,124	132,730	53
54	Radiology-Diagnostic	19	613,142	12,521	4,973	12,060	350,208	54
55	Radiology-Therapeutic	19	209,715	2,630	2,110	7,310	121,461	55
57	CT Scan	19	76,205	2,595	5,510	15,496	52,385	57
58	MRI	19	93,054	2,874	2,239	6,974	56,357	58
59	Cardiac Catheterization	19	101,580	9,652	3,131	5,064	60,842	59
60	Laboratory	19	670,208	49,150	20,137	36,496	401,859	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	19	215,547	38,374	6,243	6,725	128,148	63
65	Respiratory Therapy	19	224,877	13,782	7,715	7,812	132,583	65
66	Physical Therapy	19	133,381	1,105	1,329	2,224	75,928	66
69	Electrocardiology	19	396,570	6,458	3,983	7,985	226,709	69
70	Electroencephalography	19	69,292	151	1,366	1,959	40,033	70
70.01	BRACE AND PLASTER ROOM	19	5,180	247	1	59	2,935	70.01
71	Medical Supplies Charged to Patients		348,832	182,128	4,174	6,204	211,798	71
72	Impl. Dev. Charged to Patients		703,964	90,249	8,510	11,672	407,169	72
73	Drugs Charged to Patients		1,952,303	505,090	24,932	53,540	1,158,532	73
74	Renal Dialysis	19	64,895	2,886	1,565	1,510	37,600	74
76.97	CARDIAC REHABILITATION		2,499	31		57	1,424	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	19	2,056,984	2,694	2,641	21,356	1,157,961	90
90.01	TRANSPLANT CLINIC	19	53,140	201	131	136	29,723	90.01
90.02	SILVER CROSS		82,741	646	1	1,210	46,771	90.02
91	Emergency	19	420,006	12,361	4,093	13,108	242,917	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	19	14,146	149			7,890	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING ADMIT, REC AND STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	OTHER ADMIN & GEERAL	
		5.01	5.02	5.03	5.04	5.05	5.06	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	19	87,617	411	296	325	49,089	105
106	Heart Acquisition	19	35,175	98	221	199	19,768	106
107	Liver Acquisition	19	40,718	50	165	149	22,810	107
108	Lung Acquisition	19	39,022	283	143	129	21,865	108
109	Pancreas Acquisition	19	7,482	46		1	4,171	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,848	20,829,877	1,659,570	186,981	310,817	10,375,332	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		1,646				917	190
191.01	OTHER NONREIMBURSABLE		77,078	216			42,948	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,848	20,908,601	1,659,786	186,981	310,817	10,419,197	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant	2,162,535						7
8	Laundry & Linen Service	2,138	140,285					8
9	Housekeeping	84,135		2,355,521				9
10	Dietary	16,612		18,847	601,568			10
11	Cafeteria	98,754		112,036		1,864,536		11
12	Maintenance of Personnel							12
13	Nursing Administration	16,332		18,528		34,166	862,158	13
14	Central Services & Supply	39,526		44,842		20,583	517	14
15	Pharmacy	49,642		56,319		69,330	1,212	15
16	Medical Records & Library	19,663		22,307		21,178		16
17	Social Service	5,198		5,897		3,867		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	2,232		2,532		1,307		18.01
18.02	PATIENT TRANSPORT	18,222		20,673		38,305		18.02
18.03	MEDICAL ELECTRONICS	17,320		19,649		5,069		18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	35,187		39,920		350,426		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY	2,125		2,410		8,532		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	437,075	98,755	495,864	423,482	333,816	300,799	30
31	Intensive Care Unit	88,556	18,483	100,467	79,257	89,862	107,673	31
32	Coronary Care Unit	16,725	2,913	18,975	12,492	20,481	24,258	32
33	Burn Intensive Care Unit	9,613	1,866	10,906	8,000	8,863	9,782	33
34.01	NURSERY SPECIAL CARE	14,059	4,732	15,950	20,291	7,607	9,999	34.01
35	NURSERY ICU	38,604	11,218	43,796	48,105	48,104	59,043	35
43	Nursery	4,286	2,318	4,863	9,941	4		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	188,391		213,730		108,143	100,846	50
52	Delivery Room & Labor Room	32,153		36,477		16,676	18,195	52
53	Anesthesiology	11,864		13,460		18,506	12,875	53
54	Radiology-Diagnostic	162,628		184,501		55,094	5,487	54
55	Radiology-Therapeutic	45,126		51,195		17,468	2,783	55
57	CT Scan	2,682		3,043		9,614		57
58	MRI	7,956		9,026		10,646		58
59	Cardiac Catheterization	6,915		7,846		7,196	4,069	59
60	Laboratory	115,875		131,460		101,677		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	15,546		17,637		13,223	1,665	63
65	Respiratory Therapy	16,807		19,068		35,651	5	65
66	Physical Therapy	26,060		29,565		26,436	990	66
69	Electrocardiology	24,689		28,010		26,142	7,546	69
70	Electroencephalography	16,663		18,904		17,134		70
70.01	BRACE AND PLASTER ROOM	1,240		1,406		1,445		70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	10,701		12,140		8,249	7,152	74
76.97	CARDIAC REHABILITATION	327		371		675		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	346,941		393,606		230,498	113,057	90
90.01	TRANSPLANT CLINIC	2,891		3,279				90.01
90.02	SILVER CROSS					4,328	493	90.02
91	Emergency	45,677		51,821		60,014	59,511	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	4,777		5,420		4,637	3,320	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7	8	9	10	11	13	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	6,641		7,534		8,453	3,965	105
106	Heart Acquisition	2,926		3,319		363	5	106
107	Liver Acquisition	1,146		1,300		2,255	1,813	107
108	Lung Acquisition	2,553		2,897		1,608	1,202	108
109	Pancreas Acquisition	735		834		937	438	109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	2,115,914	140,285	2,302,630	601,568	1,848,568	858,700	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	7,882		8,942				190
191.01	OTHER NONREIMBURSABLE	38,739		43,949		15,968	3,458	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,162,535	140,285	2,355,521	601,568	1,864,536	862,158	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
		14	15	16	17	18.01	18.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	1,197,836						14
15	Pharmacy	374,131	2,937,970					15
16	Medical Records & Library	578		606,178				16
17	Social Service	3			119,330			17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	6				55,695		18.01
18.02	PATIENT TRANSPORT	43					587,088	18.02
18.03	MEDICAL ELECTRONICS	11						18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	113						21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY	2						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	22,025	514	91,089	84,004	8,868	87,606	30
31	Intensive Care Unit	11,331	163	41,374	15,722	3,761	40,121	31
32	Coronary Care Unit	2,299	16	9,331	2,478	848	9,049	32
33	Burn Intensive Care Unit	1,224	17	4,089	1,587	372	3,965	33
34.01	NURSERY SPECIAL CARE	353	3	4,858	4,025	442	4,711	34.01
35	NURSERY ICU	3,731	65	22,227	9,542	2,021	21,554	35
43	Nursery	49		1,514	1,972	138	1,468	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	82,507	3,019	64,908		5,901	62,941	50
52	Delivery Room & Labor Room	1,841	182	4,904		446	4,756	52
53	Anesthesiology	6,378	11,826	19,089		1,735	18,511	53
54	Radiology-Diagnostic	9,236	7,069	16,142		1,467	15,653	54
55	Radiology-Therapeutic	1,940	8,878	6,849		623	6,641	55
57	CT Scan	1,914	5,453	17,886		1,626	17,344	57
58	MRI	2,120	9,807	7,269		661	7,048	58
59	Cardiac Catheterization	7,120	2,270	10,162		924	9,854	59
60	Laboratory	36,254	48	65,362		5,942	63,381	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	28,306	1,697	20,265		1,842	19,650	63
65	Respiratory Therapy	10,166	50,901	25,043		2,277	24,284	65
66	Physical Therapy	815	6,415	4,314		392	4,183	66
69	Electrocardiology	4,763	279	12,929		1,175	12,538	69
70	Electroencephalography			4,433		403	4,299	70
70.01	BRACE AND PLASTER ROOM	182		3			3	70.01
71	Medical Supplies Charged to Patients	134,342		13,547		1,232	13,137	71
72	Impl. Dev. Charged to Patients	66,570		27,621		2,511	26,784	72
73	Drugs Charged to Patients	372,566	2,669,597	80,925		7,357	78,473	73
74	Renal Dialysis	2,240		5,080		462	4,926	74
76.97	CARDIAC REHABILITATION	23						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,987	155,742	8,573		779	8,313	90
90.01	TRANSPLANT CLINIC	149	716	425		39	412	90.01
90.02	SILVER CROSS	476	5	2			2	90.02
91	Emergency	9,118	557	13,286		1,208	12,883	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	110	50	1			1	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	VOLUNTEERS	PATIENT TRANSPORT	
		14	15	16	17	18.01	18.02	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	304	2,045	961		87	932	105
106	Heart Acquisition	72	68	718		65	696	106
107	Liver Acquisition	37	258	536		49	520	107
108	Lung Acquisition	208	83	463		42	449	108
109	Pancreas Acquisition	34	227					109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	1,197,677	2,937,970	606,178	119,330	55,695	587,088	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE	159						191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,197,836	2,937,970	606,178	119,330	55,695	587,088	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		18.03	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS							18.01
18.02	PATIENT TRANSPORT							18.02
18.03	MEDICAL ELECTRONICS	742,811						18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		2,246,831					21
22	I&R Services-Other Prgm Costs Apprvd			755,390				22
23	PARAMED ED PRGM-PHARMACY				91,050			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	113,256				13,700,271		30
31	Intensive Care Unit	50,569				3,377,660		31
32	Coronary Care Unit	11,405				646,774		32
33	Burn Intensive Care Unit	4,998				330,611		33
34.01	NURSERY SPECIAL CARE	5,938				443,629		34.01
35	NURSERY ICU	27,167				1,697,375		35
43	Nursery	1,850				145,134		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	79,332				11,667,102		50
52	Delivery Room & Labor Room	5,994				856,968		52
53	Anesthesiology	23,331				1,789,245		53
54	Radiology-Diagnostic	19,729				7,213,114		54
55	Radiology-Therapeutic	8,371				1,855,338		55
57	CT Scan	21,861				783,328		57
58	MRI	8,884				1,153,924		58
59	Cardiac Catheterization	12,420				784,526		59
60	Laboratory	79,886				4,924,098		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	24,768				844,535		63
65	Respiratory Therapy	30,608				1,296,315		65
66	Physical Therapy	5,273				740,046		66
69	Electrocardiology	15,803				1,677,849		69
70	Electroencephalography	5,418				493,697		70
70.01	BRACE AND PLASTER ROOM	3				21,006		70.01
71	Medical Supplies Charged to Patients	16,558				931,952		71
72	Impl. Dev. Charged to Patients	33,759				1,378,809		72
73	Drugs Charged to Patients	98,909				7,002,224		73
74	Renal Dialysis	6,209				393,622		74
76.97	CARDIAC REHABILITATION					10,509		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	10,478				9,690,472		90
90.01	TRANSPLANT CLINIC	519				131,857		90.01
90.02	SILVER CROSS	3				359,613		90.02
91	Emergency	16,239				1,987,254		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	1				138,873		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30

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**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		18.03	21	22	23	24	25	
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,174				285,902		105
106	Heart Acquisition	877				103,995		106
107	Liver Acquisition	655				88,142		107
108	Lung Acquisition	566				119,287		108
109	Pancreas Acquisition					26,581		109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)	742,811				79,091,637		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					112,265		190
191.01	OTHER NONREIMBURSABLE					831,615		191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments		2,246,831	755,390	91,050	3,093,271		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	742,811	2,246,831	755,390	91,050	83,128,788		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
1.01	DCAM CAPITAL						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS						18.03
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	13,700,271					30
31	Intensive Care Unit	3,377,660					31
32	Coronary Care Unit	646,774					32
33	Burn Intensive Care Unit	330,611					33
34.01	NURSERY SPECIAL CARE	443,629					34.01
35	NURSERY ICU	1,697,375					35
43	Nursery	145,134					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,667,102					50
52	Delivery Room & Labor Room	856,968					52
53	Anesthesiology	1,789,245					53
54	Radiology-Diagnostic	7,213,114					54
55	Radiology-Therapeutic	1,855,338					55
57	CT Scan	783,328					57
58	MRI	1,153,924					58
59	Cardiac Catheterization	784,526					59
60	Laboratory	4,924,098					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	844,535					63
65	Respiratory Therapy	1,296,315					65
66	Physical Therapy	740,046					66
69	Electrocardiology	1,677,849					69
70	Electroencephalography	493,697					70
70.01	BRACE AND PLASTER ROOM	21,006					70.01
71	Medical Supplies Charged to Patients	931,952					71
72	Impl. Dev. Charged to Patients	1,378,809					72
73	Drugs Charged to Patients	7,002,224					73
74	Renal Dialysis	393,622					74
76.97	CARDIAC REHABILITATION	10,509					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	9,690,472					90
90.01	TRANSPLANT CLINIC	131,857					90.01
90.02	SILVER CROSS	359,613					90.02
91	Emergency	1,987,254					91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	138,873					95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	285,902					105
106	Heart Acquisition	103,995					106
107	Liver Acquisition	88,142					107
108	Lung Acquisition	119,287					108
109	Pancreas Acquisition	26,581					109
113	Interest Expense						113
118	SUBTOTALS (sum of lines 1-117)	79,091,637					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	112,265					190
191.01	OTHER NONREIMBURSABLE	831,615					191.01
191.02	MEDICAL SCHOOL						191.02
200	Cross Foot Adjustments	3,093,271					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	83,128,788					202

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	RECONCILIATION	
		1	1.01	2	4	5.01	5A.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,028,791						1
1.01	DCAM CAPITAL		301,879					1.01
2	Cap Rel Costs-Mvble Equip			47,120,226				2
4	Employee Benefits Department	4,522		108,862	633,033,088			4
5.01	NON-PATIENT PHONES			2,113	1,752,588	152		5.01
5.02	DATA PROCESSING	22,292	3,154	19,721,328	26,260,023	1	-79,922,584	5.02
5.03	PURCHASING	41,736	157	180,149	6,850,905	1		5.03
5.04	ADMITTING	2,528	557	4,937	4,290,483	1		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	435		2,072	5,317,102	1		5.05
5.06	OTHER ADMIN & GENERAL	98,460	31,492	4,709,645	53,163,001	100		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	15,297	541	484,578	12,826,165	1		7
8	Laundry & Linen Service	1,097		9,854		1		8
9	Housekeeping	37,368	5,798	268,825	16,308,762	1		9
10	Dietary	8,523		20,682	5,143,840	1		10
11	Cafeteria	39,800	10,866	240,092	897,277	1		11
12	Maintenance of Personnel							12
13	Nursing Administration	8,379		226,097	8,065,698	1		13
14	Central Services & Supply	20,279		258,494	2,891,944	1		14
15	Pharmacy	23,315	2,154	834,710	17,367,146	1		15
16	Medical Records & Library	10,088		6,188	4,303,083	1		16
17	Social Service	2,667		1,500	511,760	1		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	1,145		2,700	220,961	1		18.01
18.02	PATIENT TRANSPORT	9,349		41,763	4,259,702	1		18.02
18.03	MEDICAL ELECTRONICS	8,886		354,205	1,106,046	1		18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	18,053		85,806	36,053,703			21
22	I&R Services-Other Prgm Costs Apprvd				11,379,892	1		22
23	PARAMED ED PRGM-PHARMACY	1,090			1,267,050	1		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	223,438	806	801,327	98,112,553	1		30
31	Intensive Care Unit	45,434		232,528	29,015,153	1		31
32	Coronary Care Unit	8,581		14,373	6,332,233	1		32
33	Burn Intensive Care Unit	4,932		10,165	2,712,452	1		33
34.01	NURSERY SPECIAL CARE	7,213		11,267	3,508,310	1		34.01
35	NURSERY ICU	19,806		146,397	16,870,042	1		35
43	Nursery	2,199		2,834	1,201,117	1		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	77,056	19,599	5,178,695	62,041,567	2		50
52	Delivery Room & Labor Room	16,496		40,666	4,489,831	1		52
53	Anesthesiology	5,096	991	1,074,534	8,977,451	1		53
54	Radiology-Diagnostic	51,354	32,083	3,685,669	22,854,708	1		54
55	Radiology-Therapeutic		23,152	1,035,933	7,378,890	1		55
57	CT Scan	1,376		495,541	2,605,547	1		57
58	MRI	52	4,030	854,195	2,712,555	1		58
59	Cardiac Catheterization	3,548		417,999	1,808,062	1		59
60	Laboratory	55,031	4,419	1,391,209	18,097,757	1		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	5,547	2,429	102,814	2,887,285	1		63
65	Respiratory Therapy	5,093	3,530	481,624	6,895,594	1		65
66	Physical Therapy	12,453	917	31,637	5,506,242	1		66
69	Electrocardiology	5,405	7,262	624,301	16,859,586	1		69
70	Electroencephalography	4,967	3,582	113,874	2,913,973	1		70
70.01	BRACE AND PLASTER ROOM		636		176,218	1		70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	5,490		60,269	2,230,118	1		74
76.97	CARDIAC REHABILITATION	168			103,383			76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	37,795	140,205	2,154,843	60,610,235	1		90
90.01	TRANSPLANT CLINIC	1,174	309		1,819,041	1		90.01
90.02	SILVER CROSS			216,659	2,997,770			90.02
91	Emergency	23,435		304,858	15,969,645	1		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,451		23,441	1,289,147	1		95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	RECON- CILIATION	
		1	1.01	2	4	5.01	5A.02	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,622	785	25,848	1,143,990	1		105
106	Heart Acquisition	1,155	346		344,766	1		106
107	Liver Acquisition	279	309	2,965	586,573	1		107
108	Lung Acquisition	1,310		7,916	459,125	1		108
109	Pancreas Acquisition	290	87	1,693	157,531	1		109
118	SUBTOTALS (sum of lines 1-117)	1,006,555	300,196	47,110,674	631,905,581	152	-79,922,584	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	2,361	1,683					190
191.01	OTHER NONREIMBURSABLE	19,875		9,552	1,127,507			191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	30,999,972	3,898,643	48,230,173	115,960,338	1,721,415		202
203	Unit Cost Multiplier (Wkst. B, Part I)	30.132429	12.914588	1.023556	0.183182	11,325.098684		203
204	Cost to be allocated (Per Wkst. B, Part II)				247,685	2,848		204
205	Unit Cost Multiplier (Wkst. B, Part II)				0.000391	18.736842		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCESSING ACCUM COST	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	ADMITTING INPATIENT REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECONCILIATION	OTHER ADMIN & GERAL ACCUM COST	
		5.02	5.03	5.04	5.05		5.06	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING	1,179,804,753						5.02
5.03	PURCHASING	12,022,356	361,970,787					5.03
5.04	ADMITTING	5,455,419	39,787	3,064,768,894				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	16,547,548	51,088		5,636,351,794			5.05
5.06	OTHER ADMIN & GENERAL	124,276,012				-132,694,718	1,127,032,619	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	42,950,798	1,716,218				45,921,235	7
8	Laundry & Linen Service	3,433,543	49,721				3,667,901	8
9	Housekeeping	28,335,373	1,445,252				30,306,122	9
10	Dietary	10,140,479	1,278,415				10,872,753	10
11	Cafeteria	2,290,338	982,967				2,480,350	11
12	Maintenance of Personnel							12
13	Nursing Administration	11,082,661	50,540				11,835,215	13
14	Central Services & Supply	7,434,198	2,126,138				8,013,206	14
15	Pharmacy	9,129,644	110,675,160				13,672,932	15
16	Medical Records & Library	8,320,867	171,003				8,890,603	16
17	Social Service	806,133	841				860,772	17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	443,525	1,709				473,631	18.01
18.02	PATIENT TRANSPORT	6,655,334	12,741				7,106,632	18.02
18.03	MEDICAL ELECTRONICS	2,536,464	3,259				2,708,405	18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	42,587,012	33,485				45,473,129	21
22	I&R Services-Other Prgm Costs Apprvd	27,213,913					29,057,438	22
23	PARAMED ED PRGM-PHARMACY	1,617,070	451				1,726,630	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	126,502,791	6,512,378	463,305,685	503,580,641		137,763,279	30
31	Intensive Care Unit	38,468,997	3,350,517	208,961,870	208,961,870		42,246,119	31
32	Coronary Care Unit	8,289,358	679,704	47,127,741	47,127,741		9,112,336	32
33	Burn Intensive Care Unit	3,627,552	362,015	20,653,351	20,653,351		3,990,138	33
34.01	NURSERY SPECIAL CARE	4,200,043	104,345	24,536,090	24,536,090		4,611,826	34.01
35	NURSERY ICU	21,210,457	1,103,134	112,258,480	112,258,480		23,251,751	35
43	Nursery	1,658,580	14,583	7,645,632	7,645,632		1,809,956	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	96,694,662	24,396,048	327,818,787	520,010,789		106,363,551	50
52	Delivery Room & Labor Room	6,813,773	544,474	24,768,732	26,733,027		7,425,554	52
53	Anesthesiology	12,671,276	1,885,994	96,410,777	184,078,756		14,356,903	53
54	Radiology-Diagnostic	34,597,795	2,730,842	81,523,635	219,281,602		37,880,790	54
55	Radiology-Therapeutic	11,833,623	573,541	34,590,039	132,905,744		13,138,012	55
57	CT Scan	4,300,010	565,968	90,332,655	281,738,350		5,666,344	57
58	MRI	5,250,757	626,902	36,710,900	126,801,418		6,095,995	58
59	Cardiac Catheterization	5,731,873	2,105,122	51,323,959	92,074,143		6,581,037	59
60	Laboratory	37,817,868	10,719,631	330,108,896	663,558,543		43,467,680	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	12,162,652	8,369,534	102,346,012	122,278,030		13,861,293	63
65	Respiratory Therapy	12,689,157	3,005,791	126,479,107	142,036,314		14,341,064	65
66	Physical Therapy	7,526,320	240,984	21,787,708	40,444,233		8,212,925	66
69	Electrocardiology	22,377,281	1,408,451	65,300,162	145,173,958		24,522,368	69
70	Electroencephalography	3,909,920	32,919	22,388,459	35,623,953		4,330,194	70
70.01	BRACE AND PLASTER ROOM	292,312	53,937	14,086	1,074,375		317,422	70.01
71	Medical Supplies Charged to Patients	19,683,581	39,722,619	68,420,071	112,807,773		22,909,428	71
72	Impl. Dev. Charged to Patients	39,722,619	19,683,581	139,500,035	212,215,039		44,042,052	72
73	Drugs Charged to Patients	110,162,666	110,161,421	408,713,530	958,561,221		125,314,485	73
74	Renal Dialysis	3,661,813	629,433	25,655,600	27,455,555		4,067,038	74
76.97	CARDIAC REHABILITATION	140,989	6,677	2,007	1,039,903		154,041	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	116,069,498	587,637	43,296,383	388,292,852		125,252,722	90
90.01	TRANSPLANT CLINIC	2,998,507	43,919	2,145,596	2,478,693		3,215,040	90.01
90.02	SILVER CROSS	4,668,818	140,803	12,235	22,003,074		5,059,089	90.02
91	Emergency	23,699,695	2,695,959	67,101,438	238,321,949		26,275,468	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	798,218	32,561	5,120	6,870		853,478	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DATA PROCESSING ACCUM COST	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	ADMITTING INPATIENT REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON-CILIATION	OTHER ADMIN & GEERAL ACCUM COST	
		5.02	5.03	5.04	5.05		5.06	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,943,989	89,746	4,851,971	5,901,534		5,309,813	105
106	Heart Acquisition	1,984,799	21,354	3,624,758	3,624,758		2,138,265	106
107	Liver Acquisition	2,297,574	10,807	2,707,403	2,707,403		2,467,234	107
108	Lung Acquisition	2,201,887	61,634	2,339,984	2,339,984		2,365,017	108
109	Pancreas Acquisition	422,201	9,944		18,146		451,212	109
118	SUBTOTALS (sum of lines 1-117)	1,175,362,598	361,923,684	3,064,768,894	5,636,351,794	-132,694,718	1,122,287,873	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	92,878					99,170	190
191.01	OTHER NONREIMBURSABLE	4,349,277	47,103				4,645,576	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	79,922,584	12,836,774	5,826,391	17,670,324		132,694,718	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.067742	0.035464	0.001901	0.003135		0.117738	203
204	Cost to be allocated (Per Wkst. B, Part II)	20,908,601	1,659,786	186,981	310,817		10,419,197	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.017722	0.004585	0.000061	0.000055		0.009245	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	
		OF PLANT	& LINEN	KEEPING	PATIENT	FTES	ADMINIS-	
		SQUARE	SERVICE	HOURS OF	PATIENT		TRATION	
		FEET	PATIENT	SERVICE	DAYS		DIRECT	
		7	DAYS	9	10	11	NRSING	13
			8				HRS	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant	1,109,499						7
8	Laundry & Linen Service	1,097	185,592					8
9	Housekeeping	43,166		1,065,236				9
10	Dietary	8,523		8,523	185,592			10
11	Cafeteria	50,666		50,666		513,533		11
12	Maintenance of Personnel							12
13	Nursing Administration	8,379		8,379		9,410	175,037	13
14	Central Services & Supply	20,279		20,279		5,669	105	14
15	Pharmacy	25,469		25,469		19,095	246	15
16	Medical Records & Library	10,088		10,088		5,833		16
17	Social Service	2,667		2,667		1,065		17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	1,145		1,145		360		18.01
18.02	PATIENT TRANSPORT	9,349		9,349		10,550		18.02
18.03	MEDICAL ELECTRONICS	8,886		8,886		1,396		18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	18,053		18,053		96,515		21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY	1,090		1,090		2,350		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	224,244	130,650	224,244	130,650	91,940	61,069	30
31	Intensive Care Unit	45,434	24,452	45,434	24,452	24,750	21,860	31
32	Coronary Care Unit	8,581	3,854	8,581	3,854	5,641	4,925	32
33	Burn Intensive Care Unit	4,932	2,468	4,932	2,468	2,441	1,986	33
34.01	NURSERY SPECIAL CARE	7,213	6,260	7,213	6,260	2,095	2,030	34.01
35	NURSERY ICU	19,806	14,841	19,806	14,841	13,249	11,987	35
43	Nursery	2,199	3,067	2,199	3,067	1		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	96,655		96,655		29,785	20,474	50
52	Delivery Room & Labor Room	16,496		16,496		4,593	3,694	52
53	Anesthesiology	6,087		6,087		5,097	2,614	53
54	Radiology-Diagnostic	83,437		83,437		15,174	1,114	54
55	Radiology-Therapeutic	23,152		23,152		4,811	565	55
57	CT Scan	1,376		1,376		2,648		57
58	MRI	4,082		4,082		2,932		58
59	Cardiac Catheterization	3,548		3,548		1,982	826	59
60	Laboratory	59,450		59,450		28,004		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,976		7,976		3,642	338	63
65	Respiratory Therapy	8,623		8,623		9,819	1	65
66	Physical Therapy	13,370		13,370		7,281	201	66
69	Electrocardiology	12,667		12,667		7,200	1,532	69
70	Electroencephalography	8,549		8,549		4,719		70
70.01	BRACE AND PLASTER ROOM	636		636		398		70.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	5,490		5,490		2,272	1,452	74
76.97	CARDIAC REHABILITATION	168		168		186		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	178,000		178,000		63,484	22,953	90
90.01	TRANSPLANT CLINIC	1,483		1,483				90.01
90.02	SILVER CROSS					1,192	100	90.02
91	Emergency	23,435		23,435		16,529	12,082	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	2,451		2,451		1,277	674	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE PATIENT DAYS	HOUSE-KEEPING HOURS OF SERVICE	DIETARY PATIENT DAYS	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	
		7	8	9	10	11	13	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	3,407		3,407		2,328	805	105
106	Heart Acquisition	1,501		1,501		100	1	106
107	Liver Acquisition	588		588		621	368	107
108	Lung Acquisition	1,310		1,310		443	244	108
109	Pancreas Acquisition	377		377		258	89	109
118	SUBTOTALS (sum of lines 1-117)	1,085,580	185,592	1,041,317	185,592	509,135	174,335	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	4,044		4,044				190
191.01	OTHER NONREIMBURSABLE	19,875		19,875		4,398	702	191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	51,327,909	4,150,502	35,871,260	12,834,190	6,822,455	14,023,474	202
203	Unit Cost Multiplier (Wkst. B, Part I)	46,262,240	22,363,582	33,674,472	69,152,711	13,285,329	80,117,198	203
204	Cost to be allocated (Per Wkst. B, Part II)	2,162,535	140,285	2,355,521	601,568	1,864,536	862,158	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1,949,109	0.755878	2,211,267	3,241,347	3,630,801	4,925,576	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS INPATIENT REVENUE	PATIENT TRANSPORT INPATIENT REVENUE	
		14	15	16	17	18.01	18.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	DCAM CAPITAL							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NON-PATIENT PHONES							5.01
5.02	DATA PROCESSING							5.02
5.03	PURCHASING							5.03
5.04	ADMITTING							5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06	OTHER ADMIN & GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	354,230,661						14
15	Pharmacy	110,675,160	121,236,211					15
16	Medical Records & Library	171,003		3,064,768,894				16
17	Social Service	841			185,592			17
18	OCCUPATIONAL THERAPY							18
18.01	VOLUNTEERS	1,709				3,064,768,894		18.01
18.02	PATIENT TRANSPORT	12,741					3,064,768,894	18.02
18.03	MEDICAL ELECTRONICS	3,259						18.03
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	33,485						21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-PHARMACY	451						23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	6,512,378	21,211	463,305,685	130,650	463,305,685	463,305,685	30
31	Intensive Care Unit	3,350,517	6,727	208,961,870	24,452	208,961,870	208,961,870	31
32	Coronary Care Unit	679,704	676	47,127,741	3,854	47,127,741	47,127,741	32
33	Burn Intensive Care Unit	362,015	709	20,653,351	2,468	20,653,351	20,653,351	33
34.01	NURSERY SPECIAL CARE	104,345	121	24,536,090	6,260	24,536,090	24,536,090	34.01
35	NURSERY ICU	1,103,134	2,693	112,258,480	14,841	112,258,480	112,258,480	35
43	Nursery	14,583	12	7,645,632	3,067	7,645,632	7,645,632	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,396,048	124,584	327,818,787		327,818,787	327,818,787	50
52	Delivery Room & Labor Room	544,474	7,517	24,768,732		24,768,732	24,768,732	52
53	Anesthesiology	1,885,994	488,013	96,410,777		96,410,777	96,410,777	53
54	Radiology-Diagnostic	2,730,842	291,729	81,523,635		81,523,635	81,523,635	54
55	Radiology-Therapeutic	573,541	366,375	34,590,039		34,590,039	34,590,039	55
57	CT Scan	565,968	225,015	90,332,655		90,332,655	90,332,655	57
58	MRI	626,902	404,713	36,710,900		36,710,900	36,710,900	58
59	Cardiac Catheterization	2,105,122	93,689	51,323,959		51,323,959	51,323,959	59
60	Laboratory	10,719,631	1,996	330,108,896		330,108,896	330,108,896	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	8,369,534	70,028	102,346,012		102,346,012	102,346,012	63
65	Respiratory Therapy	3,005,791	2,100,492	126,479,107		126,479,107	126,479,107	65
66	Physical Therapy	240,984	264,722	21,787,708		21,787,708	21,787,708	66
69	Electrocardiology	1,408,451	11,501	65,300,162		65,300,162	65,300,162	69
70	Electroencephalography			22,388,459		22,388,459	22,388,459	70
70.01	BRACE AND PLASTER ROOM	53,937		14,086		14,086	14,086	70.01
71	Medical Supplies Charged to Patients	39,722,619		68,420,071		68,420,071	68,420,071	71
72	Impl. Dev. Charged to Patients	19,683,581		139,500,035		139,500,035	139,500,035	72
73	Drugs Charged to Patients	110,161,421	110,161,421	408,713,530		408,713,530	408,713,530	73
74	Renal Dialysis	662,352		25,655,600		25,655,600	25,655,600	74
76.97	CARDIAC REHABILITATION	6,677		2,007		2,007	2,007	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	587,637	6,426,863	43,296,383		43,296,383	43,296,383	90
90.01	TRANSPLANT CLINIC	43,919	29,544	2,145,596		2,145,596	2,145,596	90.01
90.02	SILVER CROSS	140,803	195	12,235		12,235	12,235	90.02
91	Emergency	2,695,959	22,976	67,101,438		67,101,438	67,101,438	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	32,561	2,050	5,120		5,120	5,120	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE	SOCIAL SERVICE PATIENT DAYS	VOLUNTEERS INPATIENT REVENUE	PATIENT TRANSPORT INPATIENT REVENUE	
		14	15	16	17	18.01	18.02	
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	89,746	84,394	4,851,971		4,851,971	4,851,971	105
106	Heart Acquisition	21,354	2,819	3,624,758		3,624,758	3,624,758	106
107	Liver Acquisition	10,807	10,639	2,707,403		2,707,403	2,707,403	107
108	Lung Acquisition	61,634	3,436	2,339,984		2,339,984	2,339,984	108
109	Pancreas Acquisition	9,944	9,351					109
118	SUBTOTALS (sum of lines 1-117)	354,183,558	121,236,211	3,064,768,894	185,592	3,064,768,894	3,064,768,894	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE	47,103						191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	10,661,429	20,923,194	10,826,406	1,189,483	625,756	8,831,225	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.030097	0.172582	0.003533	6.409129	0.000204	0.002882	203
204	Cost to be allocated (Per Wkst. B, Part II)	1,197,836	2,937,970	606,178	119,330	55,695	587,088	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.003382	0.024233	0.000198	0.642970	0.000018	0.000192	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
	INPATIENT REVENUE	18.03	21	22	23	

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
1.01	DCAM CAPITAL						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS	3,064,768,894					18.03
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd		15,898				21
22	I&R Services-Other Prgm Costs Apprvd			15,898			22
23	PARAMED ED PRGM-PHARMACY				100		23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	463,305,685	4,850	4,850			30
31	Intensive Care Unit	208,961,870	937	937			31
32	Coronary Care Unit	47,127,741	295	295			32
33	Burn Intensive Care Unit	20,653,351	72	72			33
34.01	NURSERY SPECIAL CARE	24,536,090	6	6			34.01
35	NURSERY ICU	112,258,480	481	481			35
43	Nursery	7,645,632					43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	327,818,787	1,688	1,688			50
52	Delivery Room & Labor Room	24,768,732	533	533			52
53	Anesthesiology	96,410,777	1,128	1,128			53
54	Radiology-Diagnostic	81,523,635	706	706			54
55	Radiology-Therapeutic	34,590,039	167	167			55
57	CT Scan	90,332,655	100	100			57
58	MRI	36,710,900	21	21			58
59	Cardiac Catheterization	51,323,959	106	106			59
60	Laboratory	330,108,896	925	925			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	102,346,012	6	6			63
65	Respiratory Therapy	126,479,107					65
66	Physical Therapy	21,787,708					66
69	Electrocardiology	65,300,162	87	87			69
70	Electroencephalography	22,388,459	124	124			70
70.01	BRACE AND PLASTER ROOM	14,086					70.01
71	Medical Supplies Charged to Patients	68,420,071					71
72	Impl. Dev. Charged to Patients	139,500,035					72
73	Drugs Charged to Patients	408,713,530					73
74	Renal Dialysis	25,655,600	20	20		100	74
76.97	CARDIAC REHABILITATION	2,007					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	43,296,383	1,568	1,568			90
90.01	TRANSPLANT CLINIC	2,145,596					90.01
90.02	SILVER CROSS	12,235	53	53			90.02
91	Emergency	67,101,438	490	490			91
92	Observation Beds (Non-Distinct Part)						92
OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	5,120					95

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	MEDICAL ELECTRONIC INPATIENT REVENUE	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME		
		18.03	21	22	23		
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	4,851,971					105
106	Heart Acquisition	3,624,758					106
107	Liver Acquisition	2,707,403					107
108	Lung Acquisition	2,339,984					108
109	Pancreas Acquisition						109
118	SUBTOTALS (sum of lines 1-117)	3,064,768,894	14,363	14,363	100		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
191.01	OTHER NONREIMBURSABLE		1,535	1,535			191.01
191.02	MEDICAL SCHOOL						191.02
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	3,756,248	53,553,382	32,478,603	2,048,286		202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.001226	3,368,560951	2,042,936407	20,482,860000		203
204	Cost to be allocated (Per Wkst. B, Part II)	742,811	2,246,831	755,390	91,050		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000242	141.327903	47.514782	910.500000		205

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	WORKSHEET			
DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	194,647,639		194,647,639	856,289	195,503,928	30
31	Intensive Care Unit	57,067,891		57,067,891	157,185	57,225,076	31
32	Coronary Care Unit	12,108,357		12,108,357	24,744	12,133,101	32
33	Burn Intensive Care Unit	5,460,441		5,460,441	15,848	5,476,289	33
34.01	NURSERY SPECIAL CARE	6,730,527		6,730,527	40,214	6,770,741	34.01
35	NURSERY ICU	31,076,620		31,076,620	95,435	31,172,055	35
43	Nursery	2,559,610		2,559,610	3,397	2,563,007	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	131,976,378		131,976,378	2,165,625	134,142,003	50
52	Delivery Room & Labor Room	10,187,427		10,187,427		10,187,427	52
53	Anesthesiology	17,708,300		17,708,300	71,702	17,780,002	53
54	Radiology-Diagnostic	50,073,411		50,073,411	327,128	50,400,539	54
55	Radiology-Therapeutic	16,996,581		16,996,581	314,618	17,311,199	55
57	CT Scan	7,243,189		7,243,189		7,243,189	57
58	MRI	7,555,691		7,555,691		7,555,691	58
59	Cardiac Catheterization	8,214,163		8,214,163		8,214,163	59
60	Laboratory	56,622,435		56,622,435	238,809	56,861,244	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	17,273,223		17,273,223		17,273,223	63
65	Respiratory Therapy	18,294,576		18,294,576		18,294,576	65
66	Physical Therapy	10,585,350		10,585,350		10,585,350	66
69	Electrocardiology	29,197,190		29,197,190	1,580,154	30,777,344	69
70	Electroencephalography	5,761,731		5,761,731	5,721	5,767,452	70
70.01	BRACE AND PLASTER ROOM	412,657		412,657		412,657	70.01
71	Medical Supplies Charged to Patients	27,339,026		27,339,026		27,339,026	71
72	Impl. Dev. Charged to Patients	50,914,270		50,914,270		50,914,270	72
73	Drugs Charged to Patients	167,650,817		167,650,817		167,650,817	73
74	Renal Dialysis	5,352,453		5,352,453		5,352,453	74
76.97	CARDIAC REHABILITATION	188,293		188,293		188,293	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	158,377,304		158,377,304	3,422,537	161,799,841	90
90.01	TRANSPLANT CLINIC	3,735,372		3,735,372		3,735,372	90.01
90.02	SILVER CROSS	5,682,951		5,682,951		5,682,951	90.02
91	Emergency	33,041,490		33,041,490		33,041,490	91
92	Observation Beds (Non-Distinct Part)	13,362,640		13,362,640		13,362,640	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services	1,222,228		1,222,228		1,222,228	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
105	Kidney Acquisition	6,358,076		6,358,076		6,358,076	105
106	Heart Acquisition	2,540,980		2,540,980		2,540,980	106
107	Liver Acquisition	2,865,857		2,865,857		2,865,857	107
108	Lung Acquisition	2,794,426		2,794,426		2,794,426	108
109	Pancreas Acquisition	546,944		546,944		546,944	109
113	Interest Expense						113
200	Subtotal (sum of lines 30 thru 199)	1,179,726,514		1,179,726,514	9,319,406	1,189,045,920	200
201	Less Observation Beds	13,362,640		13,362,640		13,362,640	201
202	Total (line 200 minus line 201)	1,166,363,874		1,166,363,874		1,175,683,280	202

KPMG LLP Compu-Max 2552-10

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	463,305,685		463,305,685				30
31	Intensive Care Unit	208,961,870		208,961,870				31
32	Coronary Care Unit	47,127,741		47,127,741				32
33	Burn Intensive Care Unit	20,653,351		20,653,351				33
34.01	NURSERY SPECIAL CARE	24,536,090		24,536,090				34.01
35	NURSERY ICU	112,258,480		112,258,480				35
43	Nursery	7,645,632		7,645,632				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	327,818,787	192,192,002	520,010,789	0.253795	0.253795	0.257960	50
52	Delivery Room & Labor Room	24,768,732	1,964,295	26,733,027	0.381080	0.381080	0.381080	52
53	Anesthesiology	96,410,777	87,667,979	184,078,756	0.096200	0.096200	0.096589	53
54	Radiology-Diagnostic	81,523,635	137,757,967	219,281,602	0.228352	0.228352	0.229844	54
55	Radiology-Therapeutic	34,590,039	98,315,705	132,905,744	0.127884	0.127884	0.130252	55
57	CT Scan	90,332,655	191,405,695	281,738,350	0.025709	0.025709	0.025709	57
58	MRI	36,710,900	90,090,518	126,801,418	0.059587	0.059587	0.059587	58
59	Cardiac Catheterization	51,323,959	40,750,184	92,074,143	0.089212	0.089212	0.089212	59
60	Laboratory	330,108,896	333,449,647	663,558,543	0.085331	0.085331	0.085691	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	102,346,012	19,932,018	122,278,030	0.141262	0.141262	0.141262	63
65	Respiratory Therapy	126,479,107	15,557,207	142,036,314	0.128802	0.128802	0.128802	65
66	Physical Therapy	21,787,708	18,656,525	40,444,233	0.261727	0.261727	0.261727	66
69	Electrocardiology	65,300,162	79,873,796	145,173,958	0.201119	0.201119	0.212003	69
70	Electroencephalography	22,388,459	13,235,494	35,623,953	0.161738	0.161738	0.161898	70
70.01	BRACE AND PLASTER ROOM	14,086	1,060,289	1,074,375	0.384090	0.384090	0.384090	70.01
71	Medical Supplies Charged to Patients	68,420,071	44,387,702	112,807,773	0.242351	0.242351	0.242351	71
72	Impl. Dev. Charged to Patients	139,500,035	72,715,004	212,215,039	0.239918	0.239918	0.239918	72
73	Drugs Charged to Patients	408,713,530	549,847,691	958,561,221	0.174898	0.174898	0.174898	73
74	Renal Dialysis	25,655,600	1,799,955	27,455,555	0.194950	0.194950	0.194950	74
76.97	CARDIAC REHABILITATION	2,007	1,037,896	1,039,903	0.181068	0.181068	0.181068	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	43,296,383	344,996,469	388,292,852	0.407881	0.407881	0.416695	90
90.01	TRANSPLANT CLINIC	2,145,596	333,097	2,478,693	1.506993	1.506993	1.506993	90.01
90.02	SILVER CROSS	12,235	21,990,839	22,003,074	0.258280	0.258280	0.258280	90.02
91	Emergency	67,101,438	171,220,511	238,321,949	0.138642	0.138642	0.138642	91
92	Observation Beds (Non-Distinct Part)	6,391,134	33,883,822	40,274,956	0.331785	0.331785	0.331785	92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services	5,120	1,750	6,870	177.908006	177.908006	177.908006	95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
105	Kidney Acquisition	4,851,971	1,049,563	5,901,534				105
106	Heart Acquisition	3,624,758		3,624,758				106
107	Liver Acquisition	2,707,403		2,707,403				107
108	Lung Acquisition	2,339,984		2,339,984				108
109	Pancreas Acquisition		18,146	18,146				109
113	Interest Expense							113
200	Subtotal (sum of lines 30 thru 199)	3,071,160,028	2,565,191,766	5,636,351,794				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	3,071,160,028	2,565,191,766	5,636,351,794				202

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	13,700,271		13,700,271	140,235	97.70	41,040	4,009,608	30
31	Intensive Care Unit	3,377,660		3,377,660	24,452	138.13	6,444	890,110	31
32	Coronary Care Unit	646,774		646,774	3,854	167.82	2,170	364,169	32
33	Burn Intensive Care Unit	330,611		330,611	2,468	133.96	304	40,724	33
34	Surgical Intensive Care Unit								34
34.01	NURSERY SPECIAL CARE	443,629		443,629	6,260	70.87			34.01
35	NURSERY ICU	1,697,375		1,697,375	14,841	114.37			35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	145,134		145,134	3,067	47.32			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	20,341,454		20,341,454	195,177		49,958	5,304,611	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0088

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	11,667,102	520,010,789	0.022436	94,513,874	2,120,513	50
52	Delivery Room & Labor Room	856,968	26,733,027	0.032057	205,674	6,593	52
53	Anesthesiology	1,789,245	184,078,756	0.009720	27,823,824	270,448	53
54	Radiology-Diagnostic	7,213,114	219,281,602	0.032894	25,915,763	852,473	54
55	Radiology-Therapeutic	1,855,338	132,905,744	0.013960	12,490,174	174,363	55
57	CT Scan	783,328	281,738,350	0.002780	29,969,221	83,314	57
58	MRI	1,153,924	126,801,418	0.009100	9,834,396	89,493	58
59	Cardiac Catheterization	784,526	92,074,143	0.008521	17,347,748	147,820	59
60	Laboratory	4,924,098	663,558,543	0.007421	105,656,733	784,079	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	844,535	122,278,030	0.006907	29,227,022	201,871	63
65	Respiratory Therapy	1,296,315	142,036,314	0.009127	26,260,894	239,683	65
66	Physical Therapy	740,046	40,444,233	0.018298	7,982,282	146,060	66
69	Electrocardiology	1,677,849	145,173,958	0.011558	25,766,443	297,809	69
70	Electroencephalography	493,697	35,623,953	0.013859	3,779,840	52,385	70
70.01	BRACE AND PLASTER ROOM	21,006	1,074,375	0.019552			70.01
71	Medical Supplies Charged to Pat	931,952	112,807,773	0.008261	25,170,578	207,934	71
72	Impl. Dev. Charged to Patients	1,378,809	212,215,039	0.006497	58,857,687	382,398	72
73	Drugs Charged to Patients	7,002,224	958,561,221	0.007305	114,657,715	837,575	73
74	Renal Dialysis	393,622	27,455,555	0.014337	11,121,250	159,445	74
76.97	CARDIAC REHABILITATION	10,509	1,039,903	0.010106			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	9,690,472	388,292,852	0.024957	13,175,863	328,830	90
90.01	TRANSPLANT CLINIC	131,857	2,478,693	0.053196			90.01
90.02	SILVER CROSS	359,613	22,003,074	0.016344	9,189	150	90.02
91	Emergency	1,987,254	238,321,949	0.008339	19,751,885	164,711	91
92	Observation Beds (Non-Distinct	936,414	40,274,956	0.023251	3,231,244	75,130	92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
200	Total (sum of lines 50-199)	58,923,817	4,737,264,250		662,749,299	7,623,077	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	140,235		41,040		30
31	Intensive Care Unit	24,452		6,444		31
32	Coronary Care Unit	3,854		2,170		32
33	Burn Intensive Care Unit	2,468		304		33
34	Surgical Intensive Care Unit					34
34.01	NURSERY SPECIAL CARE	6,260				34.01
35	NURSERY ICU	14,841				35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,067				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	195,177		49,958		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0088

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
55	Radiology-Therapeutic							55
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
70	Electroencephalography							70
70.01	BRACE AND PLASTER ROOM							70.01
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			2,048,286		2,048,286	2,048,286	73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	TRANSPLANT CLINIC							90.01
90.02	SILVER CROSS							90.02
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
95	Ambulance Services							95
200	Total (sum of lines 50-199)			2,048,286		2,048,286	2,048,286	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0088

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	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	520,010,789			94,513,874		44,030,660		50
52	Delivery Room & Labor Room	26,733,027			205,674		32,952		52
53	Anesthesiology	184,078,756			27,823,824		21,012,370		53
54	Radiology-Diagnostic	219,281,602			25,915,763		40,318,760		54
55	Radiology-Therapeutic	132,905,744			12,490,174		33,229,139		55
57	CT Scan	281,738,350			29,969,221		69,795,381		57
58	MRI	126,801,418			9,834,396		20,520,351		58
59	Cardiac Catheterization	92,074,143			17,347,748		12,714,767		59
60	Laboratory	663,558,543			105,656,733		76,988,359		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	122,278,030			29,227,022		4,922,347		63
65	Respiratory Therapy	142,036,314			26,260,894		4,632,193		65
66	Physical Therapy	40,444,233			7,982,282		39,205		66
69	Electrocardiology	145,173,958			25,766,443		30,461,840		69
70	Electroencephalography	35,623,953			3,779,840		3,189,583		70
70.01	BRACE AND PLASTER ROOM	1,074,375							70.01
71	Medical Supplies Charged to Pat	112,807,773			25,170,578		15,222,457		71
72	Impl. Dev. Charged to Patients	212,215,039			58,857,687		28,091,471		72
73	Drugs Charged to Patients	958,561,221	0.002137	0.002137	114,657,715	245,024	194,041,298	414,666	73
74	Renal Dialysis	27,455,555			11,121,250		1,024,543		74
76.97	CARDIAC REHABILITATION	1,039,903					414,355		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	388,292,852			13,175,863		115,037,492		90
90.01	TRANSPLANT CLINIC	2,478,693							90.01
90.02	SILVER CROSS	22,003,074			9,189		9,042,396		90.02
91	Emergency	238,321,949			19,751,885		23,694,594		91
92	Observation Beds (Non-Distinct	40,274,956			3,231,244		12,293,988		92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services								95
200	Total (sum of lines 50-199)	4,737,264,250			662,749,299	245,024	760,750,501	414,666	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0088

WORKSHEET D
PART V

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.253795	44,030,660			11,174,761			50
52	Delivery Room & Labor Room	0.381080	32,952			12,557			52
53	Anesthesiology	0.096200	21,012,370			2,021,390			53
54	Radiology-Diagnostic	0.228352	40,318,760			9,206,869			54
55	Radiology-Therapeutic	0.127884	33,229,139			4,249,475			55
57	CT Scan	0.025709	69,795,381			1,794,369			57
58	MRI	0.059587	20,520,351			1,222,746			58
59	Cardiac Catheterization	0.089212	12,714,767			1,134,310			59
60	Laboratory	0.085331	76,988,359	194,995		6,569,494	16,639		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.141262	4,922,347			695,341			63
65	Respiratory Therapy	0.128802	4,632,193			596,636			65
66	Physical Therapy	0.261727	39,205			10,261			66
69	Electrocardiology	0.201119	30,461,840			6,126,455			69
70	Electroencephalography	0.161738	3,189,583			515,877			70
70.01	BRACE AND PLASTER ROOM								70.01
71	Medical Supplies Charged to Pat	0.242351	15,222,457	27,820		3,689,178	6,742		71
72	Impl. Dev. Charged to Patients	0.239918	28,091,471			6,739,650			72
73	Drugs Charged to Patients	0.174898	194,041,298	8,143	862,169	33,937,435	1,424	150,792	73
74	Renal Dialysis	0.194950	1,024,543			199,735			74
76.97	CARDIAC REHABILITATION	0.181068	414,355			75,026			76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.407881	115,037,492			46,921,607			90
90.01	TRANSPLANT CLINIC	1.506993							90.01
90.02	SILVER CROSS	0.258280	9,042,396			2,335,470			90.02
91	Emergency	0.138642	23,694,594			3,285,066			91
92	Observation Beds (Non-Distinct	0.331785	12,293,988			4,078,961			92
	OTHER REIMBURSABLE COST CENTERS								
95	Ambulance Services	177.908006							95
200	Subtotal (see instructions)		760,750,501	230,958	862,169	146,592,669	24,805	150,792	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		760,750,501	230,958	862,169	146,592,669	24,805	150,792	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	140,235	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	140,235	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)	130,650	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)	41,040	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)	195,503,928	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)	195,503,928	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)	195,503,928	37

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

**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

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,394.12	38
39	Program general inpatient routine service cost (line 9 x line 38)					57,214,685	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)					57,214,685	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	57,225,076	24,452	2,340.30	6,444	15,080,893	43
44	Coronary Care Unit	12,133,101	3,854	3,148.18	2,170	6,831,551	44
45	Burn Intensive Care Unit	5,476,289	2,468	2,218.92	304	674,552	45
46	Surgical Intensive Care Unit						46
46.01	NURSERY SPECIAL CARE	6,770,741	6,260	1,081.59			46.01
47	NURSERY ICU	31,172,055	14,841	2,100.40			47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					114,108,694	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					193,910,375	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,304,611	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,868,101	51
52	Total Program excludable cost (sum of lines 50 and 51)					13,172,712	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					180,737,663	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0088

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					9,585	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,394.12	88
89	Observation bed cost (line 87 x line 88) (see instructions)					13,362,640	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	13,700,271	195,503,928	0.070077	13,362,640	936,414	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0088

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		144,529,436		30
31	Intensive Care Unit		55,511,774		31
32	Coronary Care Unit		18,882,530		32
33	Burn Intensive Care Unit		2,302,670		33
34.01	NURSERY SPECIAL CARE				34.01
35	NURSERY ICU				35
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.257960	94,513,874	24,380,799	50
52	Delivery Room & Labor Room	0.381080	205,674	78,378	52
53	Anesthesiology	0.096589	27,823,824	2,687,475	53
54	Radiology-Diagnostic	0.229844	25,915,763	5,956,583	54
55	Radiology-Therapeutic	0.130252	12,490,174	1,626,870	55
57	CT Scan	0.025709	29,969,221	770,479	57
58	MRI	0.059587	9,834,396	586,002	58
59	Cardiac Catheterization	0.089212	17,347,748	1,547,627	59
60	Laboratory	0.085691	105,656,733	9,053,831	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.141262	29,227,022	4,128,668	63
65	Respiratory Therapy	0.128802	26,260,894	3,382,456	65
66	Physical Therapy	0.261727	7,982,282	2,089,179	66
69	Electrocardiology	0.212003	25,766,443	5,462,563	69
70	Electroencephalography	0.161898	3,779,840	611,949	70
70.01	BRACE AND PLASTER ROOM	0.384090			70.01
71	Medical Supplies Charged to Patients	0.242351	25,170,578	6,100,115	71
72	Impl. Dev. Charged to Patients	0.239918	58,857,687	14,121,019	72
73	Drugs Charged to Patients	0.174898	114,657,715	20,053,405	73
74	Renal Dialysis	0.194950	11,121,250	2,168,088	74
76.97	CARDIAC REHABILITATION	0.181068			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.416695	13,175,863	5,490,316	90
90.01	TRANSPLANT CLINIC	1.506993			90.01
90.02	SILVER CROSS	0.258280	9,189	2,373	90.02
91	Emergency	0.138642	19,751,885	2,738,441	91
92	Observation Beds (Non-Distinct Part)	0.331785	3,231,244	1,072,078	92
	OTHER REIMBURSABLE COST CENTERS				
95	Ambulance Services				95
200	Total (sum of lines 50-94, and 96-98)		662,749,299	114,108,694	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		662,749,299		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			1	D			
1	Adults & Pediatrics	207,867	38	1,394.12	55	76,677	1
2	Intensive Care Unit	236,829	43	2,340.30	40	93,612	2
3	Coronary Care Unit		44	3,148.18			3
4	Burn Intensive Care Unit		45	2,218.92			4
5	Surgical Intensive Care Unit		46				5
5.01	NURSERY SPECIAL CARE		46.01	1,081.59			5.01
6	NURSERY ICU		47	2,100.40			6
7	TOTAL (sum of lines 1-6)	444,696			95	170,289	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.253795	1,394,426	353,898	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.381080			10
11	Anesthesiology	53	0.096200	288,425	27,746	11
12	Radiology-Diagnostic	54	0.228352	1,177,298	268,838	12
13	Radiology-Therapeutic	55	0.127884			13
14	Radioisotope	56				14
15	CT Scan	57	0.025709	1,573,652	40,457	15
16	MRI	58	0.059587	31,033	1,849	16
17	Cardiac Catheterization	59	0.089212	80,668	7,197	17
18	Laboratory	60	0.085331	5,422,173	462,679	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.141262	196,187	27,714	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.128802	74,679	9,619	23
24	Physical Therapy	66	0.261727			24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.201119	1,967,372	395,676	27
28	Electroencephalography	70	0.161738	6,346	1,026	28
28.01	BRACE AND PLASTER ROOM	70.01	0.384090			28.01
29	Medical Supplies Charged to Patients	71	0.242351			29
30	Impl. Dev. Charged to Patients	72	0.239918			30
31	Drugs Charged to Patients	73	0.174898	152,854	26,734	31
32	Renal Dialysis	74	0.194950	5,778	1,126	32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.181068			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.407881	203,380	82,955	37
37.01	TRANSPLANT CLINIC	90.01	1.506993			37.01
37.02	SILVER CROSS	90.02	0.258280			37.02
38	Emergency	91	0.138642	3,979	552	38
39	Observation Beds (Non-Distinct Part)	92	0.331785			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			12,578,250	1,708,066	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		55		42
43	Intensive Care Unit	3		40		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			95		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	203,380	23			51
51.01	TRANSPLANT CLINIC		23.01			51.01
51.02	SILVER CROSS		23.02			51.02
52	Emergency	3,979	24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	207,359				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	1,878,355		13,022,946		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	6,358,076		2,942,466		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	8,236,431		15,965,412		61
62	Total Usable Organs (see instructions)		107			62
63	Medicare Usable Organs (see instructions)		79			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.738318			64
65	Medicare Cost/Charges (see instructions)	6,081,105		11,787,551		65
66	Revenue for Organs Sold	141,661				66
67	Subtotal (line 65 minus line 66)	5,939,444		11,787,551		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	5,939,444		11,787,551		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	18	40		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	4			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		45		73
74	Total (sum of lines 70 thru 73)	22	85		74
75	Organs Transplanted	18	45		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4	141,661	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	18	49		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics		38	1,394.12				1
2	Intensive Care Unit	55,582	43	2,340.30		1	2,340	2
3	Coronary Care Unit		44	3,148.18				3
4	Burn Intensive Care Unit		45	2,218.92				4
5	Surgical Intensive Care Unit		46					5
5.01	NURSERY SPECIAL CARE		46.01	1,081.59				5.01
6	NURSERY ICU		47	2,100.40				6
7	TOTAL (sum of lines 1-6)	55,582				1	2,340	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.253795	67,222	17,061	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.381080			10
11	Anesthesiology	53	0.096200	16,635	1,600	11
12	Radiology-Diagnostic	54	0.228352	41,206	9,409	12
13	Radiology-Therapeutic	55	0.127884			13
14	Radioisotope	56				14
15	CT Scan	57	0.025709	53,769	1,382	15
16	MRI	58	0.059587			16
17	Cardiac Catheterization	59	0.089212	144,396	12,882	17
18	Laboratory	60	0.085331	221,766	18,924	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.141262	9,568	1,352	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.128802	42,903	5,526	23
24	Physical Therapy	66	0.261727			24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.201119	96,227	19,353	27
28	Electroencephalography	70	0.161738			28
28.01	BRACE AND PLASTER ROOM	70.01	0.384090			28.01
29	Medical Supplies Charged to Patients	71	0.242351			29
30	Impl. Dev. Charged to Patients	72	0.239918			30
31	Drugs Charged to Patients	73	0.174898	40,942	7,161	31
32	Renal Dialysis	74	0.194950			32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.181068	442	80	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.407881	94,323	38,473	37
37.01	TRANSPLANT CLINIC	90.01	1.506993			37.01
37.02	SILVER CROSS	90.02	0.258280			37.02
38	Emergency	91	0.138642			38
39	Observation Beds (Non-Distinct Part)	92	0.331785			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			829,399	133,203	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

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

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	94,323	23			51
51.01	TRANSPLANT CLINIC		23.01			51.01
51.02	SILVER CROSS		23.02			51.02
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	94,323				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	135,543		884,981		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,540,980		2,942,466		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	2,676,523		3,827,447		61
62	Total Usable Organs (see instructions)		36			62
63	Medicare Usable Organs (see instructions)		17			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.472222			64
65	Medicare Cost/Charges (see instructions)	1,263,913		1,807,405		65
66	Revenue for Organs Sold	15,798				66
67	Subtotal (line 65 minus line 66)	1,248,115		1,807,405		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,248,115		1,807,405		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		8		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		28		73
74	Total (sum of lines 70 thru 73)		36		74
75	Organs Transplanted		28		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		8	15,798	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		36		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics		38	1,394.12				1
2	Intensive Care Unit	89,406	43	2,340.30	3		7,021	2
3	Coronary Care Unit		44	3,148.18				3
4	Burn Intensive Care Unit		45	2,218.92				4
5	Surgical Intensive Care Unit		46					5
5.01	NURSERY SPECIAL CARE		46.01	1,081.59				5.01
6	NURSERY ICU		47	2,100.40				6
7	TOTAL (sum of lines 1-6)	89,406			3		7,021	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.253795	137,149	34,808	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.381080			10
11	Anesthesiology	53	0.096200	25,291	2,433	11
12	Radiology-Diagnostic	54	0.228352	149,646	34,172	12
13	Radiology-Therapeutic	55	0.127884			13
14	Radioisotope	56				14
15	CT Scan	57	0.025709	520,648	13,385	15
16	MRI	58	0.059587	197,964	11,796	16
17	Cardiac Catheterization	59	0.089212	216,503	19,315	17
18	Laboratory	60	0.085331	775,579	66,181	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.141262	34,312	4,847	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.128802	110,359	14,214	23
24	Physical Therapy	66	0.261727			24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.201119	363,961	73,199	27
28	Electroencephalography	70	0.161738			28
28.01	BRACE AND PLASTER ROOM	70.01	0.384090			28.01
29	Medical Supplies Charged to Patients	71	0.242351			29
30	Impl. Dev. Charged to Patients	72	0.239918			30
31	Drugs Charged to Patients	73	0.174898	33,576	5,872	31
32	Renal Dialysis	74	0.194950			32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.181068			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.407881	161,318	65,799	37
37.01	TRANSPLANT CLINIC	90.01	1.506993			37.01
37.02	SILVER CROSS	90.02	0.258280			37.02
38	Emergency	91	0.138642			38
39	Observation Beds (Non-Distinct Part)	92	0.331785			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			2,726,306	346,021	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

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

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	161,318	23			51
51.01	TRANSPLANT CLINIC		23.01			51.01
51.02	SILVER CROSS		23.02			51.02
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	161,318				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	353,042		2,815,712		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,865,857		2,942,466		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,218,899		5,758,178		61
62	Total Usable Organs (see instructions)		38			62
63	Medicare Usable Organs (see instructions)		23			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.605263			64
65	Medicare Cost/Charges (see instructions)	1,948,280		3,485,212		65
66	Revenue for Organs Sold	33,571				66
67	Subtotal (line 65 minus line 66)	1,914,709		3,485,212		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,914,709		3,485,212		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		17		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		21		73
74	Total (sum of lines 70 thru 73)		38		74
75	Organs Transplanted		21		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		17	33,571	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		38		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3			
1	Adults & Pediatrics		38	1,394.12				1
2	Intensive Care Unit	35,018	43	2,340.30		8	18,722	2
3	Coronary Care Unit	2,431	44	3,148.18		1	3,148	3
4	Burn Intensive Care Unit		45	2,218.92				4
5	Surgical Intensive Care Unit		46					5
5.01	NURSERY SPECIAL CARE		46.01	1,081.59				5.01
6	NURSERY ICU		47	2,100.40				6
7	TOTAL (sum of lines 1-6)	37,449				9	21,870	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
8	Operating Room	50	0.253795	71,306	18,097	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.381080			10
11	Anesthesiology	53	0.096200	21,469	2,065	11
12	Radiology-Diagnostic	54	0.228352	159,943	36,523	12
13	Radiology-Therapeutic	55	0.127884			13
14	Radioisotope	56				14
15	CT Scan	57	0.025709	128,127	3,294	15
16	MRI	58	0.059587			16
17	Cardiac Catheterization	59	0.089212	724,730	64,655	17
18	Laboratory	60	0.085331	519,889	44,363	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.141262	15,665	2,213	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.128802	110,924	14,287	23
24	Physical Therapy	66	0.261727	29,186	7,639	24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.201119	158,889	31,956	27
28	Electroencephalography	70	0.161738			28
28.01	BRACE AND PLASTER ROOM	70.01	0.384090			28.01
29	Medical Supplies Charged to Patients	71	0.242351			29
30	Impl. Dev. Charged to Patients	72	0.239918			30
31	Drugs Charged to Patients	73	0.174898	40,348	7,057	31
32	Renal Dialysis	74	0.194950			32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.181068	9,534	1,726	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.407881	273,422	111,524	37
37.01	TRANSPLANT CLINIC	90.01	1.506993			37.01
37.02	SILVER CROSS	90.02	0.258280	205	53	37.02
38	Emergency	91	0.138642			38
39	Observation Beds (Non-Distinct Part)	92	0.331785			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			2,263,637	345,452	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics	2		2		42
43	Intensive Care Unit	3		8		43
44	Coronary Care Unit	4		1		44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
46.01	NURSERY SPECIAL CARE	6.01				46.01
47	NURSERY ICU	7				47
48	TOTAL (sum of lines 42-47)			9		48

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21	2		49
50	Federally Qualified Health Center		22			50
51	Clinic	273,422	23			51
51.01	TRANSPLANT CLINIC		23.01			51.01
51.02	SILVER CROSS	205	23.02			51.02
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	273,627				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	367,322		2,301,086		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,794,426		2,942,466		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,161,748		5,243,552		61
62	Total Usable Organs (see instructions)		44			62
63	Medicare Usable Organs (see instructions)		28			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.636364			64
65	Medicare Cost/Charges (see instructions)	2,012,023		3,336,808		65
66	Revenue for Organs Sold	23,697				66
67	Subtotal (line 65 minus line 66)	1,988,326		3,336,808		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	1,988,326		3,336,808		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		12		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		32		73
74	Total (sum of lines 70 thru 73)		44		74
75	Organs Transplanted		32		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		12	23,697	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		44		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			D	2			
		1			3	4	
1	Adults & Pediatrics		38	1,394.12			1
2	Intensive Care Unit		43	2,340.30			2
3	Coronary Care Unit		44	3,148.18			3
4	Burn Intensive Care Unit		45	2,218.92			4
5	Surgical Intensive Care Unit		46				5
5.01	NURSERY SPECIAL CARE		46.01	1,081.59			5.01
6	NURSERY ICU		47	2,100.40			6
7	TOTAL (sum of lines 1-6)						7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
				2	3	
8	Operating Room	50	0.253795	23,929	6,073	8
9	Recovery Room	51				9
10	Delivery Room & Labor Room	52	0.381080			10
11	Anesthesiology	53	0.096200	3,952	380	11
12	Radiology-Diagnostic	54	0.228352	27,927	6,377	12
13	Radiology-Therapeutic	55	0.127884			13
14	Radioisotope	56				14
15	CT Scan	57	0.025709	19,415	499	15
16	MRI	58	0.059587			16
17	Cardiac Catheterization	59	0.089212	2,406	215	17
18	Laboratory	60	0.085331	142,033	12,120	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.141262	5,801	819	21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.128802	1,945	251	23
24	Physical Therapy	66	0.261727			24
25	Occupational Therapy	67				25
26	Speech Pathology	68				26
27	Electrocardiology	69	0.201119	63,803	12,832	27
28	Electroencephalography	70	0.161738			28
28.01	BRACE AND PLASTER ROOM	70.01	0.384090			28.01
29	Medical Supplies Charged to Patients	71	0.242351			29
30	Impl. Dev. Charged to Patients	72	0.239918			30
31	Drugs Charged to Patients	73	0.174898	3,501	612	31
32	Renal Dialysis	74	0.194950			32
33	ASC (Non-Distinct Part)	75				33
34	Other Ancillary (specify)	76				34
34.97	CARDIAC REHABILITATION	76.97	0.181068			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	0.407881	4,199	1,713	37
37.01	TRANSPLANT CLINIC	90.01	1.506993			37.01
37.02	SILVER CROSS	90.02	0.258280			37.02
38	Emergency	91	0.138642			38
39	Observation Beds (Non-Distinct Part)	92	0.331785			39
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			298,911	41,891	41

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART II

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

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

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

	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program	Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D			
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic	4,199	23			51
51.01	TRANSPLANT CLINIC		23.01			51.01
51.02	SILVER CROSS		23.02			51.02
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)	4,199				55

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	41,891		298,911		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	546,944		2,942,466		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	588,835		3,241,377		61
62	Total Usable Organs (see instructions)		9			62
63	Medicare Usable Organs (see instructions)		7			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.777778			64
65	Medicare Cost/Charges (see instructions)	457,983		2,521,072		65
66	Revenue for Organs Sold	7,899				66
67	Subtotal (line 65 minus line 66)	450,084		2,521,072		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	450,084		2,521,072		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		4		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		5		73
74	Total (sum of lines 70 thru 73)		9		74
75	Organs Transplanted		5		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		4	7,899	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		9		84

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

KPMG LLP Compu-Max 2552-10

UNIVERSITY OF CHICAGO HOSPITALS Provider CCN: 14-0088	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/28/2016 Run Time: 13:25 Version: 2016.05 (11/15/2016)
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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)	91,123,857			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)				1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	18,648,972			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	23,821,121			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	605.45			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	491.27			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	1.66			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	492.93			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	593.27			10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)	492.93			12
13	Total allowable FTE count for the prior year	492.93			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	492.93			14
15	Sum of lines 12 through 14 divided by 3	492.93			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	492.93			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.814155			19
20	Prior year resident to bed ratio (see instructions)	0.821153			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.814155			21
22	IME payment adjustment (see instructions)	33,560,188			22
22.01	IME payment adjustment - Managed Care (see instructions)	8,773,128			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)	100.34			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)	33,560,188			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	8,773,128			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1084			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3598			31
32	Sum of lines 30 and 31	0.4682			32
33	Allowable disproportionate share percentage (see instructions)	0.2785			33
34	Disproportionate share adjustment (see instructions)	6,344,499			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)	7,647,644,885			35
35.01	Factor 3 (see instructions)	0.001649654		0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	12,615,968		11,555,559	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,179,918		8,650,884	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	11,830,802			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	161,508,318			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)	170,281,446			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	11,799,305			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	8,424,142			52
53	Nursing and allied health managed care payment	119,398			53
54	Special add-on payments for new technologies	94,419			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	11,540,678			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)	245,024			58
59	Total (sum of amounts on lines 49 through 58)	202,504,412			59
60	Primary payer payments	15,904			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	202,488,508			61
62	Deductibles billed to program beneficiaries	5,720,904			62
63	Coinsurance billed to program beneficiaries	1,096,550			63
64	Allowable bad debts (see instructions)	2,133,865			64
65	Adjusted reimbursable bad debts (see instructions)	1,387,012			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,615,244			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	197,058,066			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-56,765			70.93
70.94	HRR adjustment amount (see instructions)	-381,593			70.94
71	Amount due provider (see instructions)	196,619,708			71
71.01	Sequestration adjustment (see instructions)	3,932,394			71.01
72	Interim payments	188,596,054			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	4,091,260			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	3,294,250			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

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

Prior to 10/1 On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0088

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	175,597			1
2	Medical and other services reimbursed under OPPTS (see instructions)	146,178,003			2
3	PPS payments	91,244,885			3
4	Outlier payment (see instructions)	1,901,308			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	414,666			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	175,597			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	1,093,127			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	1,093,127			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	1,093,127			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	917,530			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)	175,597			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)	93,560,859			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	5,654			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	17,373,816			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)	76,356,986			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	6,018,417			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	82,375,403			30
31	Primary payer payments	452			31
32	Subtotal (line 30 minus line 31)	82,374,951			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)	3,801,798			34
35	Adjusted reimbursable bad debts (see instructions)	2,471,169			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,636,679			36
37	Subtotal (see instructions)	84,846,120			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)	84,846,120			40
40.01	Sequestration adjustment (see instructions)	1,696,922			40.01
41	Interim payments	82,068,021			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	1,081,177			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,088,750			44

TO BE COMPLETED BY CONTRACTOR

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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0088

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B			
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4		
1	Total interim payments paid to provider		187,218,991		81,874,201	1	
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2	
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01	06/23/2016	1,377,063	06/23/2016	193,820	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		1,377,063		193,820	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)			188,596,054		82,068,021	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		4,091,260		1,081,177	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			192,687,314		83,149,198	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	29,199	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	49,958	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	13,810	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	182,525	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	5,636,351,794	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	37,810,158	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)	560,100	8
9	Sequestration adjustment amount (see instructions)	11,202	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	548,898	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	137,556	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	411,342	32

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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			492.60	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			1.66	2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE 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)			0.64	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			494.90	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			645.85	6
7	Enter the lesser of line 5 or line 6			494.90	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	208.70	343.75	552.45	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	159.92	263.41	423.33	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
11	Total weighted FTE count	159.92	263.41		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	154.43	285.44		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	149.95	274.46		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	154.77	274.44		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
17	Adjusted rolling average FTE count	154.77	274.44		17
18	Per resident amount	104,050.50	98,526.66		18
19	Approved amount for resident costs	16,103,896	27,039,657	43,143,553	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)			150.95	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)			43,143,553	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	49,958	13,810		26
27	Total inpatient days (see instructions)	184,662	184,662		27
28	Ratio of inpatient days to total inpatient days	0.270538	0.074785		28
29	Program direct GME amount	11,671,971	3,226,491		29
30	Reduction for direct GME payments for Medicare Advantage		455,903		30
31	Net Program direct GME amount			14,442,559	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)			27,455,555	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)			193,910,375	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			11,540,678	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			15,904	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			205,435,149	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			146,768,266	42
43	Primary payer payments (see instructions)			452	43
44	Total Part B reasonable cost (line 42 minus line 43)			146,767,814	44
45	Total reasonable cost (sum of lines 41 and 44)			352,202,963	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.583286	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.416714	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			14,442,559	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			8,424,142	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			6,018,417	50

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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	20,335,000			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	288,101,000			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable				6
7	Inventory				7
8	Prepaid expenses				8
9	Other current assets	122,001,000			9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	430,437,000			11
FIXED ASSETS					
12	Land				12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings				15
16	Accumulated depreciation				16
17	Leasehold improvements				17
18	Accumulated depreciation				18
19	Fixed equipment	2,175,403,015			19
20	Accumulated depreciation	-795,348,015			20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment				23
24	Accumulated depreciation				24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	1,380,055,000			30
OTHER ASSETS					
31	Investments	894,808,000			31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	122,306,000			34
35	Total other assets (sum of lines 31-34)	1,017,114,000			35
36	Total assets (sum of lines 11, 30 and 35)	2,827,606,000			36
Liabilities and Fund Balances (Omit Cents)					
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT LIABILITIES					
37	Accounts payable	165,956,000			37
38	Salaries, wages and fees payable				38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)	13,255,000			40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	22,146,000			43
44	Other current liabilities	157,718,000			44
45	Total current liabilities (sum of lines 37 thru 44)	359,075,000			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable	850,252,000			47
48	Unsecured loans				48
49	Other long term liabilities	301,461,000			49
50	Total long term liabilities (sum of lines 46 thru 49)	1,151,713,000			50
51	Total liabilities (sum of lines 45 and 50)	1,510,788,000			51
CAPITAL ACCOUNTS					
52	General fund balance	1,316,818,000			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56
57	Plant fund balance - invested in plant				57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion				58
59	Total fund balances (sum of lines 52 thru 58)	1,316,818,000			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	2,827,606,000			60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		1,361,547,000			1
2	Net income (loss) (from Worksheet G-3, line 29)		86,739,000			2
3	Total (sum of line 1 and line 2)		1,448,286,000			3
4	Additions (credit adjustments) (specify)					4
5	TEMPORARILY RESTRICTED CONT	3,742,000				5
6	PERM RESTRICTED CONT	10,000				6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)		3,752,000			10
11	Subtotal (line 3 plus line 10)		1,452,038,000			11
12	Deductions (debit adjustments) (specify)					12
13	CHANGE IN VALUATION OF DERIV	50,775,000				13
14	NET TRANSFER	72,025,000				14
15	ADDITIONAL MINIMUM PENSION LIAB	4,429,000				15
16	EXPENDED FOR OPERATING PURPOSES	5,501,000				16
17	OTHER	2,490,000				17
18	Total deductions (sum of lines 12-17)		135,220,000			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,316,818,000			19

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	476,600,295		476,600,295	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	476,600,295		476,600,295	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	210,631,322		210,631,322	11
12	Coronary Care Unit	47,305,175		47,305,175	12
13	Burn Intensive Care Unit	25,491,621		25,491,621	13
14	Surgical Intensive Care Unit				14
14.01	NURSERY SPECIAL CARE	25,051,280		25,051,280	14.01
15	NURSERY ICU	113,727,996		113,727,996	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	422,207,394		422,207,394	16
17	Total inpatient routine care services (sum of lines 10 and 16)	898,807,689		898,807,689	17
18	Ancillary services	2,222,960,767		2,222,960,767	18
19	Outpatient services		2,879,794,869	2,879,794,869	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	3,121,768,456	2,879,794,869	6,001,563,325	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,508,730,768	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)		1,508,730,768	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)	6,001,563,325	1
2	Less contractual allowances and discounts on patients' accounts	4,511,854,325	2
3	Net patient revenues (line 1 minus line 2)	1,489,709,000	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,508,730,768	4
5	Net income from service to patients (line 3 minus line 4)	-19,021,768	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts	9,620,435	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,879,073	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients	53,231,406	17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (CAPITATION REVENUE)	43,623,584	24.01
24.02	Other (OTHER MISC REVENUE)	17,271,270	24.02
24.03	Other (INVESTMENT INC AND UNRES GIFTS)	-18,359,000	24.03
24.04	Other (DERIVATIVE INEFFECTIVENESS)	-2,506,000	24.04
25	Total other income (sum of lines 6-24)	105,760,768	25
26	Total (line 5 plus line 25)	86,739,000	26
29	Net income (or loss) for the period (line 26 minus line 28)	86,739,000	29

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0088

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	7,303,535	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	1,488,175	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)	511.71	3
4	Number of interns & residents (see instructions)	492.93	4
5	Indirect medical education percentage (see instructions)	31.24	5
6	Indirect medical education adjustment (see instructions)	2,281,624	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1084	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3598	8
9	Sum of lines 7 and 8	0.4682	9
10	Allowable disproportionate share percentage (see instructions)	0.0994	10
11	Disproportionate share adjustment (see instructions)	725,971	11
12	Total prospective capital payments (see instructions)	11,799,305	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	DCAM CAPITAL						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NON-PATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMIN & GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	OCCUPATIONAL THERAPY						18
18.01	VOLUNTEERS						18.01
18.02	PATIENT TRANSPORT						18.02
18.03	MEDICAL ELECTRONICS						18.03
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-PHARMACY						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34.01	NURSERY SPECIAL CARE						34.01
35	NURSERY ICU						35
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
70	Electroencephalography						70
70.01	BRACE AND PLASTER ROOM						70.01
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
90.01	TRANSPLANT CLINIC						90.01
90.02	SILVER CROSS						90.02
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
95	Ambulance Services						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30

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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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
99.40	OUTPATIENT SPEECH PATHOLOGY	0	2A	24	25	26		99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
113	Interest Expense							113
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191.01	OTHER NONREIMBURSABLE							191.01
191.02	MEDICAL SCHOOL							191.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202