

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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: 11/29/2016 Time: 09:44
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 BOARD OF TRUSTEES OF THE UNIVERSITY (14-0150) {(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		3,458,184	-451,982	11,708		1
2	SUBPROVIDER - IPF		-1,469				2
3	SUBPROVIDER - IRF		-89,932				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		3,366,783	-451,982	11,708		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: 1740 W TAYLOR ST	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60612	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	9	
3	Hospital	BOARD OF TRUSTEES OF THE UNIVERSITY	14-0150	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF	BOT FOR THE UOFI - PSYCH	14-S150	16974	4	07 / 01 / 1984	N	P	O	4
5	Subprovider - IRF	BOT FOR THE UOFI - REHAB	14-T150	16974	5	07 / 01 / 1988	N	P	O	5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis	UIH	14-2316	16974		01 / 01 / 2004				18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 07 / 01 / 2015	To: 06 / 30 / 2016	20
21	Type of control (see instructions)	10		21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	13,072	1,293	114		30,659	802	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.	550				78		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 is 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)	Y	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?	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

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

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

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

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

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

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	5.16			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)	4.01	272.42	0.014506	64

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

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		323.25		66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67	FAMILY PRACTICE	1350	0.01	20.88	0.000479

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

Rural Providers

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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	Y			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	9,393,041	10,930,560	9,393,041	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N			121
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.	01 / 01 / 1980			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	01 / 29 / 1998			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	01 / 01 / 1980			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.	10 / 01 / 2004		05 / 13 / 2014	132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.				133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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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.	N	Y	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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

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

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
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)	0.50			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 / 2013	09 / 30 / 2014		170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)		N		171

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	12/15/2016	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	Y			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2016	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.	Y		Y	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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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: CYNTHIA	Last name: SCHMIEGELT	Title: ASSOC DIRECTOR OF HOSPITAL
42	Employer: UNIVERSITY OF ILLINOIS HOSPITAL		
43	Phone number: 3124138414	E-mail Address: CSCHMIEG@UIC.EDU	

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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	312	114,192			15,403	7,189	66,720	1
2	HMO and other (see instructions)						3,540	39,085		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider							1,124		4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		312	114,192			15,403	7,189	66,720	7
8	Intensive Care Unit	31	45	16,470			4,259	1,062	13,018	8
8.01	PEDS ICU	31.01	18	6,588			5	1,553	2,675	8.01
8.02	NEONATAL ICU	31.02	52	19,032				2,417	11,215	8.02
9	Coronary Care Unit	32	19	6,954			1,758	384	5,620	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						467	3,874	13
14	Total (see instructions)		446	163,236			21,425	13,072	103,122	14
15	CAH Visits									15
16	Subprovider - IPF	40	53	19,398			1,499	4,164	12,001	16
17	Subprovider - IRF	41	18	6,588			993	550	3,823	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		517							27
28	Observation Bed Days							485	7,313	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)		8	2,928				610	1,623	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					3,388	1,679	19,613	1
2	HMO and other (see instructions)					555	8,189		2
3	HMO IPF Subprovider						320		3
4	HMO IRF Subprovider						99		4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
8.01	PEDS ICU								8.01
8.02	NEONATAL ICU								8.02
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	461.00	4,295.71			3,388	1,679	19,613	14
15	CAH Visits								15
16	Subprovider - IPF	5.61	79.10			128	200	935	16
17	Subprovider - IRF		22.26			88	29	318	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)	466.61	4,397.07						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	285,873,459	10,037,276	295,910,735	7,738,198.48	38.24	1
2							2
3		753,257		753,257	10,457.00	72.03	3
4		1,451,187		1,451,187	10,730.00	135.25	4
4.01							4.01
5		4,190,018		4,190,018	68,892.00	60.82	5
6							6
7	21	18,616,686	10,037,276	28,653,962	1,068,552.40	26.82	7
7.01			302,150	302,150	8,320.00	36.32	7.01
8							8
9	44						9
10		14,429,547	38,528	14,468,075	375,380.00	38.54	10
OTHER WAGES & RELATED COSTS							
11		7,688,927		7,688,927	95,638.19	80.40	11
12		65,234		65,234	1,088.00	59.96	12
13							13
14							14
15		3,302,813		3,302,813	13,764.00	239.96	15
16		24,729,947		24,729,947	124,234.00	199.06	16
WAGE-RELATED COSTS							
17		167,677,625		167,677,625			17
18							18
19		9,675,472		9,675,472			19
20							20
21		423,577		423,577			21
22		725,129		725,129			22
22.01							22.01
23		2,459,709		2,459,709			23
24							24
25		22,589,307		22,589,307			25
OVERHEAD COSTS - DIRECT SALARIES							
26		1,645,748		1,645,748	43,629.40	37.72	26
27		46,290,281	-598,808	45,691,473	1,072,353.33	42.61	27
28		187,791		187,791	529.50	354.66	28
29		963,553		963,553	22,011.88	43.77	29
30							30
31							31
32		8,955		8,955	223.88	40.00	32
33		8,586,187		8,586,187	264,315.78	32.48	33
34		3,215,630	-99,811	3,115,819	157,197.85	19.82	34
35							35
36		602		602	37.50	16.05	36
37							37
38		5,472,706	-481,192	4,991,514	130,934.18	38.12	38
39		2,922,594	-30,134	2,892,460	117,586.90	24.60	39
40		3,066,012	-637,321	2,428,691	100,559.21	24.15	40
41		2,860,414	1,239	2,861,653	107,453.19	26.63	41
42		4,302,988	37,142	4,340,130	157,033.70	27.64	42
43		2,770,916	-84,394	2,686,522	52,525.08	51.15	43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	271,087,476	-302,150	270,785,326	6,846,822.36	39.55	1
2	Excluded area salaries (see instructions)	14,429,547	38,528	14,468,075	375,380.00	38.54	2
3	Subtotal salaries (line 1 minus line 2)	256,657,929	-340,678	256,317,251	6,471,442.36	39.61	3
4	Subtotal other wages & related costs (see instructions)	11,056,974		11,056,974	110,490.19	100.07	4
5	Subtotal wage-related costs (see instructions)	168,402,754		168,402,754		65.70%	5
6	Total (sum of lines 3 through 5)	436,117,657	-340,678	435,776,979	6,581,932.55	66.21	6
7	Total overhead cost (see instructions)	82,294,377	-1,893,279	80,401,098	2,226,391.38	36.11	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions		1
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)	121,692,373	4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	68,069,412	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	470,281	10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,361,944	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	595,592	17
18	Medicare Taxes - Employers Portion Only	8,210,040	18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	3,151,177	23
24	Total Wage Related cost (Sum of lines 1-23)	203,550,819	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	7,688,927		1
2	Hospital	7,688,927		2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period	135				6	30	1
2	Number of times per week patient receives dialysis	3.00						2
3	Average patient dialysis time including setup	4.50						3
4	CAPD exchanges per day						4	4
5	Number of days in year dialysis furnished	313						5
6	Number of stations	24			4			6
7	Treatment capacity per day per station	3						7
8	Utilization (see instructions)	0.97						8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

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

TRANSPLANT INFORMATION

11	Number of patients on transplant list		34
12	Number of patients transplanted during the cost reporting period		7

EPOETIN

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

ARANESP

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

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

		INITIAL METHOD
21	MCP X	

Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ARANESP	333,264		155,800		22
22.01		EPOGEN	8,418		168		22.01

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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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)		0.312945	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		234,394,228	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		38,253,516	5
6	Medicaid charges		879,816,304	6
7	Medicaid cost (line 1 times line 6)		275,334,113	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.		2,686,369	8

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

9	Net revenue from stand-alone SCHIP		5,797,388	9
10	Stand-alone SCHIP charges		11,520,411	10
11	Stand-alone SCHIP cost (line 1 times line 10)		3,605,255	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)		405,563	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		24,931,918	14
15	State or local indigent care program cost (line 1 times line 14)		7,802,319	15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.		7,396,756	16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,083,125	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	31,814,690	3,353,839	35,168,529
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,956,248	1,049,567	11,005,815
22	Partial payment by patients approved for charity care	122,604	1,100,999	1,223,603
23	Cost of charity care (line 21 minus line 22)	9,833,644	-51,432	9,782,212
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			
26	Total bad debt expense for the entire hospital complex (see instructions)			45,528,395
27	Medicare bad debts for the entire hospital complex (see instructions)			2,059,513
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			43,468,882
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			13,603,369
30	Cost of uncompensated care (line 23, column 3 plus line 29)			23,385,581
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			33,468,706

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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				7,222,659	7,222,659		7,222,659	1
2	00200	Cap Rel Costs-Mvble Equip				17,642,219	17,642,219	-2,457,509	15,184,710	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	1,645,748	350,417	1,996,165	-3,660,952	-1,664,787	235,007,977	233,343,190	4
5.01	00590	MEDICAL CENTER ALL OTHER ADMIN & GEN	33,962,396	175,559,668	209,522,064	-32,086,407	177,435,657	-104,068,328	73,367,329	5.01
5.02	00591	HOSPITAL ADMIN & GENERAL	7,309,073	2,717,960	10,027,033	-10,169	10,016,864	-132,973	9,883,891	5.02
5.03	00592	AMBULATORY ADMIN & GENERAL	5,018,812	14,619,039	19,637,851	-112,637	19,525,214	-55,233	19,469,981	5.03
6	00600	Maintenance & Repairs	963,553	13,297,246	14,260,799	-536	14,260,263	4,803,820	19,064,083	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service								8
9	00900	Housekeeping	8,955	5,856,167	5,865,122	-75,662	5,789,460		5,789,460	9
10	01000	Dietary	3,215,630	4,387,295	7,602,925	-99,877	7,503,048	-2,726,037	4,777,011	10
11	01100	Cafeteria	602		602		602		602	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	5,472,706	677,802	6,150,508	-572,557	5,577,951	-30,005	5,547,946	13
14	01400	Central Services & Supply	2,922,594	4,881,989	7,804,583	1,408,727	9,213,310	-728	9,212,582	14
15	01500	Pharmacy	3,066,012	46,879,572	49,945,584	-41,728,766	8,216,818	52,700	8,269,518	15
16	01600	Medical Records & Library	2,860,414	1,372,531	4,232,945	1,239	4,234,184	-150,364	4,083,820	16
17	01700	Social Service	3,949,894	306,837	4,256,731	34,563	4,291,294	-445	4,290,849	17
17.01	01701	PALLIATIVE CARE	353,094	30,472	383,566		383,566	-102,875	280,691	17.01
18	01850	UTILMGMT / DSCH PLANNING	2,770,916	186,335	2,957,251	-87,338	2,869,913		2,869,913	18
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	18,616,686	-507,118	18,109,568	10,339,426	28,448,994	-217,199	28,231,795	21
22	02200	I&R Services-Other Prgm Costs Apprvd	798,605	1,786,879	2,585,484	20,980	2,606,464	14,239,940	16,846,404	22
23	02300	PARAMED ED PRGM-(SPECIFY)				1,674,683	1,674,683	235,482	1,910,165	23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	39,741,419	4,349,574	44,090,993	2,064,450	46,155,443	-2,680	46,152,763	30
31	03100	Intensive Care Unit	12,965,681	1,749,486	14,715,167	-1,048,243	13,666,924	-3,099	13,663,825	31
31.01	02080	PEDS ICU	3,737,723	311,750	4,049,473	-195,166	3,854,307		3,854,307	31.01
31.02	02060	NEONATAL ICU	9,936,398	883,856	10,820,254	-592,215	10,228,039	-462	10,227,577	31.02
32	03200	Coronary Care Unit	6,338,655	982,475	7,321,130	-670,039	6,651,091		6,651,091	32
40	04000	Subprovider - IPF	6,686,357	314,838	7,001,195	-45,205	6,955,990		6,955,990	40
41	04100	Subprovider - IRF	1,941,778	125,948	2,067,726	-29,177	2,038,549	-95,533	1,943,016	41
43	04300	Nursery				1,169,864	1,169,864		1,169,864	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	13,016,045	37,553,043	50,569,088	-33,584,847	16,984,241	-257,871	16,726,370	50
51	05100	Recovery Room	3,808,385	595,105	4,403,490	-161,677	4,241,813		4,241,813	51
52	05200	Delivery Room & Labor Room	10,894,661	1,470,038	12,364,699	-5,830,629	6,534,070	-1,050,424	5,483,646	52
53	05300	Anesthesiology	1,419,090	2,259,106	3,678,196	-1,867,971	1,810,225	-754,263	1,055,962	53
54	05400	Radiology-Diagnostic	5,710,845	-230,677	5,480,168	-3,308,430	2,171,738	799,213	2,970,951	54
54.01	03630	RADIO ULTRASOUND	737,307	93,889	830,926	105,946	936,872		936,872	54.01
54.02	03650	RADIO ANGIOGRAPHY	1,446,924	5,085,090	6,532,014	-3,851,278	2,680,736	-166,464	2,514,272	54.02
54.03	05401	RADIO WEST HARRISON	370,523	536,295	906,818	145,061	1,051,879	-3,048	1,048,831	54.03
54.04	05402	RADIO MILE SQUARE	161,725	32,456	194,181	24,096	218,277		218,277	54.04
55	05500	Radiology-Therapeutic	1,542,174	3,883,302	5,425,476	-96,309	5,329,167	-911,650	4,417,517	55
56	05600	Radioisotope	359,718	807,545	1,167,263	5,731	1,172,994		1,172,994	56
57	05700	CT Scan	921,698	309,384	1,231,082	767,207	1,998,289		1,998,289	57
58	05800	MRI	1,219,498	325,320	1,544,818	433,235	1,978,053	-810	1,977,243	58
59	05900	Cardiac Catheterization	820,894	2,241,364	3,062,258	-2,149,523	912,735	-568	912,167	59
60	06000	Laboratory	10,937,580	16,457,598	27,395,178	-3,575,016	23,820,162	-3,739	23,816,423	60
60.01	03420	LAB TISSUE TYPING	247,297	645,144	892,441	-7,670	884,771		884,771	60.01
60.02	06001	LAB OUTREACH	1,625,673	1,890,750	3,516,423	3,556,018	7,072,441	-80,263	6,992,178	60.02
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.	36,742	6,534,311	6,571,053	-13	6,571,040	-155,641	6,415,399	63
64	06400	Intravenous Therapy	452,778	98,540	551,318	-91,261	460,057	-148,991	311,066	64
65	06500	Respiratory Therapy	3,014,757	508,882	3,523,639	-466,124	3,057,515		3,057,515	65
66	06600	Physical Therapy	4,121,170	126,069	4,247,239	7,998	4,255,237	-17,861	4,237,376	66
66.01	06601	PHYSICAL THERAPY-ROOSEVELT RD	85,506	575,504	661,010		661,010		661,010	66.01
66.02	06602	PHYSICAL THERAPY MAXWELL ST	203,209	142,300	345,509	-3,895	341,614		341,614	66.02
67	06700	Occupational Therapy	1,563,425	48,129	1,611,554	-15,767	1,595,787	-8,685	1,587,102	67
68	06800	Speech Pathology	429,110	6,714	435,824		435,824		435,824	68
69	06900	Electrocardiology	185,152	12,491	197,643	-4,165	193,478		193,478	69
70	07000	Electroencephalography	265,296	20,580	285,876	-11,349	274,527		274,527	70
71	07100	Medical Supplies Charged to Patients				51,773,336	51,773,336	-1,980,914	49,792,422	71
73	07300	Drugs Charged to Patients				65,951,722	65,951,722	1,360,998	67,312,720	73
74	07400	Renal Dialysis	3,435,933	1,947,094	5,383,027	-684,526	4,698,501		4,698,501	74
76	03950	OTHER ANCILLARY SVC								76
76.01	03340	GASTROENTROLOGY	1,981,981	1,180,886	3,162,867	-965,836	2,197,031	14,055	2,211,086	76.01
76.02	03951	BONE MARROW TRANSPLANT	680,436	826,359	1,506,795	-10,737	1,496,058	-200	1,495,858	76.02
76.03	03140	CARDIAC SERVICES	1,662,487	1,833,980	3,496,467	-1,833,701	1,662,766	-4,647	1,658,119	76.03

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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	
76.04	03952	TELEMEDICINE PROGRAM				919,385	919,385	85,015	1,004,400	76.04
76.05	03953	SLEEP LAB WEST HARRISON	197,064	968,671	1,165,735	13,169	1,178,904	-28,128	1,150,776	76.05
76.06	03954	SICKLE CELL	784,690	49,503	834,193	-2,855	831,338	-91,758	739,580	76.06
76.07	03955	HEART CENTER-ROOSEVELT RD	3,029	21,623	24,652	-632	24,020		24,020	76.07
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	55,490	23,363	78,853	-222	78,631		78,631	76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	18,480,833	24,518,906	42,999,739	-21,386,554	21,613,185	-483,073	21,130,112	90
91	09100	Emergency	7,207,661	1,216,868	8,424,529	-807,874	7,616,655	-164,728	7,451,927	91
92	09200	Observation Beds (Non-Distinct Part)								92
93.01	04950	OCC EEI	2,319,263	3,003,463	5,322,726	-2,527,409	2,795,317	-3,729	2,791,588	93.01
93.02	04952	OCC PSYCH	1,005,491	59,860	1,065,351	-1,720	1,063,631	-100,012	963,619	93.02
93.03	04951	OCC ADOLESCENTS	2,377,076	915,571	3,292,647	-579,546	2,713,101	-81,414	2,631,687	93.03
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	2,702,125	1,960,158	4,662,283	-180,881	4,481,402	-151,956	4,329,446	105
107	10700	Liver Acquisition	549,581	988,338	1,537,919	-271,445	1,266,474	-1,350	1,265,124	107
109	10900	Pancreas Acquisition	12,744	545,504	558,248	15,274	573,522	-105	573,417	109
112	08600	OTHER ORGAN ACQUISITION (SPECIFY)		190,518	190,518	22,345	212,863	148	213,011	112
118		SUBTOTALS (sum of lines 1-117)	283,336,497	403,399,955	686,736,452	24,525	686,760,977	139,903,586	826,664,563	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	802	4,984	5,786		5,786	-5,786		190
191	19100	Research	495,293	68,271	563,564	3,801	567,365		567,365	191
192	19200	Physicians' Private Offices	2,040,867	4,433,005	6,473,872	-28,326	6,445,546	-4,897,531	1,548,015	192
194	07950	OUTPATIENT PHARMACY		18,322,071	18,322,071		18,322,071		18,322,071	194
200		TOTAL (sum of lines 118-199)	285,873,459	426,228,286	712,101,745		712,101,745	135,000,269	847,102,014	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	WOMENS HEALTH	A	Adults & Pediatrics	30	3,661,145	223,343	1
2	WOMENS HEALTH	A	Nursery	43	1,102,601	67,263	2
500	Total reclassifications				4,763,746	290,606	500
	Code Letter - A						
1	CHARGEABLE MED SPLS	B	Central Services & Supply	14		3,115,312	1
2	CHARGEABLE MED SPLS	B	RADIO MILE SQUARE	54.04		1,880	2
3	CHARGEABLE MED SPLS	B	OTHER ORGAN ACQUISITION (SPEC	112		320	3
4	CHARGEABLE MED SPLS	B	Medical Supplies Charged to P	71		51,773,336	4
5	CHARGEABLE MED SPLS	B					5
6	CHARGEABLE MED SPLS	B					6
7	CHARGEABLE MED SPLS	B					7
8	CHARGEABLE MED SPLS	B					8
9	CHARGEABLE MED SPLS	B					9
10	CHARGEABLE MED SPLS	B					10
11	CHARGEABLE MED SPLS	B					11
12	CHARGEABLE MED SPLS	B					12
13	CHARGEABLE MED SPLS	B					13
14	CHARGEABLE MED SPLS	B					14
15	CHARGEABLE MED SPLS	B					15
16	CHARGEABLE MED SPLS	B					16
17	CHARGEABLE MED SPLS	B					17
18	CHARGEABLE MED SPLS	B					18
19	CHARGEABLE MED SPLS	B					19
20	CHARGEABLE MED SPLS	B					20
21	CHARGEABLE MED SPLS	B					21
22	CHARGEABLE MED SPLS	B					22
23	CHARGEABLE MED SPLS	B					23
24	CHARGEABLE MED SPLS	B					24
25	CHARGEABLE MED SPLS	B					25
26	CHARGEABLE MED SPLS	B					26
27	CHARGEABLE MED SPLS	B					27
28	CHARGEABLE MED SPLS	B					28
29	CHARGEABLE MED SPLS	B					29
30	CHARGEABLE MED SPLS	B					30
31	CHARGEABLE MED SPLS	B					31
32	CHARGEABLE MED SPLS	B					32
33	CHARGEABLE MED SPLS	B					33
34	CHARGEABLE MED SPLS	B					34
35	CHARGEABLE MED SPLS	B					35
36	CHARGEABLE MED SPLS	B					36
37	CHARGEABLE MED SPLS	B					37
38	CHARGEABLE MED SPLS	B					38
39	CHARGEABLE MED SPLS	B					39
40	CHARGEABLE MED SPLS	B					40
41	CHARGEABLE MED SPLS	B					41
42	CHARGEABLE MED SPLS	B					42
43	CHARGEABLE MED SPLS	B					43
44	CHARGEABLE MED SPLS	B					44
45	CHARGEABLE MED SPLS	B					45
46	CHARGEABLE MED SPLS	B					46
47	CHARGEABLE MED SPLS	B					47
48	CHARGEABLE MED SPLS	B					48
49	CHARGEABLE MED SPLS	B					49
50	CHARGEABLE MED SPLS	B					50
51	CHARGEABLE MED SPLS	B					51
52	CHARGEABLE MED SPLS	B					52
53	CHARGEABLE MED SPLS	B					53
54	CHARGEABLE MED SPLS	B					54
55	CHARGEABLE MED SPLS	B					55
56	CHARGEABLE MED SPLS	B					56
500	Total reclassifications					54,890,848	500
	Code Letter - B						
1	CHARGEABLE DRUGS	C	Drugs Charged to Patients	73		65,951,722	1
2	CHARGEABLE DRUGS	C	Renal Dialysis	74		341,683	2
3	CHARGEABLE DRUGS	C	Intravenous Therapy	64		16	3
4	CHARGEABLE DRUGS	C					4
5	CHARGEABLE DRUGS	C					5
6	CHARGEABLE DRUGS	C					6
7	CHARGEABLE DRUGS	C					7
8	CHARGEABLE DRUGS	C					8
9	CHARGEABLE DRUGS	C					9
10	CHARGEABLE DRUGS	C					10
11	CHARGEABLE DRUGS	C					11
12	CHARGEABLE DRUGS	C					12

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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	
13	CHARGEABLE DRUGS	C					13
14	CHARGEABLE DRUGS	C					14
15	CHARGEABLE DRUGS	C					15
16	CHARGEABLE DRUGS	C					16
17	CHARGEABLE DRUGS	C					17
18	CHARGEABLE DRUGS	C					18
19	CHARGEABLE DRUGS	C					19
20	CHARGEABLE DRUGS	C					20
21	CHARGEABLE DRUGS	C					21
22	CHARGEABLE DRUGS	C					22
23	CHARGEABLE DRUGS	C					23
24	CHARGEABLE DRUGS	C					24
25	CHARGEABLE DRUGS	C					25
26	CHARGEABLE DRUGS	C					26
27	CHARGEABLE DRUGS	C					27
28	CHARGEABLE DRUGS	C					28
29	CHARGEABLE DRUGS	C					29
30	CHARGEABLE DRUGS	C					30
31	CHARGEABLE DRUGS	C					31
32	CHARGEABLE DRUGS	C					32
33	CHARGEABLE DRUGS	C					33
34	CHARGEABLE DRUGS	C					34
35	CHARGEABLE DRUGS	C					35
36	CHARGEABLE DRUGS	C					36
37	CHARGEABLE DRUGS	C					37
38	CHARGEABLE DRUGS	C					38
39	CHARGEABLE DRUGS	C					39
40	CHARGEABLE DRUGS	C					40
41	CHARGEABLE DRUGS	C					41
500	Total reclassifications					66,293,421	500
	Code Letter - C						
1	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23		1,224,460	1
2	PHARMACY ALLIED HEALTH	D	PARAMED ED PRGM-(SPECIFY)	23	450,223		2
500	Total reclassifications				450,223	1,224,460	500
	Code Letter - D						
1	RADIOLOGY ADMIN & NURSING	E	RADIO ULTRASOUND	54.01	156,680	21,478	1
2	RADIOLOGY ADMIN & NURSING	E	RADIO ANGIOGRAPHY	54.02	665,509	91,231	2
3	RADIOLOGY ADMIN & NURSING	E	RADIO WEST HARRISON	54.03	177,759	24,368	3
4	RADIOLOGY ADMIN & NURSING	E	RADIO MILE SQUARE	54.04	19,538	2,678	4
5	RADIOLOGY ADMIN & NURSING	E	Radiology-Therapeutic	55	224,978	30,841	5
6	RADIOLOGY ADMIN& NURSING	E	Radioisotope	56	77,196	10,582	6
7	RADIOLOGY ADMIN & NURSING	E	CT Scan	57	890,668	122,096	7
8	RADIOLOGY ADMIN & NURSING	E	MRI	58	597,020	81,842	8
500	Total reclassifications				2,809,348	385,116	500
	Code Letter - E						
1	DEPRECIATION-BLDG	F	Cap Rel Costs-Bldg & Fixt	1		7,222,659	1
2	DEPRECIATION-EQUIP	F	Cap Rel Costs-Mvble Equip	2		12,844,947	2
3	AMORTIZATION BOND DSCT	F	Cap Rel Costs-Mvble Equip	2		4,485,808	3
4	INTEREST ON INDEBTEDNESS	F	Cap Rel Costs-Mvble Equip	2		81,065	4
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		250,733	5
500	Total reclassifications					24,885,212	500
	Code Letter - F						
1	BENEFIT EXPENSE	G	Employee Benefits Department	4		6,376,324	1
500	Total reclassifications					6,376,324	500
	Code Letter - G						
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADMI	5.01	256,977		1
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	129,870		2
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	763,281		3
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	631,814		4
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	101,674		5
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	35,437		6
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	11,273		7
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OTHER ORGAN ACQUISITION (SPEC	112	12,678		8
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					9
10	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					10
11	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					11
12	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					12
13	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					13
14	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H					14
500	Total reclassifications				1,943,004		500
	Code Letter - H						

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	PSYCH RESEARCH	I	Research	191	13,996	653
500	Total reclassifications				13,996	653
	Code Letter - I					
1	TELEMEDICINE PERSONNEL	J	TELEMEDICINE PROGRAM	76.04		919,385
2	TELEMEDICINE PERSONNEL	J				
500	Total reclassifications					919,385
	Code Letter - J					
1	OUTREACH LAB	K	LAB OUTREACH	60.02	1,200,377	2,355,734
2	OUTREACH LAB	K				
500	Total reclassifications				1,200,377	2,355,734
	Code Letter - K					
1	ORGAN ACQ INVOICE EXPENSE RECLS	L	Kidney Acquisition	105		15,200
2	ORGAN ACQ INVOICE EXPENSE RECLS	L				
500	Total reclassifications					15,200
	Code Letter - L					
1	RESIDENT BILLING BENEFITS	N	I&R Services-Salary & Fringes	21	10,037,276	
500	Total reclassifications				10,037,276	
	Code Letter - N					
1	RAPID RESPONSE TEAM	O	Adults & Pediatrics	30	377,632	23,995
2	RAPID RESPONSE TEAM	O	Intensive Care Unit	31	73,681	4,682
3	RAPID RESPONSE TEAM	O	Coronary Care Unit	32	31,809	2,021
500	Total reclassifications				483,122	30,698
	Code Letter - O					
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	MEDICAL CENTER ALL OTHER ADMI	5.01	397	
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Clinic	90	179,947	
3	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Kidney Acquisition	105	7,107	
4	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Liver Acquisition	107	397	
5	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Pancreas Acquisition	109	99	
6	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	OTHER ORGAN ACQUISITION (SPEC	112	99	
500	Total reclassifications				188,046	
	Code Letter - P					
1	TERM PAY OUT	S	HOSPITAL ADMIN & GENERAL	5.02	32,332	
2	TERM PAY OUT	S	AMBULATORY ADMIN & GENERAL	5.03	8,033	
3	TERM PAY OUT	S	Dietary	10	9,728	
4	TERM PAY OUT	S	Nursing Administration	13	1,930	
5	TERM PAY OUT	S	Central Services & Supply	14	2,931	
6	TERM PAY OUT	S	Pharmacy	15	948	
7	TERM PAY OUT	S	Medical Records & Library	16	1,239	
8	TERM PAY OUT	S	Social Service	17	37,142	
9	TERM PAY OUT	S	UTILMGMT / DSCH PLANNING	18	25,540	
10	TERM PAY OUT	S	I&R Services-Other Prgm Costs	22	21,679	
11	TERM PAY OUT	S	Adults & Pediatrics	30	89,677	
12	TERM PAY OUT	S	Intensive Care Unit	31	14,738	
13	TERM PAY OUT	S	NEONATAL ICU	31.02	24,119	
14	TERM PAY OUT	S	Coronary Care Unit	32	323	
15	TERM PAY OUT	S	Subprovider - IPF	40	1,171	
16	TERM PAY OUT	S	Operating Room	50	97,215	
17	TERM PAY OUT	S	Recovery Room	51	54,381	
18	TERM PAY OUT	S	Delivery Room & Labor Room	52	29,148	
19	TERM PAY OUT	S	Anesthesiology	53	10,159	
20	TERM PAY OUT	S	Radiology-Diagnostic	54	27,010	
21	TERM PAY OUT	S	CT Scan	57	11,961	
22	TERM PAY OUT	S	Laboratory	60	9,836	
23	TERM PAY OUT	S	Intravenous Therapy	64	293	
24	TERM PAY OUT	S	Respiratory Therapy	65	511	
25	TERM PAY OUT	S	Physical Therapy	66	26,118	
26	TERM PAY OUT	S	PHYSICAL THERAPY MAXWELL ST	66.02	1,613	
27	TERM PAY OUT	S	BONE MARROW TRANSPLANT	76.02	177	
28	TERM PAY OUT	S	CARDIAC SERVICES	76.03	325	
29	TERM PAY OUT	S	SLEEP LAB WEST HARRISON	76.05	14,862	
30	TERM PAY OUT	S	SICKLE CELL	76.06	26,513	
31	TERM PAY OUT	S	Clinic	90	107,047	
32	TERM PAY OUT	S	Emergency	91	449	
33	TERM PAY OUT	S	OCC EEI	93.01	17,395	
34	TERM PAY OUT	S	OCC ADOLESCENTS	93.03	2,779	
35	TERM PAY OUT	S	Liver Acquisition	107	9,910	
500	Total reclassifications				719,232	
	Code Letter - S					

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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	
1	RADIATION ONCOLOGY RESIDENTS	T	I&R Services-Salary & Fringes	21		302,150	1
500	Total reclassifications					302,150	500
	Code Letter - T						
GRAND TOTAL (Increases)						22,608,370	157,969,807

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

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	WOMENS HEALTH	A	Delivery Room & Labor Room	52	4,763,746	290,606	1	
2	WOMENS HEALTH	A					2	
500	Total reclassifications				4,763,746	290,606	500	
	Code letter - A							
1	CHARGEABLE MED SPLS	B	MEDICAL CENTER ALL OTHER ADMI	5.01		69,616	1	
2	CHARGEABLE MED SPLS	B	HOSPITAL ADMIN & GENERAL	5.02		1,223	2	
3	CHARGEABLE MED SPLS	B	AMBULATORY ADMIN & GENERAL	5.03		12,088	3	
4	CHARGEABLE MED SPLS	B	Maintenance & Repairs	6		528	4	
5	CHARGEABLE MED SPLS	B	Housekeeping	9		75,662	5	
6	CHARGEABLE MED SPLS	B	Dietary	10		66	6	
7	CHARGEABLE MED SPLS	B	Nursing Administration	13		59,954	7	
8	CHARGEABLE MED SPLS	B	Pharmacy	15		846,217	8	
9	CHARGEABLE MED SPLS	B	Social Service	17		2,579	9	
10	CHARGEABLE MED SPLS	B	UTILMGMT / DSCH PLANNING	18		2,944	10	
11	CHARGEABLE MED SPLS	B	I&R Services-Other Prgm Costs	22		699	11	
12	CHARGEABLE MED SPLS	B	Adults & Pediatrics	30		1,711,218	12	
13	CHARGEABLE MED SPLS	B	Intensive Care Unit	31		966,286	13	
14	CHARGEABLE MED SPLS	B	PEDS ICU	31.01		168,380	14	
15	CHARGEABLE MED SPLS	B	NEONATAL ICU	31.02		592,159	15	
16	CHARGEABLE MED SPLS	B	Coronary Care Unit	32		606,946	16	
17	CHARGEABLE MED SPLS	B	Subprovider - IPF	40		30,662	17	
18	CHARGEABLE MED SPLS	B	Subprovider - IRF	41		26,197	18	
19	CHARGEABLE MED SPLS	B	Operating Room	50		33,570,218	19	
20	CHARGEABLE MED SPLS	B	Recovery Room	51		175,612	20	
21	CHARGEABLE MED SPLS	B	Delivery Room & Labor Room	52		747,264	21	
22	CHARGEABLE MED SPLS	B	Anesthesiology	53		1,696,233	22	
23	CHARGEABLE MED SPLS	B	Radiology-Diagnostic	54		119,180	23	
24	CHARGEABLE MED SPLS	B	RADIO ULTRASOUND	54.01		49,159	24	
25	CHARGEABLE MED SPLS	B	RADIO ANGIOGRAPHY	54.02		4,403,835	25	
26	CHARGEABLE MED SPLS	B	RADIO WEST HARRISON	54.03		19,641	26	
27	CHARGEABLE MED SPLS	B	Radiology-Therapeutic	55		45,401	27	
28	CHARGEABLE MED SPLS	B	Radioisotope	56		5,712	28	
29	CHARGEABLE MED SPLS	B	CT Scan	57		148,817	29	
30	CHARGEABLE MED SPLS	B	MRI	58		88,735	30	
31	CHARGEABLE MED SPLS	B	Cardiac Catheterization	59		2,048,766	31	
32	CHARGEABLE MED SPLS	B	Laboratory	60		35,984	32	
33	CHARGEABLE MED SPLS	B	LAB TISSUE TYPING	60.01		145	33	
34	CHARGEABLE MED SPLS	B	LAB OUTREACH	60.02		93	34	
35	CHARGEABLE MED SPLS	B	Blood Storing, Processing & T	63		13	35	
36	CHARGEABLE MED SPLS	B	Intravenous Therapy	64		91,570	36	
37	CHARGEABLE MED SPLS	B	Respiratory Therapy	65		400,193	37	
38	CHARGEABLE MED SPLS	B	Physical Therapy	66		17,935	38	
39	CHARGEABLE MED SPLS	B	PHYSICAL THERAPY MAXWELL ST	66.02		5,508	39	
40	CHARGEABLE MED SPLS	B	Occupational Therapy	67		15,767	40	
41	CHARGEABLE MED SPLS	B	Electrocardiology	69		4,165	41	
42	CHARGEABLE MED SPLS	B	Electroencephalography	70		11,349	42	
43	CHARGEABLE MED SPLS	B	Renal Dialysis	74		885,894	43	
44	CHARGEABLE MED SPLS	B	GASTROENTEROLOGY	76.01		947,989	44	
45	CHARGEABLE MED SPLS	B	BONE MARROW TRANSPLANT	76.02		297	45	
46	CHARGEABLE MED SPLS	B	CARDIAC SERVICES	76.03		1,834,026	46	
47	CHARGEABLE MED SPLS	B	SLEEP LAB WEST HARRISON	76.05		1,693	47	
48	CHARGEABLE MED SPLS	B	SICKLE CELL	76.06		14,996	48	
49	CHARGEABLE MED SPLS	B	HYPERBARIC OXYGEN THERAPY	76.98		222	49	
50	CHARGEABLE MED SPLS	B	Clinic	90		1,461,274	50	
51	CHARGEABLE MED SPLS	B	Emergency	91		657,121	51	
52	CHARGEABLE MED SPLS	B	OCC EEI	93.01		91,308	52	
53	CHARGEABLE MED SPLS	B	OCC PSYCH	93.02		1,678	53	
54	CHARGEABLE MED SPLS	B	OCC ADOLESCENTS	93.03		82,725	54	
55	CHARGEABLE MED SPLS	B	Research	191		8,580	55	
56	CHARGEABLE MED SPLS	B	Physicians' Private Offices	192		28,326	56	
500	Total reclassifications					54,890,848	500	
	Code letter - B							
1	CHARGEABLE DRUGS	C	MEDICAL CENTER ALL OTHER ADMI	5.01		194,976	1	
2	CHARGEABLE DRUGS	C	Maintenance & Repairs	6		8	2	
3	CHARGEABLE DRUGS	C	Nursing Administration	13		713	3	
4	CHARGEABLE DRUGS	C	Central Services & Supply	14		1,676,451	4	
5	CHARGEABLE DRUGS	C	Pharmacy	15		38,192,683	5	
6	CHARGEABLE DRUGS	C	Adults & Pediatrics	30		519,951	6	
7	CHARGEABLE DRUGS	C	Intensive Care Unit	31		175,058	7	
8	CHARGEABLE DRUGS	C	PEDS ICU	31.01		26,786	8	
9	CHARGEABLE DRUGS	C	NEONATAL ICU	31.02		24,175	9	
10	CHARGEABLE DRUGS	C	Coronary Care Unit	32		97,246	10	
11	CHARGEABLE DRUGS	C	Subprovider - IPF	40		1,065	11	

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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	
12	CHARGEABLE DRUGS	C	Subprovider - IRF	41		2,980	12	
13	CHARGEABLE DRUGS	C	Operating Room	50		111,844	13	
14	CHARGEABLE DRUGS	C	Recovery Room	51		40,446	14	
15	CHARGEABLE DRUGS	C	Delivery Room & Labor Room	52		58,161	15	
16	CHARGEABLE DRUGS	C	Anesthesiology	53		181,897	16	
17	CHARGEABLE DRUGS	C	Radiology-Diagnostic	54		21,796	17	
18	CHARGEABLE DRUGS	C	RADIO ULTRASOUND	54.01		23,053	18	
19	CHARGEABLE DRUGS	C	RADIO ANGIOGRAPHY	54.02		204,183	19	
20	CHARGEABLE DRUGS	C	RADIO WEST HARRISON	54.03		37,425	20	
21	CHARGEABLE DRUGS	C	Radiology-Therapeutic	55		4,577	21	
22	CHARGEABLE DRUGS	C	Radioisotope	56		76,335	22	
23	CHARGEABLE DRUGS	C	CT Scan	57		108,701	23	
24	CHARGEABLE DRUGS	C	MRI	58		156,892	24	
25	CHARGEABLE DRUGS	C	Cardiac Catheterization	59		100,757	25	
26	CHARGEABLE DRUGS	C	Laboratory	60		282	26	
27	CHARGEABLE DRUGS	C	Respiratory Therapy	65		66,442	27	
28	CHARGEABLE DRUGS	C	Physical Therapy	66		185	28	
29	CHARGEABLE DRUGS	C	Renal Dialysis	74		269,134	29	
30	CHARGEABLE DRUGS	C	GASTROENTEROLOGY	76.01		17,847	30	
31	CHARGEABLE DRUGS	C	BONE MARROW TRANSPLANT	76.02		3,704	31	
32	CHARGEABLE DRUGS	C	SICKLE CELL	76.06		14,372	32	
33	CHARGEABLE DRUGS	C	HEART CENTER-ROOSEVELT RD	76.07		632	33	
34	CHARGEABLE DRUGS	C	Clinic	90		20,809,365	34	
35	CHARGEABLE DRUGS	C	Emergency	91		151,202	35	
36	CHARGEABLE DRUGS	C	OCC EEI	93.01		2,453,496	36	
37	CHARGEABLE DRUGS	C	OCC PSYCH	93.02		42	37	
38	CHARGEABLE DRUGS	C	OCC ADOLESCENTS	93.03		464,130	38	
39	CHARGEABLE DRUGS	C	Kidney Acquisition	105		136	39	
40	CHARGEABLE DRUGS	C	OTHER ORGAN ACQUISITION (SPEC	112		2,025	40	
41	CHARGEABLE DRUGS	C	Research	191		2,268	41	
500	Total reclassifications					66,293,421	500	
	Code letter - C							
1	PHARMACY ALLIED HEALTH	D	Pharmacy	15		1,224,460	1	
2	PHARMACY ALLIED HEALTH	D	Pharmacy	15	450,223		2	
500	Total reclassifications				450,223	1,224,460	500	
	Code letter - D							
1	RADIOLOGY ADMIN & NURSING	E	Radiology-Diagnostic	54	2,809,348	385,116	1	
2	RADIOLOGY ADMIN & NURSING	E					2	
3	RADIOLOGY ADMIN & NURSING	E					3	
4	RADIOLOGY ADMIN & NURSING	E					4	
5	RADIOLOGY ADMIN & NURSING	E					5	
6	RADIOLOGY ADMIN & NURSING	E					6	
7	RADIOLOGY ADMIN & NURSING	E					7	
8	RADIOLOGY ADMIN & NURSING	E					8	
500	Total reclassifications				2,809,348	385,116	500	
	Code letter - E							
1	DEPRECIATION-BLDG	F	MEDICAL CENTER ALL OTHER ADM	5.01		24,864,878	9 1	
2	DEPRECIATION-EQUIP	F					9 2	
3	AMORTIZATION BOND DSCT	F					11 3	
4	INTEREST ON INDEBTEDNESS	F					11 4	
5	INTEREST ON RETIREMENT	F	Cap Rel Costs-Mvble Equip	2		20,334	14 5	
500	Total reclassifications					24,885,212	500	
	Code letter - F							
1	BENEFIT EXPENSE	G	MEDICAL CENTER ALL OTHER ADM	5.01		6,376,324	1	
500	Total reclassifications					6,376,324	500	
	Code letter - G							
1	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	MEDICAL CENTER ALL OTHER ADM	5.01	27,455		1	
2	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	HOSPITAL ADMIN & GENERAL	5.02	41,278		2	
3	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	AMBULATORY ADMIN & GENERAL	5.03	108,582		3	
4	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Dietary	10	109,539		4	
5	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Central Services & Supply	14	33,065		5	
6	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	UTL/MGMT / DSCH PLANNING	18	109,934		6	
7	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Adults & Pediatrics	30	80,173		7	
8	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Renal Dialysis	74	1,051		8	
9	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	BONE MARROW TRANSPLANT	76.02	6,913		9	
10	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Clinic	90	166,190		10	
11	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	OCC ADOLESCENTS	93.03	35,470		11	
12	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Kidney Acquisition	105	834,866		12	
13	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Liver Acquisition	107	376,226		13	
14	ORGAN ACQ SPLIT PRE, POST AND ADMIN	H	Pancreas Acquisition	109	12,262		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	
500	Total reclassifications				1,943,004		500	
	Code letter - H							
1	PSYCH RESEARCH	I	Subprovider - IPF	40	13,996	653	1	
500	Total reclassifications				13,996	653	500	
	Code letter - I							
1	TELEMEDICINE PERSONNEL	J	Pharmacy	15		828,085	1	
2	TELEMEDICINE PERSONNEL	J	MEDICAL CENTER ALL OTHER ADMI	5.01		91,300	2	
500	Total reclassifications					919,385	500	
	Code letter - J							
1	OUTREACH LAB	K	Laboratory	60	1,197,006	2,351,580	1	
2	OUTREACH LAB	K	LAB TISSUE TYPING	60.01	3,371	4,154	2	
500	Total reclassifications				1,200,377	2,355,734	500	
	Code letter - K							
1	ORGAN ACQ INVOICE EXPENSE RECLS	L	Liver Acquisition	107		7,200	1	
2	ORGAN ACQ INVOICE EXPENSE RECLS	L	Pancreas Acquisition	109		8,000	2	
500	Total reclassifications					15,200	500	
	Code letter - L							
1	RESIDENT BILLING BENEFITS	N	Employee Benefits Department	4		10,037,276	1	
500	Total reclassifications					10,037,276	500	
	Code letter - N							
1	RAPID RESPONSE TEAM	O	Nursing Administration	13	483,122	30,698	1	
2	RAPID RESPONSE TEAM	O					2	
3	RAPID RESPONSE TEAM	O					3	
500	Total reclassifications				483,122	30,698	500	
	Code letter - O							
1	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P	Pharmacy	15	188,046		1	
2	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P					2	
3	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P					3	
4	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P					4	
5	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P					5	
6	PHARMACIST ORGAN ACQ SPLIT PRE, POS	P					6	
500	Total reclassifications				188,046		500	
	Code letter - P							
1	TERM PAY OUT	S	MEDICAL CENTER ALL OTHER ADMI	5.01	719,232		1	
2	TERM PAY OUT	S					2	
3	TERM PAY OUT	S					3	
4	TERM PAY OUT	S					4	
5	TERM PAY OUT	S					5	
6	TERM PAY OUT	S					6	
7	TERM PAY OUT	S					7	
8	TERM PAY OUT	S					8	
9	TERM PAY OUT	S					9	
10	TERM PAY OUT	S					10	
11	TERM PAY OUT	S					11	
12	TERM PAY OUT	S					12	
13	TERM PAY OUT	S					13	
14	TERM PAY OUT	S					14	
15	TERM PAY OUT	S					15	
16	TERM PAY OUT	S					16	
17	TERM PAY OUT	S					17	
18	TERM PAY OUT	S					18	
19	TERM PAY OUT	S					19	
20	TERM PAY OUT	S					20	
21	TERM PAY OUT	S					21	
22	TERM PAY OUT	S					22	
23	TERM PAY OUT	S					23	
24	TERM PAY OUT	S					24	
25	TERM PAY OUT	S					25	
26	TERM PAY OUT	S					26	
27	TERM PAY OUT	S					27	
28	TERM PAY OUT	S					28	
29	TERM PAY OUT	S					29	
30	TERM PAY OUT	S					30	
31	TERM PAY OUT	S					31	
32	TERM PAY OUT	S					32	
33	TERM PAY OUT	S					33	
34	TERM PAY OUT	S					34	

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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	
35	TERM PAY OUT	S						
500	Total reclassifications				719,232			
	Code letter - S							
1	RADIATION ONCOLOGY RESIDENTS	T	Radiology-Therapeutic	55		302,150		
500	Total reclassifications					302,150		
	Code letter - T							
	GRAND TOTAL (Decreases)				12,571,094	168,007,083		

(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	770,917					770,917		1
2	Land Improvements								2
3	Buildings and Fixtures	234,229,060	7,425,270		7,425,270		241,654,330		3
4	Building Improvements	17,626,901	2,595,477		2,595,477	998,065	19,224,313		4
5	Fixed Equipment								5
6	Movable Equipment	185,113,873	10,536,230		10,536,230	1,400,054	194,250,049		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	437,740,751	20,556,977		20,556,977	2,398,119	455,899,609		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	437,740,751	20,556,977		20,556,977	2,398,119	455,899,609		10

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	261,649,559		261,649,559	0.573919					1
2	Cap Rel Costs-Mvble Equip	194,250,050		194,250,050	0.426081					2
3	Total (sum of lines 1-2)	455,899,609		455,899,609	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	7,222,659						7,222,659	1	
2	Cap Rel Costs-Mvble Equip	12,844,947		2,281,360			58,403	15,184,710	2	
3	Total (sum of lines 1-2)	20,067,606		2,281,360			58,403	22,407,369	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	
2	Investment income-movable equipment (chapter 2)	B	-2,285,513	Cap Rel Costs-Mvble Equip	2	11
3	Investment income-other (chapter 2)					
4	Trade, quantity, and time discounts (chapter 8)					
5	Refunds and rebates of expenses (chapter 8)					
6	Rental of provider space by suppliers (chapter 8)					
7	Telephone services (pay stations excl) (chapter 21)					
8	Television and radio service (chapter 21)					
9	Parking lot (chapter 21)					
10	Provider-based physician adjustment	Wkst A-8-2	-4,661,625			
11	Sale of scrap, waste, etc. (chapter 23)					
12	Related organization transactions (chapter 10)	Wkst A-8-1	198,855,080			
13	Laundry and linen service					
14	Cafeteria - employees and guests					
15	Rental of quarters to employees & others					
16	Sale of medical and surgical supplies to other than patients					
17	Sale of drugs to other than patients					
18	Sale of medical records and abstracts					
19	Nursing school (tuition,fees,books,etc.)					
20	Vending machines					
21	Income from imposition of interest, finance or penalty charges (chapter 21)					
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	
28	Non-physician anesthetist			Nonphysician Anesthetists	19	
29	Physicians' assistant					
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	
32	CAH HIT Adj for Depreciation					
33	BAD DEBT - INPATIENT	A	-21,192,866	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
33.01	BAD DEBT - OUTPATIENT	A	-24,258,080	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
33.02	BAD DEBT-HOUSE STAFF	A	-77,449	I&R Services-Salary & Fringes Apprvd	21	
34	ORGAN ACQ NON ALLOW	A	-31,902	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
34.01	ORGAN ACQ NON ALLOW	A	-3,654	HOSPITAL ADMIN & GENERAL	5.02	
34.02	ORGAN ACQ NON ALLOW	A	-879	Dietary	10	
34.03	ORGAN ACQ NONALLOW	A	-733	Clinic	90	
34.04	ORGAN ACQ NONALLOW	A	-14,757	Kidney Acquisition	105	
34.05	ORGAN ACQ NONALLOW	A	-1,399	Liver Acquisition	107	
34.06	ORGAN ACQ NONALLOW	A	-105	Pancreas Acquisition	109	
34.07	TRANSPLANT DIRECTOR	A	21,021	Kidney Acquisition	105	
34.08	TRANSPLANT DIRECTOR	A	49	Liver Acquisition	107	
34.09	TRANSPLANT DIRECTOR	A	148	OTHER ORGAN ACQUISITION (SPECIFY)	112	
34.10	TRANSPLANT PHARMACIST	A	55,769	Pharmacy	15	
35	MOONLIGHTING PHYSICIANS	A	-164,640	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
36						
37	NON PHYSICIAN ANESTHETIST	A	-753,257	Anesthesiology	53	
38	NURSE PRACTITIONER	A	-815,290	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
38.01	NURSE PRACTITIONER	A	-11,211	Nursing Administration	13	
38.02	NURSE PRACTITIONER	A	-81,486	PALLIATIVE CARE	17.01	
38.03	NURSE PRACTITIONER	A	-78,485	Operating Room	50	
38.04	NURSE PRACTITIONER	A	-1,044,554	Delivery Room & Labor Room	52	
38.05	NURSE PRACTITIONER	A	-164,727	RADIO ANGIOGRAPHY	54.02	
38.06	NURSE PRACTITIONER	A	-568	Cardiac Catheterization	59	
38.07	NURSE PRACTITIONER	A	-146,110	Intravenous Therapy	64	
38.08	NURSE PRACTITIONER	A	-89,877	SICKLE CELL	76.06	
38.09	NURSE PRACTITIONER	A	-264,567	Clinic	90	
38.10	NURSE PRACTITIONER	A	-163,858	Emergency	91	
38.11	NURSE PRACTITIONER	A	-79,977	OCC ADOLESCENTS	93.03	
38.12	NURSE PRACTITIONER	A	-98,307	OCC PSYCH	93.02	
38.13	NURSE PRACTITIONER	A	-158,220	Kidney Acquisition	105	
39	PHYSICIAN-PART B & NON-ALLOW	A	-992,781	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	
40	COM - MD SALARIES ADMIN	A	1,904,291	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01	

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.	
				COST CENTER		LINE#		
				1	2	3		4
40.01	COM - MD SALARIES TEACHING	A	14,258,459	I&R Services-Other Prgm Costs Apprvd		22		40.01
41	EMPLOYEE HEALTH SVCS	A	-1,078,401	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		41
42	MISC INCOME	B	-3,108,598	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		42
42.01	MISC INCOME	B	-18,976	AMBULATORY ADMIN & GENERAL		5.03		42.01
42.02	MISC INCOME	B	-120,898	Maintenance & Repairs		6		42.02
42.03	MISC INCOME	B	-2,657,658	Dietary		10		42.03
42.04	MISC INCOME	B	-67,500	Dietary		10		42.04
42.05	MISC INCOME	B	-8,630	Nursing Administration		13		42.05
42.06	MISC INCOME	B	-30,676	Medical Records & Library		16		42.06
42.07	MISC INCOME	B	-139,750	I&R Services-Salary & Fringes Apprvd		21		42.07
42.08	MISC INCOME	B	-11,991	I&R Services-Other Prgm Costs Apprvd		22		42.08
42.09	MISC INCOME	B	-1,820	Intensive Care Unit		31		42.09
42.10	MISC INCOME	B	-94,375	Subprovider - IRF		41		42.10
42.11	MISC INCOME	B	-179,386	Operating Room		50		42.11
42.12	MISC INCOME	B	-4,880	Delivery Room & Labor Room		52		42.12
42.13	MISC INCOME	B	-909,028	Radiology-Therapeutic		55		42.13
42.14	MISC INCOME	B	-155,641	Blood Storing, Processing & Trans.		63		42.14
42.15	MISC INCOME	B	-17,861	Physical Therapy		66		42.15
42.16	MISC INCOME	B	-8,250	Occupational Therapy		67		42.16
42.17	MISC INCOME	B	-1,980,914	Medical Supplies Charged to Patients		71		42.17
42.18	MISC INCOME	B	-28,128	SLEEP LAB WEST HARRISON		76.05		42.18
42.19	MISC INCOME	B	-160,705	Clinic		90		42.19
42.20	MISC INCOME	B	-5,786	Gift, Flower, Coffee Shop & Canteen		190		42.20
42.21	MISC INCOME	B	-55,621	Physicians' Private Offices		192		42.21
42.22	OTHER MISC INCOME	A	-778,844	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		42.22
42.23	OTHER MISC INCOME	B	-20,687	PALLATIVE CARE		17.01		42.23
42.24	OTHER MISC INCOME	B	-117,829	Physicians' Private Offices		192		42.24
43	NON-ALLOWABLE COST	A	-51,306	Employee Benefits Department		4		43
43.01	NON-ALLOWABLE COST	A	-2,099,715	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		43.01
43.02	NON-ALLOWABLE COST	A	-129,319	HOSPITAL ADMIN & GENERAL		5.02		43.02
43.03	NON-ALLOWABLE COST	A	-36,257	AMBULATORY ADMIN & GENERAL		5.03		43.03
43.04	NON-ALLOWABLE COST	A	-10,164	Nursing Administration		13		43.04
43.05	NON-ALLOWABLE COST	A	-728	Central Services & Supply		14		43.05
43.06	NON-ALLOWABLE COST	A	-3,069	Pharmacy		15		43.06
43.07	NON-ALLOWABLE COST	A	-119,688	Medical Records & Library		16		43.07
43.08	NON-ALLOWABLE COST	A	-445	Social Service		17		43.08
43.09	NON-ALLOWABLE COST	A	-702	PALLATIVE CARE		17.01		43.09
43.10	NON-ALLOWABLE COST	A	-6,528	I&R Services-Other Prgm Costs Apprvd		22		43.10
43.11	NON-ALLOWABLE COST	A	-2,680	Adults & Pediatrics		30		43.11
43.12	NON-ALLOWABLE COST	A	-1,279	Intensive Care Unit		31		43.12
43.13	NON-ALLOWABLE COST	A	-462	NEONATAL ICU		31.02		43.13
43.14	NON-ALLOWABLE COST	A	-1,158	Subprovider - IRF		41		43.14
43.15	NON-ALLOWABLE COST	A	-990	Delivery Room & Labor Room		52		43.15
43.16	NON-ALLOWABLE COST	A	-1,006	Anesthesiology		53		43.16
43.17	NON-ALLOWABLE COST	A	-8,206	Radiology-Diagnostic		54		43.17
43.18	NON-ALLOWABLE COST	A	-1,737	RADIO ANGIOGRAPHY		54.02		43.18
43.19	NON-ALLOWABLE COST	A	-3,048	RADIO WEST HARRISON		54.03		43.19
43.20	NON-ALLOWABLE COST	A	-2,506	Radiology-Therapeutic		55		43.20
43.21	NON-ALLOWABLE COST	A	-810	MRI		58		43.21
43.22	NON-ALLOWABLE COST	A	-3,739	Laboratory		60		43.22
43.23	NON-ALLOWABLE COST	A	-80,263	LAB OUTREACH		60.02		43.23
43.24	NON-ALLOWABLE COST	A	-2,881	Intravenous Therapy		64		43.24
43.25	NON-ALLOWABLE COST	A	-435	Occupational Therapy		67		43.25
43.26	NON-ALLOWABLE COST	A	-200	BONE MARROW TRANSPLANT		76.02		43.26
43.27	NON-ALLOWABLE COST	A	-4,647	CARDIAC SERVICES		76.03		43.27
43.28	NON-ALLOWABLE COST	A	-1,881	SICKLE CELL		76.06		43.28
43.30	NON-ALLOWABLE COST	A	-233,776	Clinic		90		43.30
43.31	NON-ALLOWABLE COST	A	-870	Emergency		91		43.31
43.32	NON-ALLOWABLE COST	A	-3,729	OCC EEI		93.01		43.32
43.33	NON-ALLOWABLE COST	A	-1,705	OCC PSYCH		93.02		43.33
43.34	NON-ALLOWABLE COST	A	-1,437	OCC ADOLESCENTS		93.03		43.34
44	TIS DRUG COST ADJUSTMENT	A	-3,460,000	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		44
44.01	BERWYN INFUSION	A	-6,288	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		44.01
44.02	BERWYN INFUSION	A	-4,724,081	Physicians' Private Offices		192		44.02
45	GAIN/LOSS ON DISPOSAL	A	-35,455	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		45
45.01	PY CIP COSTS	A	807,419	Radiology-Diagnostic		54		45.01
45.02	PY CIP COSTS	A	-116	Radiology-Therapeutic		55		45.02
45.03	PY CIP COSTS	A	14,055	GASTROENTEROLOGY		76.01		45.03
45.04	PY CIP COSTS	A	176,708	Clinic		90		45.04
46	NON-HOSPITAL EXPENSE	A	-23,561	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		46
46.01	HEALTH SCIENCES MANAGED CARE	A	-129,633	MEDICAL CENTER ALL OTHER ADMIN & GEN		5.01		46.01
46.02	ROCKFORD WCHC	A	-171,996	Cap Rel Costs-Mvble Equip		2	14	46.02

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
46.03	VALET PARKING	A	-98,016	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.03
46.05	NON-HOSPITAL MC PRGM	A	-1,587,506	MEDICAL CENTER ALL OTHER ADMIN & GEN	5.01		46.05
46.06	TIS DRUG COST	A	1,360,998	Drugs Charged to Patients	73		46.06
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		135,000,269				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	4	Employee Benefits Department	OTBO - UNIVERSITY BENEFIT	241,435,607	6,376,324	235,059,283		1
2	6	Maintenance & Repairs	OTBO - UTILITIES	5,709,046	784,328	4,924,718		2
3	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	MALPRACTICE EXPENSE	9,393,041	9,393,041			3
3.01	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	ADMINISTRATIVE ALLOWANCE	10,669,481	11,774,102	-1,104,621		3.01
3.02	2	Cap Rel Costs-Mvble Equip	EQUIPMENT DEPRECIATION	10,451,996	10,451,996		9	3.02
3.03	1	Cap Rel Costs-Bldg & Fixt	BUILDING DEPRECIATION	7,222,659	7,222,659		9	3.03
3.04	2	Cap Rel Costs-Mvble Equip	SOFTWARE DEPRECIATION	2,366,345	2,366,345		9	3.04
3.05	2	Cap Rel Costs-Mvble Equip	LEASEHOLD DEPRECIATION	26,607	26,607		9	3.05
3.06	2	Cap Rel Costs-Mvble Equip	BOND AMORTIZATION	230,398	230,398		14	3.06
3.07	2	Cap Rel Costs-Mvble Equip	INTEREST EXPENSE	4,566,872	4,566,872		11	3.07
3.08	23	PARAMED ED PRGM-(SPECIFY)	PHARMACY RESIDENCY	1,459,942	1,224,460	235,482		3.08
3.09	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COM SUPPORT	365,665		365,665		3.09
3.10	76.04	TELEMEDICINE PROGRAM	TELEMEDICINE COP SUPPORT	547,435	828,085	-280,650		3.10
3.11	73	Drugs Charged to Patients	TELEMEDICINE COP DRUGCOST	9,504,572	9,504,572			3.11
3.12	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	COM SUPPORT	4,716,730	40,750,912	-36,034,182		3.12
3.13	4	Employee Benefits Department	TUITION WAVIER FROM UOFI	2,009,323	2,009,323			3.13
3.14	9	Housekeeping	HOUSEKEEPING BENEFITS	2,381,570	2,381,570			3.14
3.15	5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	UIH SPACE ON UIC CAMPUS	651,928	4,962,543	-4,310,615		3.15
4								4
5		TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12		313,709,217	114,854,137	198,855,080		5

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

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

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

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

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

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

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY	3,091,086		3,091,086	200,300	17,272	1,663,260	83,163	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY	416,945		416,945	177,200	3,764	320,664	16,033	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY	241,579		241,579	177,200	2,828	240,924	12,046	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC	900,119		900,119	177,200	6,815	580,586	29,029	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY	76,764		76,764	177,200	965	82,211	4,111	5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE	879,517		879,517	138,700	8,302	553,600	27,680	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG	86,187		86,187	177,200	893	76,077	3,804	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY	940,833		940,833	208,000	7,504	750,400	37,520	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC	7,338		7,338	177,200	70	5,963	298	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO	747,651		747,651	177,200	7,489	638,005	31,900	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY				177,200				11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE	143,011		143,011	177,200	1,952	166,295	8,315	12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI	510,824		510,824	165,000	7,398	586,861	29,343	13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY	101,647		101,647	196,400	1,161	109,625	5,481	14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY	215,701		215,701	177,200	1,799	153,261	7,663	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY	344,244		344,244	177,200	3,316	282,498	14,125	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY	329,847		329,847	208,000	2,749	274,900	13,745	17
18	5.01	MEDICAL CENTER ALL O OB/GYN	2,295,941		2,295,941	196,400	20,327	1,919,338	95,967	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY	36,746		36,746	177,200	415	35,355	1,768	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL	38,865		38,865	140,600	158	10,680	534	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS	650,463		650,463	208,000	7,246	724,600	36,230	21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY	1,051,489		1,051,489	177,200	7,063	601,713	30,086	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY	687,309		687,309	215,700	8,080	837,911	41,896	23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI	162,516		162,516	140,600	2,292	154,930	7,747	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS	687,774		687,774	140,600	6,492	438,834	21,942	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY	181,264		181,264	154,100	2,562	189,810	9,491	26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY	1,581,415		1,581,415	225,300	9,969	1,079,815	53,991	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C	232,631		232,631	177,200	2,128	181,289	9,064	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY	117,389		117,389	177,200	1,597	136,052	6,803	29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO				20,800				30
31	5.01	MEDICAL CENTER ALL O UROLOGY	856,840		856,840	177,200	6,122	521,547	26,077	31
32	5.01	MEDICAL CENTER ALL O ALLERGY				177,200				32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME				140,600				33
200		TOTAL	17,613,935		17,613,935		148,728	13,317,004	665,852	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.01	MEDICAL CENTER ALL O ANESTHESIOLOGY					1,663,260	1,427,826	1,427,826	1
2	5.01	MEDICAL CENTER ALL O CARDIOLOGY					320,664	96,281	96,281	2
3	5.01	MEDICAL CENTER ALL O DERMATOLOGY					240,924	655	655	3
4	5.01	MEDICAL CENTER ALL O EMERGENCY MEDIC					580,586	319,533	319,533	4
5	5.01	MEDICAL CENTER ALL O ENDOCRINOLOGY					82,211			5
6	5.01	MEDICAL CENTER ALL O FAMILY MEDICINE					553,600	325,917	325,917	6
7	5.01	MEDICAL CENTER ALL O GASTROENTEROLOG					76,077	10,110	10,110	7
8	5.01	MEDICAL CENTER ALL O GENERAL SURGERY					750,400	190,433	190,433	8
9	5.01	MEDICAL CENTER ALL O GERIATRIC					5,963	1,375	1,375	9
10	5.01	MEDICAL CENTER ALL O HEMATOLOGY/ONCO					638,005	109,646	109,646	10
11	5.01	MEDICAL CENTER ALL O HEPATOLOGY								11
12	5.01	MEDICAL CENTER ALL O INFECTIOUS DISE					166,295			12
13	5.01	MEDICAL CENTER ALL O INTERNAL MEDICI					586,861			13
14	5.01	MEDICAL CENTER ALL O NEONATOLOGY					109,625			14
15	5.01	MEDICAL CENTER ALL O NEPHROLOGY					153,261	62,440	62,440	15
16	5.01	MEDICAL CENTER ALL O NEUROLOGY					282,498	61,746	61,746	16
17	5.01	MEDICAL CENTER ALL O NEUROSURGERY					274,900	54,947	54,947	17
18	5.01	MEDICAL CENTER ALL O OB/GYN					1,919,338	376,603	376,603	18
19	5.01	MEDICAL CENTER ALL O OPHTHALMOLOGY					35,355	1,391	1,391	19
20	5.01	MEDICAL CENTER ALL O ORAL AND MAXILL					10,680	28,185	28,185	20
21	5.01	MEDICAL CENTER ALL O ORTHOPAEDICS					724,600			21
22	5.01	MEDICAL CENTER ALL O OTOLARYNGOLOGY					601,713	449,776	449,776	22
23	5.01	MEDICAL CENTER ALL O PATHOLOGY					837,911			23
24	5.01	MEDICAL CENTER ALL O PEDIATRIC DENTI					154,930	7,586	7,586	24
25	5.01	MEDICAL CENTER ALL O PEDIATRICS					438,834	248,940	248,940	25
26	5.01	MEDICAL CENTER ALL O PSYCHIATRY					189,810			26
27	5.01	MEDICAL CENTER ALL O RADIOLOGY					1,079,815	501,600	501,600	27
28	5.01	MEDICAL CENTER ALL O RESPIRATORY & C					181,289	51,342	51,342	28
29	5.01	MEDICAL CENTER ALL O RHEUMATOLOGY					136,052			29
30	5.01	MEDICAL CENTER ALL O SURGICAL ONCOLO								30
31	5.01	MEDICAL CENTER ALL O UROLOGY					521,547	335,293	335,293	31
32	5.01	MEDICAL CENTER ALL O ALLERGY								32
33	5.01	MEDICAL CENTER ALL O OCCUPATIONAL ME								33
200		TOTAL					13,317,004	4,661,625	4,661,625	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	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	7,222,659	7,222,659					1
2	Cap Rel Costs-Mvble Equip	15,184,710		15,184,710				2
4	Employee Benefits Department	233,343,190	42,010		233,385,200			4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	73,367,329	621,048	3,092,755	26,547,904	103,629,036	103,629,036	5.01
5.02	HOSPITAL ADMIN & GENERAL	9,883,891	89,557	65,095	5,789,818	15,828,361	2,206,236	5.02
5.03	AMBULATORY ADMIN & GENERAL	19,469,981	38,281	45,117	3,900,733	23,454,112	3,269,151	5.03
6	Maintenance & Repairs	19,064,083	130,195	1,296,971	764,205	21,255,454	2,962,691	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	5,789,460	95,042	12,081	7,102	5,903,685	822,885	9
10	Dietary	4,777,011	212,782	21,799	2,471,193	7,482,785	1,042,988	10
11	Cafeteria	602			477	1,079	150	11
12	Maintenance of Personnel							12
13	Nursing Administration	5,547,946	34,998	86,593	3,958,830	9,628,367	1,342,050	13
14	Central Services & Supply	9,212,582	172,174	181,456	2,294,045	11,860,257	1,653,142	14
15	Pharmacy	8,269,518	98,314	54,390	1,926,224	10,348,446	1,442,418	15
16	Medical Records & Library	4,083,820	112,868	10,549	2,269,611	6,476,848	902,775	16
17	Social Service	4,290,849	35,008	2,442	3,162,166	7,490,465	1,044,058	17
17.01	PALLIATIVE CARE	280,691			280,043	560,734	78,158	17.01
18	UTILMGMT / DSCH PLANNING	2,869,913			2,130,713	5,000,626	697,012	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	28,231,795			22,725,801	50,957,596	7,102,725	21
22	I&R Services-Other Prgm Costs Apprvd	16,846,404	15,551		650,577	17,512,532	2,440,984	22
23	PARAMED ED PRGM-(SPECIFY)	1,910,165			357,077	2,267,242	316,020	23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	46,152,763	847,324	134,604	34,730,247	81,864,938	11,410,802	30
31	Intensive Care Unit	13,663,825	132,907	156,364	10,353,363	24,306,459	3,387,956	31
31.01	PEDS ICU	3,854,307	46,570	9,409	2,964,433	6,874,719	958,233	31.01
31.02	NEONATAL ICU	10,227,577	86,565	78,115	7,899,806	18,292,063	2,549,639	31.02
32	Coronary Care Unit	6,651,091	80,903	100,897	5,052,748	11,885,639	1,656,680	32
40	Subprovider - IPF	6,955,990	177,649		5,292,858	12,426,497	1,732,067	40
41	Subprovider - IRF	1,943,016	69,819	1,257	1,540,047	3,554,139	495,394	41
43	Nursery	1,169,864	25,887		874,486	2,070,237	288,560	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	16,726,370	307,990	3,387,034	10,400,284	30,821,678	4,296,080	50
51	Recovery Room	4,241,813		8,768	3,063,606	7,314,187	1,019,488	51
52	Delivery Room & Labor Room	5,483,646	143,970	308,739	4,885,620	10,821,975	1,508,421	52
53	Anesthesiology	1,055,962	44,971	463,017	1,133,555	2,697,505	375,992	53
54	Radiology-Diagnostic	2,970,951	54,621	441,777	2,322,634	5,789,983	807,037	54
54.01	RADIO ULTRASOUND	936,872	23,914	229,999	708,818	1,899,603	264,776	54.01
54.02	RADIO ANGIOGRAPHY	2,514,272	100,714	78,008	1,675,396	4,368,390	608,888	54.02
54.03	RADIO WEST HARRISON	1,048,831	82,815	543,194	434,849	2,109,689	294,059	54.03
54.04	RADIO MILE SQUARE	218,277	15,136	43,412	143,762	420,587	58,624	54.04
55	Radiology-Therapeutic	4,417,517	155,979	469,762	1,401,549	6,444,807	898,309	55
56	Radioisotope	1,172,994	11,791	178,489	346,522	1,709,796	238,320	56
57	CT Scan	1,998,289	135,950	6,851	1,446,896	3,587,986	500,111	57
58	MRI	1,977,243	91,156	556,558	1,440,702	4,065,659	566,692	58
59	Cardiac Catheterization	912,167	22,200	23,328	651,061	1,608,756	224,236	59
60	Laboratory	23,816,423	506,082	944,516	7,733,167	33,000,188	4,599,731	60
60.01	LAB TISSUE TYPING	884,771	10,471	70,078	193,461	1,158,781	161,517	60.01
60.02	LAB OUTREACH	6,992,178	58,683		2,241,374	9,292,235	1,295,198	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	6,415,399	18,834	7,931	29,141	6,471,305	902,003	63
64	Intravenous Therapy	311,066		2,382	359,336	672,784	93,776	64
65	Respiratory Therapy	3,057,515	20,756	163,819	2,391,445	5,633,535	785,230	65
66	Physical Therapy	4,237,376	143,181	32,842	3,289,264	7,702,663	1,073,636	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	661,010	46,124		67,816	774,950	108,016	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	341,614		3,161	162,447	507,222	70,699	66.02
67	Occupational Therapy	1,587,102	52,325	9,623	1,239,971	2,889,021	402,686	67
68	Speech Pathology	435,824	6,534		340,332	782,690	109,095	68
69	Electrocardiology	193,478	6,732		146,846	347,056	48,374	69
70	Electroencephalography	274,527	7,594	126,875	210,409	619,405	86,336	70
71	Medical Supplies Charged to Patients	49,792,422				49,792,422	6,940,317	71
73	Drugs Charged to Patients	67,312,720				67,312,720	9,382,383	73
74	Renal Dialysis	4,698,501	127,578	79,024	2,827,248	7,732,351	1,077,774	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,211,086	63,326	374,823	1,571,933	4,221,168	588,368	76.01
76.02	BONE MARROW TRANSPLANT	1,495,858		18,644	534,320	2,048,822	285,575	76.02
76.03	CARDIAC SERVICES	1,658,119	37,647	458,049	1,318,796	3,472,611	484,030	76.03
76.04	TELEMEDICINE PROGRAM	1,004,400	11,687			1,016,087	141,627	76.04
76.05	SLEEP LAB WEST HARRISON	1,150,776		2,181	168,081	1,321,038	184,133	76.05

KPMG LLP Compu-Max 2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ALL OTHER ADMIN	
		0	1	2	4	4A	5.01	
76.06	SICKLE CELL	739,580			643,375	1,382,955	192,763	76.06
76.07	HEART CENTER-ROOSEVELT RD	24,020	7,282	520	2,402	34,224	4,770	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	78,631			44,010	122,641	17,094	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	21,130,112	928,599	708,505	15,358,549	38,125,765	5,314,160	90
91	Emergency	7,451,927	145,975	46,942	5,716,839	13,361,683	1,862,418	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	2,791,588	156,104	23,602	1,853,231	4,824,525	672,466	93.01
93.02	OCC PSYCH	963,619	322,003	2,387	797,467	2,085,476	290,684	93.02
93.03	OCC ADOLESCENTS	2,631,687	99,394	13,286	1,859,360	4,603,727	641,690	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	4,329,446	17,286	2,189	1,987,681	6,336,602	883,227	105
107	Liver Acquisition	1,265,124	2,046		226,303	1,493,473	208,168	107
109	Pancreas Acquisition	573,417	322		28,566	602,305	83,952	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	213,011	25,254	2,371	19,074	259,710	36,200	112
118	SUBTOTALS (sum of lines 1-117)	826,664,563	7,178,478	15,182,580	231,362,005	824,595,057	100,491,903	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		8,685		636	9,321	1,299	190
191	Research	567,365	33,003	685	403,923	1,004,976	140,079	191
192	Physicians' Private Offices	1,548,015	2,493	1,445	1,618,636	3,170,589	441,933	192
194	OUTPATIENT PHARMACY	18,322,071				18,322,071	2,553,822	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	847,102,014	7,222,659	15,184,710	233,385,200	847,102,014	103,629,036	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	18,034,597	18,034,597					5.02
5.03	AMBULATORY ADMIN & GENERAL	26,723,263	627,783	27,351,046	27,351,046			5.03
6	Maintenance & Repairs	24,218,145	568,933	24,787,078		24,787,078		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,726,570	158,021	6,884,591		373,844	7,258,435	9
10	Dietary	8,525,773	200,287	8,726,060		836,972	248,845	10
11	Cafeteria	1,229	29	1,258	561			11
12	Maintenance of Personnel							12
13	Nursing Administration	10,970,417	257,717	11,228,134		137,663	40,929	13
14	Central Services & Supply	13,513,399	317,457	13,830,856		677,243	201,355	14
15	Pharmacy	11,790,864	276,991	12,067,855		386,716	114,977	15
16	Medical Records & Library	7,379,623	173,362	7,552,985		443,963	131,997	16
17	Social Service	8,534,523	200,493	8,735,016		137,704	40,942	17
17.01	PALLIATIVE CARE	638,892	15,009	653,901				17.01
18	UTILMGMT / DSCH PLANNING	5,697,638	133,849	5,831,487				18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	58,060,321	1,363,953	59,424,274				21
22	I&R Services-Other Prgm Costs Apprvd	19,953,516	468,748	20,422,264		61,170	18,187	22
23	PARAMED ED PRGM-(SPECIFY)	2,583,262	60,686	2,643,948				23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	93,275,740	2,191,026	95,466,766		3,332,931	990,932	30
31	Intensive Care Unit	27,694,415	650,597	28,345,012		522,786	155,432	31
31.01	PEDS ICU	7,832,952	184,012	8,016,964		183,183	54,463	31.01
31.02	NEONATAL ICU	20,841,702	489,613	21,331,315		340,501	101,236	31.02
32	Coronary Care Unit	13,542,319	318,136	13,860,455		318,231	94,615	32
40	Subprovider - IPF	14,158,564	332,613	14,491,177		698,777	207,757	40
41	Subprovider - IRF	4,049,533	95,132	4,144,665		274,632	81,652	41
43	Nursery	2,358,797	55,413	2,414,210		101,828	30,275	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	35,117,758	824,986	35,942,744		1,211,470	360,189	50
51	Recovery Room	8,333,675	195,775	8,529,450				51
52	Delivery Room & Labor Room	12,330,396	289,666	12,620,062		566,303	168,371	52
53	Anesthesiology	3,073,497	72,203	3,145,700		176,891	52,592	53
54	Radiology-Diagnostic	6,597,020	154,977	6,751,997		214,851	63,879	54
54.01	RADIO ULTRASOUND	2,164,379	50,846	2,215,225		94,064	27,967	54.01
54.02	RADIO ANGIOGRAPHY	4,977,278	116,926	5,094,204		396,155	117,783	54.02
54.03	RADIO WEST HARRISON	2,403,748	56,469	2,460,217		325,750	96,851	54.03
54.04	RADIO MILE SQUARE	479,211	11,258	490,469		59,536	17,701	54.04
55	Radiology-Therapeutic	7,343,116	172,504	7,515,620		613,540	182,415	55
56	Radioisotope	1,948,116	45,765	1,993,881		46,378	13,789	56
57	CT Scan	4,088,097	96,038	4,184,135		534,758	158,992	57
58	MRI	4,632,351	108,823	4,741,174		358,562	106,606	58
59	Cardiac Catheterization	1,832,992	43,061	1,876,053		87,322	25,962	59
60	Laboratory	37,599,919	883,297	38,483,216		1,990,663	591,855	60
60.01	LAB TISSUE TYPING	1,320,298	31,016	1,351,314		41,189	12,246	60.01
60.02	LAB OUTREACH	10,587,433	248,720	10,836,153		230,828	68,629	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,373,308	173,214	7,546,522		74,082	22,026	63
64	Intravenous Therapy	766,560	18,008	784,568				64
65	Respiratory Therapy	6,418,765	150,790	6,569,555		81,642	24,273	65
66	Physical Therapy	8,776,299	206,173	8,982,472		563,198	167,447	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	882,966	20,743	903,709		181,426	53,941	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	577,921	13,577	591,498				66.02
67	Occupational Therapy	3,291,707	77,329	3,369,036		205,821	61,194	67
68	Speech Pathology	891,785	20,950	912,735		25,702	7,642	68
69	Electrocardiology	395,430	9,289	404,719		26,478	7,872	69
70	Electroencephalography	705,741	16,579	722,320		29,870	8,881	70
71	Medical Supplies Charged to Patients	56,732,739	1,332,766	58,065,505				71
73	Drugs Charged to Patients	76,695,103	1,801,721	78,496,824				73
74	Renal Dialysis	8,810,125	206,967	9,017,092				74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	4,809,536	112,986	4,922,522		249,093	74,059	76.01
76.02	BONE MARROW TRANSPLANT	2,334,397	54,840	2,389,237				76.02
76.03	CARDIAC SERVICES	3,956,641	92,949	4,049,590		148,083	44,027	76.03
76.04	TELEMEDICINE PROGRAM	1,157,714		1,157,714	515,881	45,969	13,667	76.04
76.05	SLEEP LAB WEST HARRISON	1,505,171	35,359	1,540,530				76.05
76.06	SICKLE CELL	1,575,718	37,017	1,612,735				76.06
76.07	HEART CENTER-ROOSEVELT RD	38,994		38,994	17,376	28,644	8,516	76.07

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	HOSPITAL ADMIN	SUBTOTAL (cols.0-4)	AMBULATORY ADMIN	MAIN- TENANCE & REPAIRS	HOUSE- KEEPING	
			5.02		5.03	6	9	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	139,735	3,283	143,018				76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	43,439,925		43,439,925	19,356,960	3,652,635	1,085,985	90
91	Emergency	15,224,101	357,645	15,581,746		574,190	170,716	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	5,496,991		5,496,991	2,449,476	614,030	182,561	93.01
93.02	OCC PSYCH	2,376,160		2,376,160	1,058,824	1,266,592	376,578	93.02
93.03	OCC ADOLESCENTS	5,245,417		5,245,417	2,337,374	390,965	116,240	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	7,219,829	169,608	7,389,437		67,994	20,216	105
107	Liver Acquisition	1,701,641	39,975	1,741,616		8,050	2,393	107
109	Pancreas Acquisition	686,257	16,122	702,379		1,267	377	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	295,910	6,952	302,862		99,335	29,534	112
118	SUBTOTALS (sum of lines 1-117)	821,457,924	17,517,032	820,940,359	25,736,452	24,613,293	7,206,766	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	10,620	249	10,869	4,843	34,160	10,156	190
191	Research	1,145,055	26,900	1,171,955		129,818	38,597	191
192	Physicians' Private Offices	3,612,522		3,612,522	1,609,751	9,807	2,916	192
194	OUTPATIENT PHARMACY	20,875,893	490,416	21,366,309				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	847,102,014	18,034,597	847,102,014	27,351,046	24,787,078	7,258,435	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	9,811,877						10
11	Cafeteria	4,268,328	4,270,147					11
12	Maintenance of Personnel							12
13	Nursing Administration		87,182	11,493,908				13
14	Central Services & Supply		50,520		14,759,974			14
15	Pharmacy		42,420		117,346	12,729,314		15
16	Medical Records & Library		49,982				8,178,927	16
17	Social Service		69,638					17
17.01	PALLIATIVE CARE		6,167					17.01
18	UTILMGMT / DSCH PLANNING		46,923					18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		500,470					21
22	I&R Services-Other Prgm Costs Apprvd		14,327					22
23	PARAMED ED PRGM-(SPECIFY)		7,864					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,591,801	764,808	3,502,529	237,296	58,032	599,215	30
31	Intensive Care Unit	684,167	228,003	1,137,663	133,996	19,538	183,885	31
31.01	PEDS ICU	140,585	65,283	315,286	23,349	2,990	37,079	31.01
31.02	NEONATAL ICU		173,970	935,523	82,115	2,698	155,383	31.02
32	Coronary Care Unit	295,361	111,272	561,923	84,166	10,854	87,809	32
40	Subprovider - IPF	629,298	116,560	435,395	4,252	119	84,678	40
41	Subprovider - IRF	200,914	33,915	128,595	3,633	333	27,969	41
43	Nursery		19,258	98,785			15,500	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		229,036	930,409	4,655,216	12,483	538,228	50
51	Recovery Room		67,467	337,915	24,352	4,514	48,838	51
52	Delivery Room & Labor Room		107,592	549,520	103,624	6,491	106,669	52
53	Anesthesiology		24,963	45,258	235,218	20,302	236,799	53
54	Radiology-Diagnostic		51,149	16,319	16,527	2,433	110,902	54
54.01	RADIO ULTRASOUND		15,610	7,072	6,817	2,573	48,561	54.01
54.02	RADIO ANGIOGRAPHY		36,896	56,899	610,684	22,789	204,488	54.02
54.03	RADIO WEST HARRISON		9,576		2,724	4,177	55,199	54.03
54.04	RADIO MILE SQUARE		3,166				6,057	54.04
55	Radiology-Therapeutic		30,865	31,659	6,296	511	69,741	55
56	Radioisotope		7,631	3,481	792	8,520	23,937	56
57	CT Scan		31,864	40,472	20,637	12,132	276,021	57
58	MRI		31,727	27,090	12,305	17,511	185,090	58
59	Cardiac Catheterization		14,338	37,860	284,104	11,246	54,593	59
60	Laboratory		170,301	17,298	4,990	31	1,095,488	60
60.01	LAB TISSUE TYPING		4,260		20		14,701	60.01
60.02	LAB OUTREACH		49,360		13		489,622	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		642		2		127,551	63
64	Intravenous Therapy		7,913	21,432	12,698		8,338	64
65	Respiratory Therapy		52,665		55,495	7,416	146,999	65
66	Physical Therapy		72,437	4,134	2,487	21	70,652	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		1,493				6,853	66.01
66.02	PHYSICAL THERAPY MAXWELL ST		3,577		764		6,224	66.02
67	Occupational Therapy		27,307		2,186		25,820	67
68	Speech Pathology		7,495				6,810	68
69	Electrocardiology		3,234		578		16,566	69
70	Electroencephalography		4,634		1,574		27,622	70
71	Medical Supplies Charged to Patients				7,179,453		695,209	71
73	Drugs Charged to Patients					7,360,987	1,039,726	73
74	Renal Dialysis		62,262	155,902	122,848	38,136	125,095	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY		34,617	144,153	131,459	1,992	91,254	76.01
76.02	BONE MARROW TRANSPLANT		11,767	30,462	41	413	12,782	76.02
76.03	CARDIAC SERVICES		29,043	48,740	254,326		92,587	76.03
76.04	TELEMEDICINE PROGRAM					1,060,815	5,108	76.04
76.05	SLEEP LAB WEST HARRISON		3,701		235		15,156	76.05
76.06	SICKLE CELL		14,168	70,934	2,080	1,604	10,104	76.06
76.07	HEART CENTER-ROOSEVELT RD		53				1,082	76.07

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10	11	13	14	15	16	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY		969	6,310	31		126	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		338,228	851,316	202,636	2,468,824	376,350	90
91	Emergency		125,897	585,858	91,124	16,876	325,236	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		40,812	11,097	12,662	273,837	77,016	93.01
93.02	OCC PSYCH		17,562	21,759	233	5	20,575	93.02
93.03	OCC ADOLESCENTS		40,947	117,607	11,472	51,802	47,173	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		43,773	99,873		15	27,015	105
107	Liver Acquisition		4,984	13,817			10,005	107
109	Pancreas Acquisition		629	762			5,989	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		420	1,523		253	1,452	112
118	SUBTOTALS (sum of lines 1-117)	9,810,454	4,225,592	11,402,630	14,754,856	11,503,273	8,178,927	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		14	11,967				190
191	Research	1,423	8,895		1,190	226		191
192	Physicians' Private Offices		35,646	79,311	3,928			192
194	OUTPATIENT PHARMACY					1,225,815		194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,811,877	4,270,147	11,493,908	14,759,974	12,729,314	8,178,927	202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	8,983,300						17
17.01	PALLATIVE CARE		660,068					17.01
18	UTILMGMT / DSCH PLANNING			5,878,410				18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				59,924,744			21
22	I&R Services-Other Prgm Costs Apprvd					20,515,948		22
23	PARAMED ED PRGM-(SPECIFY)						2,651,812	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,734,512	370,251	3,297,358	5,761,415	1,508,202	1,487,472	30
31	Intensive Care Unit	102,818	72,241	643,360	917,000	462,832	290,227	31
31.01	PEDS ICU	200,809	14,844	132,201	518,829	93,327	59,637	31.01
31.02	NEONATAL ICU	215,773	62,235	554,255	1,719,375	391,095	250,030	31.02
32	Coronary Care Unit	96,301	31,187	277,745	814,441	221,013	125,294	32
40	Subprovider - IPF		66,597	593,099	790,309	213,131	267,553	40
41	Subprovider - IRF	451,820	21,215	188,936			85,231	41
43	Nursery		21,498	191,456	132,724	39,013	86,368	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	50,202			7,812,599	1,354,700		50
51	Recovery Room	57,926				122,923		51
52	Delivery Room & Labor Room	150,607			1,073,855	268,483		52
53	Anesthesiology				1,725,408	596,016		53
54	Radiology-Diagnostic					279,136		54
54.01	RADIO ULTRASOUND				223,217	122,227		54.01
54.02	RADIO ANGIOGRAPHY				1,791,770	514,690		54.02
54.03	RADIO WEST HARRISON					138,933		54.03
54.04	RADIO MILE SQUARE					15,246		54.04
55	Radiology-Therapeutic	80,372			2,208,039	175,535		55
56	Radioisotope				241,316	60,249		56
57	CT Scan				1,043,691	694,734		57
58	MRI				1,019,559	465,866		58
59	Cardiac Catheterization				2,195,974	137,409		59
60	Laboratory				7,233,441	2,757,573		60
60.01	LAB TISSUE TYPING					37,002		60.01
60.02	LAB OUTREACH					1,232,362		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				1,459,961	321,042		63
64	Intravenous Therapy					20,987		64
65	Respiratory Therapy				1,580,618	369,990		65
66	Physical Therapy				331,809	177,829		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					17,249		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					15,666		66.02
67	Occupational Therapy				174,954	64,987		67
68	Speech Pathology				168,921	17,141		68
69	Electrocardiology				494,697	41,695		69
70	Electroencephalography					69,525		70
71	Medical Supplies Charged to Patients				2,093,414	1,749,815		71
73	Drugs Charged to Patients				9,562,139	2,616,952		73
74	Renal Dialysis				1,019,559	314,859		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					229,683		76.01
76.02	BONE MARROW TRANSPLANT	27,756				32,172		76.02
76.03	CARDIAC SERVICES					233,039		76.03
76.04	TELEMEDICINE PROGRAM					12,858		76.04
76.05	SLEEP LAB WEST HARRISON					38,148		76.05
76.06	SICKLE CELL					25,431		76.06
76.07	HEART CENTER-ROOSEVELT RD					2,723		76.07

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	PALLATIVE CARE	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
		17	17.01	18	21	22	23	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					317		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,937,854			1,683,178	947,260		90
91	Emergency	157,606			1,755,572	818,608		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	376,517			349,908	193,847		93.01
93.02	OCC PSYCH				452,467	51,787		93.02
93.03	OCC ADOLESCENTS				621,388	118,733		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	277,560			289,579	67,995		105
107	Liver Acquisition	46,341			265,447	25,182		107
109	Pancreas Acquisition	39,341				15,075		109
112	OTHER ORGAN ACQUISITION (SPECIFY)				60,329	3,656		112
118	SUBTOTALS (sum of lines 1-117)	8,004,115	660,068	5,878,410	59,586,902	20,515,948	2,651,812	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices	979,185			337,842			192
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,983,300	660,068	5,878,410	59,924,744	20,515,948	2,651,812	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		24	25	26		
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN					5.01
5.02	HOSPITAL ADMIN & GENERAL					5.02
5.03	AMBULATORY ADMIN & GENERAL					5.03
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
17.01	PALLIATIVE CARE					17.01
18	UTILMGMT / DSCH PLANNING					18
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	124,703,520	-7,269,617	117,433,903		30
31	Intensive Care Unit	33,898,960	-1,379,832	32,519,128		31
31.01	PEDS ICU	9,858,829	-612,156	9,246,673		31.01
31.02	NEONATAL ICU	26,315,504	-2,110,470	24,205,034		31.02
32	Coronary Care Unit	16,990,667	-1,035,454	15,955,213		32
40	Subprovider - IPF	18,598,702	-1,003,440	17,595,262		40
41	Subprovider - IRF	5,643,510		5,643,510		41
43	Nursery	3,150,915	-171,737	2,979,178		43
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	53,097,276	-9,167,299	43,929,977		50
51	Recovery Room	9,193,385	-122,923	9,070,462		51
52	Delivery Room & Labor Room	15,721,577	-1,342,338	14,379,239		52
53	Anesthesiology	6,259,147	-2,321,424	3,937,723		53
54	Radiology-Diagnostic	7,507,193	-279,136	7,228,057		54
54.01	RADIO ULTRASOUND	2,763,333	-345,444	2,417,889		54.01
54.02	RADIO ANGIOGRAPHY	8,846,358	-2,306,460	6,539,898		54.02
54.03	RADIO WEST HARRISON	3,093,427	-138,933	2,954,494		54.03
54.04	RADIO MILE SQUARE	592,175	-15,246	576,929		54.04
55	Radiology-Therapeutic	10,914,593	-2,383,574	8,531,019		55
56	Radioisotope	2,399,974	-301,565	2,098,409		56
57	CT Scan	6,997,436	-1,738,425	5,259,011		57
58	MRI	6,965,490	-1,485,425	5,480,065		58
59	Cardiac Catheterization	4,724,861	-2,333,383	2,391,478		59
60	Laboratory	52,344,856	-9,991,014	42,353,842		60
60.01	LAB TISSUE TYPING	1,460,732	-37,002	1,423,730		60.01
60.02	LAB OUTREACH	12,906,967	-1,232,362	11,674,605		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Trans.	9,551,828	-1,781,003	7,770,825		63
64	Intravenous Therapy	855,936	-20,987	834,949		64
65	Respiratory Therapy	8,888,653	-1,950,608	6,938,045		65
66	Physical Therapy	10,372,486	-509,638	9,862,848		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,164,671	-17,249	1,147,422		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	617,729	-15,666	602,063		66.02
67	Occupational Therapy	3,931,305	-239,941	3,691,364		67
68	Speech Pathology	1,146,446	-186,062	960,384		68
69	Electrocardiology	995,839	-536,392	459,447		69
70	Electroencephalography	864,426	-69,525	794,901		70
71	Medical Supplies Charged to Patients	69,783,396	-3,843,229	65,940,167		71
73	Drugs Charged to Patients	99,076,628	-12,179,091	86,897,537		73
74	Renal Dialysis	11,506,776	-1,676,100	9,830,676		74
76	OTHER ANCILLARY SVC					76
76.01	GASTROENTROLOGY	5,878,832	-229,683	5,649,149		76.01
76.02	BONE MARROW TRANSPLANT	2,504,630	-32,172	2,472,458		76.02
76.03	CARDIAC SERVICES	4,899,435	-233,039	4,666,396		76.03
76.04	TELEMEDICINE PROGRAM	2,812,012	-12,858	2,799,154		76.04
76.05	SLEEP LAB WEST HARRISON	1,597,770	-38,148	1,559,622		76.05
76.06	SICKLE CELL	1,737,056	-25,431	1,711,625		76.06
76.07	HEART CENTER-ROOSEVELT RD	97,388	-2,723	94,665		76.07

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	150,771	-317	150,454			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	76,341,151	-2,630,438	73,710,713			90
91	Emergency	20,203,429	-2,574,180	17,629,249			91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCC EEI	10,078,754	-543,755	9,534,999			93.01
93.02	OCC PSYCH	5,642,542	-504,254	5,138,288			93.02
93.03	OCC ADOLESCENTS	9,099,118	-740,121	8,358,997			93.03
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	8,283,457	-357,574	7,925,883			105
107	Liver Acquisition	2,117,835	-290,629	1,827,206			107
109	Pancreas Acquisition	765,819	-15,075	750,744			109
112	OTHER ORGAN ACQUISITION (SPECIFY)	499,364	-63,985	435,379			112
118	SUBTOTALS (sum of lines 1-117)	816,414,869	-80,444,532	735,970,337			118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	72,009		72,009			190
191	Research	1,352,104		1,352,104			191
192	Physicians' Private Offices	6,670,908	-337,842	6,333,066			192
194	OUTPATIENT PHARMACY	22,592,124		22,592,124			194
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	847,102,014	-80,782,374	766,319,640			202

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department		42,010		42,010	42,010		4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN		621,048	3,092,755	3,713,803	4,787	3,718,590	5.01
5.02	HOSPITAL ADMIN & GENERAL		89,557	65,095	154,652	1,044	79,173	5.02
5.03	AMBULATORY ADMIN & GENERAL		38,281	45,117	83,398	703	117,317	5.03
6	Maintenance & Repairs		130,195	1,296,971	1,427,166	138	106,320	6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping		95,042	12,081	107,123	1	29,530	9
10	Dietary		212,782	21,799	234,581	446	37,429	10
11	Cafeteria						5	11
12	Maintenance of Personnel							12
13	Nursing Administration		34,998	86,593	121,591	714	48,161	13
14	Central Services & Supply		172,174	181,456	353,630	414	59,325	14
15	Pharmacy		98,314	54,390	152,704	347	51,763	15
16	Medical Records & Library		112,868	10,549	123,417	409	32,397	16
17	Social Service		35,008	2,442	37,450	570	37,467	17
17.01	PALLATIVE CARE					50	2,805	17.01
18	UTILMGMT / DSCH PLANNING					384	25,013	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					4,098	254,890	21
22	I&R Services-Other Prgm Costs Apprvd		15,551		15,551	117	87,598	22
23	PARAMED ED PRGM-(SPECIFY)					64	11,341	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		847,324	134,604	981,928	6,197	409,229	30
31	Intensive Care Unit		132,907	156,364	289,271	1,867	121,581	31
31.01	PEDS ICU		46,570	9,409	55,979	534	34,387	31.01
31.02	NEONATAL ICU		86,565	78,115	164,680	1,424	91,497	31.02
32	Coronary Care Unit		80,903	100,897	181,800	911	59,452	32
40	Subprovider - IPF		177,649		177,649	954	62,157	40
41	Subprovider - IRF		69,819	1,257	71,076	278	17,778	41
43	Nursery		25,887		25,887	158	10,355	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		307,990	3,387,034	3,695,024	1,875	154,170	50
51	Recovery Room			8,768	8,768	552	36,586	51
52	Delivery Room & Labor Room		143,970	308,739	452,709	881	54,132	52
53	Anesthesiology		44,971	463,017	507,988	204	13,493	53
54	Radiology-Diagnostic		54,621	441,777	496,398	419	28,961	54
54.01	RADIO ULTRASOUND		23,914	229,999	253,913	128	9,502	54.01
54.02	RADIO ANGIOGRAPHY		100,714	78,008	178,722	302	21,851	54.02
54.03	RADIO WEST HARRISON		82,815	543,194	626,009	78	10,553	54.03
54.04	RADIO MILE SQUARE		15,136	43,412	58,548	26	2,104	54.04
55	Radiology-Therapeutic		155,979	469,762	625,741	253	32,237	55
56	Radioisotope		11,791	178,489	190,280	62	8,552	56
57	CT Scan		135,950	6,851	142,801	261	17,947	57
58	MRI		91,156	556,558	647,714	260	20,336	58
59	Cardiac Catheterization		22,200	23,328	45,528	117	8,047	59
60	Laboratory		506,082	944,516	1,450,598	1,394	165,067	60
60.01	LAB TISSUE TYPING		10,471	70,078	80,549	35	5,796	60.01
60.02	LAB OUTREACH		58,683		58,683	404	46,480	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		18,834	7,931	26,765	5	32,369	63
64	Intravenous Therapy			2,382	2,382	65	3,365	64
65	Respiratory Therapy		20,756	163,819	184,575	431	28,179	65
66	Physical Therapy		143,181	32,842	176,023	593	38,529	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD		46,124		46,124	12	3,876	66.01
66.02	PHYSICAL THERAPY MAXWELL ST			3,161	3,161	29	2,537	66.02
67	Occupational Therapy		52,325	9,623	61,948	224	14,451	67
68	Speech Pathology		6,534		6,534	61	3,915	68
69	Electrocardiology		6,732		6,732	26	1,736	69
70	Electroencephalography		7,594	126,875	134,469	38	3,098	70
71	Medical Supplies Charged to Patients						249,062	71
73	Drugs Charged to Patients						336,698	73
74	Renal Dialysis		127,578	79,024	206,602	510	38,677	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY		63,326	374,823	438,149	283	21,114	76.01
76.02	BONE MARROW TRANSPLANT			18,644	18,644	96	10,248	76.02
76.03	CARDIAC SERVICES		37,647	458,049	495,696	238	17,370	76.03
76.04	TELEMEDICINE PROGRAM		11,687		11,687		5,082	76.04
76.05	SLEEP LAB WEST HARRISON			2,181	2,181	30	6,608	76.05
76.06	SICKLE CELL					116	6,918	76.06
76.07	HEART CENTER-ROOSEVELT RD		7,282	520	7,802		171	76.07

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS DEPARTMENT	ALL OTHER ADMIN	
		0	1	2	2A	4	5.01	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					8	613	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		928,599	708,505	1,637,104	2,769	190,705	90
91	Emergency		145,975	46,942	192,917	1,031	66,835	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		156,104	23,602	179,706	334	24,132	93.01
93.02	OCC PSYCH		322,003	2,387	324,390	144	10,432	93.02
93.03	OCC ADOLESCENTS		99,394	13,286	112,680	335	23,028	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		17,286	2,189	19,475	358	31,696	105
107	Liver Acquisition		2,046		2,046	41	7,470	107
109	Pancreas Acquisition		322		322	5	3,013	109
112	OTHER ORGAN ACQUISITION (SPECIFY)		25,254	2,371	27,625	3	1,299	112
118	SUBTOTALS (sum of lines 1-117)		7,178,478	15,182,580	22,361,058	41,645	3,606,010	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		8,685		8,685		47	190
191	Research		33,003	685	33,688	73	5,027	191
192	Physicians' Private Offices		2,493	1,445	3,938	292	15,859	192
194	OUTPATIENT PHARMACY						91,647	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		7,222,659	15,184,710	22,407,369	42,010	3,718,590	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN-TENANCE & REPAIRS	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	234,869						5.02
5.03	AMBULATORY ADMIN & GENERAL	8,177	209,595					5.03
6	Maintenance & Repairs	7,411		1,541,035				6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	2,058		23,242	161,954			9
10	Dietary	2,609		52,035	5,552	332,652		10
11	Cafeteria		4			144,709	144,718	11
12	Maintenance of Personnel							12
13	Nursing Administration	3,357		8,559	913		2,955	13
14	Central Services & Supply	4,135		42,105	4,493		1,712	14
15	Pharmacy	3,608		24,042	2,565		1,438	15
16	Medical Records & Library	2,258		27,602	2,945		1,694	16
17	Social Service	2,612		8,561	914		2,360	17
17.01	PALLATIVE CARE	196					209	17.01
18	UTILMGMT / DSCH PLANNING	1,743					1,590	18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	17,766					16,963	21
22	I&R Services-Other Prgm Costs Apprvd	6,106		3,803	406		486	22
23	PARAMED ED PRGM-(SPECIFY)	790					267	23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	28,494		207,211	22,110	121,773	25,907	30
31	Intensive Care Unit	8,474		32,502	3,468	23,195	7,728	31
31.01	PEDS ICU	2,397		11,389	1,215	4,766	2,213	31.01
31.02	NEONATAL ICU	6,378		21,169	2,259		5,897	31.02
32	Coronary Care Unit	4,144		19,785	2,111	10,014	3,772	32
40	Subprovider - IPF	4,333		43,444	4,636	21,335	3,951	40
41	Subprovider - IRF	1,239		17,074	1,822	6,812	1,150	41
43	Nursery	722		6,331	676		653	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	10,746		75,318	8,037		7,763	50
51	Recovery Room	2,550					2,287	51
52	Delivery Room & Labor Room	3,773		35,208	3,757		3,647	52
53	Anesthesiology	940		10,997	1,173		846	53
54	Radiology-Diagnostic	2,019		13,357	1,425		1,734	54
54.01	RADIO ULTRASOUND	662		5,848	624		529	54.01
54.02	RADIO ANGIOGRAPHY	1,523		24,629	2,628		1,251	54.02
54.03	RADIO WEST HARRISON	736		20,252	2,161		325	54.03
54.04	RADIO MILE SQUARE	147		3,701	395		107	54.04
55	Radiology-Therapeutic	2,247		38,144	4,070		1,046	55
56	Radioisotope	596		2,883	308		259	56
57	CT Scan	1,251		33,246	3,548		1,080	57
58	MRI	1,417		22,292	2,379		1,075	58
59	Cardiac Catheterization	561		5,429	579		486	59
60	Laboratory	11,506		123,761	13,206		5,772	60
60.01	LAB TISSUE TYPING	404		2,561	273		144	60.01
60.02	LAB OUTREACH	3,240		14,351	1,531		1,673	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,256		4,606	491		22	63
64	Intravenous Therapy	235					268	64
65	Respiratory Therapy	1,964		5,076	542		1,785	65
66	Physical Therapy	2,686		35,015	3,736		2,455	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	270		11,279	1,204		51	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	177					121	66.02
67	Occupational Therapy	1,007		12,796	1,365		926	67
68	Speech Pathology	273		1,598	171		254	68
69	Electrocardiology	121		1,646	176		110	69
70	Electroencephalography	216		1,857	198		157	70
71	Medical Supplies Charged to Patients	17,360						71
73	Drugs Charged to Patients	23,469						73
74	Renal Dialysis	2,696		31,199	3,329		2,110	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	1,472		15,486	1,652		1,173	76.01
76.02	BONE MARROW TRANSPLANT	714					399	76.02
76.03	CARDIAC SERVICES	1,211		9,206	982		984	76.03
76.04	TELEMEDICINE PROGRAM		3,954	2,858	305			76.04
76.05	SLEEP LAB WEST HARRISON	461					125	76.05
76.06	SICKLE CELL	482					480	76.06
76.07	HEART CENTER-ROOSEVELT RD		133	1,781	190		2	76.07

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN	AMBULATORY ADMIN	MAIN-TENANCE & REPAIRS	HOUSE-KEEPING	DIETARY	CAFETERIA	
		5.02	5.03	6	9	10	11	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	43					33	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		148,330	227,089	24,232		11,464	90
91	Emergency	4,659		35,698	3,809		4,267	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI		18,772	38,175	4,073		1,383	93.01
93.02	OCC PSYCH		8,115	78,745	8,402		595	93.02
93.03	OCC ADOLESCENTS		17,913	24,307	2,594		1,388	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,209		4,227	451		1,484	105
107	Liver Acquisition	521		500	53		169	107
109	Pancreas Acquisition	210		79	8		21	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	91		6,176	659		14	112
118	SUBTOTALS (sum of lines 1-117)	228,128	197,221	1,530,230	160,801	332,604	143,209	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	3	37	2,124	227			190
191	Research	350		8,071	861	48	301	191
192	Physicians' Private Offices		12,337	610	65		1,208	192
194	OUTPATIENT PHARMACY	6,388						194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	234,869	209,595	1,541,035	161,954	332,652	144,718	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	186,250						13
14	Central Services & Supply		465,814					14
15	Pharmacy		3,703	240,170				15
16	Medical Records & Library				190,722			16
17	Social Service					89,934		17
17.01	PALLATIVE CARE						3,260	17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	56,756	7,488	1,095	13,955	37,387	1,829	30
31	Intensive Care Unit	18,435	4,228	369	4,283	1,029	357	31
31.01	PEDS ICU	5,109	737	56	864	2,010	73	31.01
31.02	NEONATAL ICU	15,159	2,591	51	3,619	2,160	307	31.02
32	Coronary Care Unit	9,106	2,656	205	2,045	964	154	32
40	Subprovider - IPF	7,055	134	2	1,972		329	40
41	Subprovider - IRF	2,084	115	6	651	4,523	105	41
43	Nursery	1,601			361		106	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	15,077	146,903	236	12,535	503		50
51	Recovery Room	5,476	768	85	1,137	580		51
52	Delivery Room & Labor Room	8,905	3,270	122	2,484	1,508		52
53	Anesthesiology	733	7,423	383	5,515			53
54	Radiology-Diagnostic	264	522	46	2,583			54
54.01	RADIO ULTRASOUND	115	215	49	1,131			54.01
54.02	RADIO ANGIOGRAPHY	922	19,271	430	4,762			54.02
54.03	RADIO WEST HARRISON		86	79	1,286			54.03
54.04	RADIO MILE SQUARE				141			54.04
55	Radiology-Therapeutic	513	199	10	1,624	805		55
56	Radioisotope	56	25	161	557			56
57	CT Scan	656	651	229	6,428			57
58	MRI	439	388	330	4,311			58
59	Cardiac Catheterization	613	8,965	212	1,271			59
60	Laboratory	280	157	1	25,756			60
60.01	LAB TISSUE TYPING		1		342			60.01
60.02	LAB OUTREACH				11,403			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.				2,971			63
64	Intravenous Therapy	347	401		194			64
65	Respiratory Therapy		1,751	140	3,423			65
66	Physical Therapy	67	78		1,645			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				160			66.01
66.02	PHYSICAL THERAPY MAXWELL ST		24		145			66.02
67	Occupational Therapy		69		601			67
68	Speech Pathology				159			68
69	Electrocardiology		18		386			69
70	Electroencephalography		50		643			70
71	Medical Supplies Charged to Patients		226,599		16,191			71
73	Drugs Charged to Patients			138,875	24,214			73
74	Renal Dialysis	2,526	3,877	720	2,913			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	2,336	4,148	38	2,125			76.01
76.02	BONE MARROW TRANSPLANT	494	1	8	298	278		76.02
76.03	CARDIAC SERVICES	790	8,026		2,156			76.03
76.04	TELEMEDICINE PROGRAM			20,017	119			76.04
76.05	SLEEP LAB WEST HARRISON		7		353			76.05
76.06	SICKLE CELL	1,149	66	30	235			76.06
76.07	HEART CENTER-ROOSEVELT RD				25			76.07

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PALLATIVE CARE	
		13	14	15	16	17	17.01	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	102	1		3			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	13,795	6,395	46,584	8,765	19,400		90
91	Emergency	9,493	2,876	318	7,575	1,578		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	180	400	5,167	1,794	3,769		93.01
93.02	OCC PSYCH	353	7		479			93.02
93.03	OCC ADOLESCENTS	1,906	362	977	1,099			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,618			629	2,779		105
107	Liver Acquisition	224			233	464		107
109	Pancreas Acquisition	12			139	394		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	25		5	34			112
118	SUBTOTALS (sum of lines 1-117)	184,771	465,652	217,036	190,722	80,131	3,260	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	194						190
191	Research		38	4				191
192	Physicians' Private Offices	1,285	124			9,803		192
194	OUTPATIENT PHARMACY			23,130				194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	186,250	465,814	240,170	190,722	89,934	3,260	202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLIATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING	28,730						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		293,717					21
22	I&R Services-Other Prgm Costs Apprvd			114,067				22
23	PARAMED ED PRGM-(SPECIFY)				12,462			23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	16,116				1,937,475		30
31	Intensive Care Unit	3,144				519,931		31
31.01	PEDS ICU	646				122,375		31.01
31.02	NEONATAL ICU	2,709				319,900		31.02
32	Coronary Care Unit	1,357				298,476		32
40	Subprovider - IPF	2,899				330,850		40
41	Subprovider - IRF	923				125,636		41
43	Nursery	936				47,786		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					4,128,187		50
51	Recovery Room					58,789		51
52	Delivery Room & Labor Room					570,396		52
53	Anesthesiology					549,695		53
54	Radiology-Diagnostic					547,728		54
54.01	RADIO ULTRASOUND					272,716		54.01
54.02	RADIO ANGIOGRAPHY					256,291		54.02
54.03	RADIO WEST HARRISON					661,565		54.03
54.04	RADIO MILE SQUARE					65,169		54.04
55	Radiology-Therapeutic					706,889		55
56	Radioisotope					203,739		56
57	CT Scan					208,098		57
58	MRI					700,941		58
59	Cardiac Catheterization					71,808		59
60	Laboratory					1,797,498		60
60.01	LAB TISSUE TYPING					90,105		60.01
60.02	LAB OUTREACH					137,765		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.					69,485		63
64	Intravenous Therapy					7,257		64
65	Respiratory Therapy					227,866		65
66	Physical Therapy					260,827		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD					62,976		66.01
66.02	PHYSICAL THERAPY MAXWELL ST					6,194		66.02
67	Occupational Therapy					93,387		67
68	Speech Pathology					12,965		68
69	Electrocardiology					10,951		69
70	Electroencephalography					140,726		70
71	Medical Supplies Charged to Patients					509,212		71
73	Drugs Charged to Patients					523,256		73
74	Renal Dialysis					295,159		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY					487,976		76.01
76.02	BONE MARROW TRANSPLANT					31,180		76.02
76.03	CARDIAC SERVICES					536,659		76.03
76.04	TELEMEDICINE PROGRAM					44,022		76.04
76.05	SLEEP LAB WEST HARRISON					9,765		76.05
76.06	SICKLE CELL					9,476		76.06
76.07	HEART CENTER-ROOSEVELT RD					10,104		76.07

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PART II**

	COST CENTER DESCRIPTIONS	UTILMGMT DSCH PLANNING	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		18	21	22	23	24	25	
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY					803		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic					2,336,632		90
91	Emergency					331,056		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI					277,885		93.01
93.02	OCC PSYCH					431,662		93.02
93.03	OCC ADOLESCENTS					186,589		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					64,926		105
107	Liver Acquisition					11,721		107
109	Pancreas Acquisition					4,203		109
112	OTHER ORGAN ACQUISITION (SPECIFY)					35,931		112
118	SUBTOTALS (sum of lines 1-117)	28,730				21,760,659		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					11,317		190
191	Research					48,461		191
192	Physicians' Private Offices					45,521		192
194	OUTPATIENT PHARMACY					121,165		194
200	Cross Foot Adjustments		293,717	114,067	12,462	420,246		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	28,730	293,717	114,067	12,462	22,407,369		202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLATIVE CARE						17.01
18	UTILMGMT / DSCH PLANNING						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	1,937,475					30
31	Intensive Care Unit	519,931					31
31.01	PEDS ICU	122,375					31.01
31.02	NEONATAL ICU	319,900					31.02
32	Coronary Care Unit	298,476					32
40	Subprovider - IPF	330,850					40
41	Subprovider - IRF	125,636					41
43	Nursery	47,786					43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,128,187					50
51	Recovery Room	58,789					51
52	Delivery Room & Labor Room	570,396					52
53	Anesthesiology	549,695					53
54	Radiology-Diagnostic	547,728					54
54.01	RADIO ULTRASOUND	272,716					54.01
54.02	RADIO ANGIOGRAPHY	256,291					54.02
54.03	RADIO WEST HARRISON	661,565					54.03
54.04	RADIO MILE SQUARE	65,169					54.04
55	Radiology-Therapeutic	706,889					55
56	Radioisotope	203,739					56
57	CT Scan	208,098					57
58	MRI	700,941					58
59	Cardiac Catheterization	71,808					59
60	Laboratory	1,797,498					60
60.01	LAB TISSUE TYPING	90,105					60.01
60.02	LAB OUTREACH	137,765					60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	69,485					63
64	Intravenous Therapy	7,257					64
65	Respiratory Therapy	227,866					65
66	Physical Therapy	260,827					66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	62,976					66.01
66.02	PHYSICAL THERAPY MAXWELL ST	6,194					66.02
67	Occupational Therapy	93,387					67
68	Speech Pathology	12,965					68
69	Electrocardiology	10,951					69
70	Electroencephalography	140,726					70
71	Medical Supplies Charged to Patients	509,212					71
73	Drugs Charged to Patients	523,256					73
74	Renal Dialysis	295,159					74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	487,976					76.01
76.02	BONE MARROW TRANSPLANT	31,180					76.02
76.03	CARDIAC SERVICES	536,659					76.03
76.04	TELEMEDICINE PROGRAM	44,022					76.04
76.05	SLEEP LAB WEST HARRISON	9,765					76.05
76.06	SICKLE CELL	9,476					76.06
76.07	HEART CENTER-ROOSEVELT RD	10,104					76.07

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	803					76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,336,632					90
91	Emergency	331,056					91
92	Observation Beds (Non-Distinct Part)						92
93.01	OCC EEI	277,885					93.01
93.02	OCC PSYCH	431,662					93.02
93.03	OCC ADOLESCENTS	186,589					93.03
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	64,926					105
107	Liver Acquisition	11,721					107
109	Pancreas Acquisition	4,203					109
112	OTHER ORGAN ACQUISITION (SPECIFY)	35,931					112
118	SUBTOTALS (sum of lines 1-117)	21,760,659					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	11,317					190
191	Research	48,461					191
192	Physicians' Private Offices	45,521					192
194	OUTPATIENT PHARMACY	121,165					194
200	Cross Foot Adjustments	420,246					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	22,407,369					202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ALL OTHER ADMIN ACCUM COST	RECON-CILIATION	
		1	2	4	5A.01	5.01		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	695,275						1
2	Cap Rel Costs-Mvble Equip		10,459,056					2
4	Employee Benefits Department	4,044		294,264,987				4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN	59,784	2,130,255	33,473,083	-103,629,036	743,472,978		5.01
5.02	HOSPITAL ADMIN & GENERAL	8,621	44,837	7,300,127		15,828,361	-18,034,597	5.02
5.03	AMBULATORY ADMIN & GENERAL	3,685	31,076	4,918,263		23,454,112		5.03
6	Maintenance & Repairs	12,533	893,339	963,553		21,255,454		6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	9,149	8,321	8,955		5,903,685		9
10	Dietary	20,483	15,015	3,115,819		7,482,785		10
11	Cafeteria			602		1,079		11
12	Maintenance of Personnel							12
13	Nursing Administration	3,369	59,644	4,991,514		9,628,367		13
14	Central Services & Supply	16,574	124,985	2,892,460		11,860,257		14
15	Pharmacy	9,464	37,463	2,428,691		10,348,446		15
16	Medical Records & Library	10,865	7,266	2,861,653		6,476,848		16
17	Social Service	3,370	1,682	3,987,036		7,490,465		17
17.01	PALLIATIVE CARE			353,094		560,734		17.01
18	UTILMGMT / DSCH PLANNING			2,686,522		5,000,626		18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			28,653,962		50,957,596		21
22	I&R Services-Other Prgm Costs Apprvd	1,497		820,284		17,512,532		22
23	PARAMED ED PRGM-(SPECIFY)			450,223		2,267,242		23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	81,566	92,714	43,789,700		81,864,938		30
31	Intensive Care Unit	12,794	107,702	13,054,100		24,306,459		31
31.01	PEDS ICU	4,483	6,481	3,737,723		6,874,719		31.01
31.02	NEONATAL ICU	8,333	53,805	9,960,517		18,292,063		31.02
32	Coronary Care Unit	7,788	69,497	6,370,787		11,885,639		32
40	Subprovider - IPF	17,101		6,673,532		12,426,497		40
41	Subprovider - IRF	6,721	866	1,941,778		3,554,139		41
43	Nursery	2,492		1,102,601		2,070,237		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	29,648	2,332,948	13,113,260		30,821,678		50
51	Recovery Room		6,039	3,862,766		7,314,187		51
52	Delivery Room & Labor Room	13,859	212,656	6,160,063		10,821,975		52
53	Anesthesiology	4,329	318,921	1,429,249		2,697,505		53
54	Radiology-Diagnostic	5,258	304,291	2,928,507		5,789,983		54
54.01	RADIO ULTRASOUND	2,302	158,421	893,717		1,899,603		54.01
54.02	RADIO ANGIOGRAPHY	9,695	53,731	2,112,433		4,368,390		54.02
54.03	RADIO WEST HARRISON	7,972	374,146	548,282		2,109,689		54.03
54.04	RADIO MILE SQUARE	1,457	29,902	181,263		420,587		54.04
55	Radiology-Therapeutic	15,015	323,567	1,767,152		6,444,807		55
56	Radioisotope	1,135	122,941	436,914		1,709,796		56
57	CT Scan	13,087	4,719	1,824,327		3,587,986		57
58	MRI	8,775	383,351	1,816,518		4,065,659		58
59	Cardiac Catheterization	2,137	16,068	820,894		1,608,756		59
60	Laboratory	48,717	650,572	9,750,410		33,000,188		60
60.01	LAB TISSUE TYPING	1,008	48,269	243,926		1,158,781		60.01
60.02	LAB OUTREACH	5,649		2,826,050		9,292,235		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,813	5,463	36,742		6,471,305		63
64	Intravenous Therapy		1,641	453,071		672,784		64
65	Respiratory Therapy	1,998	112,837	3,015,268		5,633,535		65
66	Physical Therapy	13,783	22,621	4,147,288		7,702,663		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	4,440		85,506		774,950		66.01
66.02	PHYSICAL THERAPY MAXWELL ST		2,177	204,822		507,222		66.02
67	Occupational Therapy	5,037	6,628	1,563,425		2,889,021		67
68	Speech Pathology	629		429,110		782,690		68
69	Electrocardiology	648		185,152		347,056		69
70	Electroencephalography	731	87,390	265,296		619,405		70
71	Medical Supplies Charged to Patients					49,792,422		71
73	Drugs Charged to Patients					67,312,720		73
74	Renal Dialysis	12,281	54,431	3,564,752		7,732,351		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	6,096	258,174	1,981,981		4,221,168		76.01
76.02	BONE MARROW TRANSPLANT		12,842	673,700		2,048,822		76.02
76.03	CARDIAC SERVICES	3,624	315,499	1,662,812		3,472,611		76.03
76.04	TELEMEDICINE PROGRAM	1,125				1,016,087	-1,157,714	76.04
76.05	SLEEP LAB WEST HARRISON		1,502	211,926		1,321,038		76.05
76.06	SICKLE CELL			811,203		1,382,955		76.06

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON-CILIATION	ALL OTHER ADMIN ACCUM COST	RECON-CILIATION	
		1	2	4	5A.01	5.01		
76.07	HEART CENTER-ROOSEVELT RD	701	358	3,029		34,224	-38,994	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY			55,490		122,641		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	89,390	488,010	19,364,918		38,125,765	-43,439,925	90
91	Emergency	14,052	32,333	7,208,110		13,361,683		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	15,027	16,257	2,336,658		4,824,525	-5,496,991	93.01
93.02	OCC PSYCH	30,997	1,644	1,005,491		2,085,476	-2,376,160	93.02
93.03	OCC ADOLESCENTS	9,568	9,151	2,344,385		4,603,727	-5,245,417	93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,664	1,508	2,506,180		6,336,602		105
107	Liver Acquisition	197		285,336		1,493,473		107
109	Pancreas Acquisition	31		36,018		602,305		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	2,431	1,633	24,050		259,710		112
118	SUBTOTALS (sum of lines 1-117)	691,022	10,457,589	291,714,029	-103,629,036	720,966,021	-75,789,798	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	836		802		9,321		190
191	Research	3,177	472	509,289		1,004,976		191
192	Physicians' Private Offices	240	995	2,040,867		3,170,589	-3,612,522	192
194	OUTPATIENT PHARMACY					18,322,071		194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	7,222,659	15,184,710	233,385,200		103,629,036		202
203	Unit Cost Multiplier (Wkst. B, Part I)	10.388205	1.451824	0.793112		0.139385		203
204	Cost to be allocated (Per Wkst. B, Part II)			42,010		3,718,590		204
205	Unit Cost Multiplier (Wkst. B, Part II)			0.000143		0.005002		205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL	767,699,694						5.02
5.03	AMBULATORY ADMIN & GENERAL	26,723,263	-27,351,046	61,379,850				5.03
6	Maintenance & Repairs	24,218,145	-24,787,078		606,608			6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	6,726,570	-6,884,591		9,149	597,459		9
10	Dietary	8,525,773	-8,726,060		20,483	20,483	882,323	10
11	Cafeteria	1,229		1,258			383,825	11
12	Maintenance of Personnel							12
13	Nursing Administration	10,970,417	-11,228,134		3,369	3,369		13
14	Central Services & Supply	13,513,399	-13,830,856		16,574	16,574		14
15	Pharmacy	11,790,864	-12,067,855		9,464	9,464		15
16	Medical Records & Library	7,379,623	-7,552,985		10,865	10,865		16
17	Social Service	8,534,523	-8,735,016		3,370	3,370		17
17.01	PALLATIVE CARE	638,892	-653,901					17.01
18	UTILMGMT / DSCH PLANNING	5,697,638	-5,831,487					18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	58,060,321	-59,424,274					21
22	I&R Services-Other Prgm Costs Apprvd	19,953,516	-20,422,264		1,497	1,497		22
23	PARAMED ED PRGM-(SPECIFY)	2,583,262	-2,643,948					23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	93,275,740	-95,466,766		81,566	81,566	322,989	30
31	Intensive Care Unit	27,694,415	-28,345,012		12,794	12,794	61,523	31
31.01	PEDS ICU	7,832,952	-8,016,964		4,483	4,483	12,642	31.01
31.02	NEONATAL ICU	20,841,702	-21,331,315		8,333	8,333		31.02
32	Coronary Care Unit	13,542,319	-13,860,455		7,788	7,788	26,560	32
40	Subprovider - IPF	14,158,564	-14,491,177		17,101	17,101	56,589	40
41	Subprovider - IRF	4,049,533	-4,144,665		6,721	6,721	18,067	41
43	Nursery	2,358,797	-2,414,210		2,492	2,492		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	35,117,758	-35,942,744		29,648	29,648		50
51	Recovery Room	8,333,675	-8,529,450					51
52	Delivery Room & Labor Room	12,330,396	-12,620,062		13,859	13,859		52
53	Anesthesiology	3,073,497	-3,145,700		4,329	4,329		53
54	Radiology-Diagnostic	6,597,020	-6,751,997		5,258	5,258		54
54.01	RADIO ULTRASOUND	2,164,379	-2,215,225		2,302	2,302		54.01
54.02	RADIO ANGIOGRAPHY	4,977,278	-5,094,204		9,695	9,695		54.02
54.03	RADIO WEST HARRISON	2,403,748	-2,460,217		7,972	7,972		54.03
54.04	RADIO MILE SQUARE	479,211	-490,469		1,457	1,457		54.04
55	Radiology-Therapeutic	7,343,116	-7,515,620		15,015	15,015		55
56	Radioisotope	1,948,116	-1,993,881		1,135	1,135		56
57	CT Scan	4,088,097	-4,184,135		13,087	13,087		57
58	MRI	4,632,351	-4,741,174		8,775	8,775		58
59	Cardiac Catheterization	1,832,992	-1,876,053		2,137	2,137		59
60	Laboratory	37,599,919	-38,483,216		48,717	48,717		60
60.01	LAB TISSUE TYPING	1,320,298	-1,351,314		1,008	1,008		60.01
60.02	LAB OUTREACH	10,587,433	-10,836,153		5,649	5,649		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	7,373,308	-7,546,522		1,813	1,813		63
64	Intravenous Therapy	766,560	-784,568					64
65	Respiratory Therapy	6,418,765	-6,569,555		1,998	1,998		65
66	Physical Therapy	8,776,299	-8,982,472		13,783	13,783		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	882,966	-903,709		4,440	4,440		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	577,921	-591,498					66.02
67	Occupational Therapy	3,291,707	-3,369,036		5,037	5,037		67
68	Speech Pathology	891,785	-912,735		629	629		68
69	Electrocardiology	395,430	-404,719		648	648		69
70	Electroencephalography	705,741	-722,320		731	731		70
71	Medical Supplies Charged to Patients	56,732,739	-58,065,505					71
73	Drugs Charged to Patients	76,695,103	-78,496,824					73
74	Renal Dialysis	8,810,125	-9,017,092		12,281	12,281		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	4,809,536	-4,922,522		6,096	6,096		76.01
76.02	BONE MARROW TRANSPLANT	2,334,397	-2,389,237					76.02
76.03	CARDIAC SERVICES	3,956,641	-4,049,590		3,624	3,624		76.03
76.04	TELEMEDICINE PROGRAM			1,157,714	1,125	1,125		76.04
76.05	SLEEP LAB WEST HARRISON	1,505,171	-1,540,530					76.05
76.06	SICKLE CELL	1,575,718	-1,612,735					76.06

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOSPITAL ADMIN ACCUM COST	RECON- CILIATION	AMBULATORY ADMIN ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
		5.02		5.03	6	9	10	
76.07	HEART CENTER-ROOSEVELT RD			38,994	701	701		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	139,735	-143,018					76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			43,439,925	89,390	89,390		90
91	Emergency	15,224,101	-15,581,746		14,052	14,052		91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			5,496,991	15,027	15,027		93.01
93.02	OCC PSYCH			2,376,160	30,997	30,997		93.02
93.03	OCC ADOLESCENTS			5,245,417	9,568	9,568		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	7,219,829	-7,389,437		1,664	1,664		105
107	Liver Acquisition	1,701,641	-1,741,616		197	197		107
109	Pancreas Acquisition	686,257	-702,379		31	31		109
112	OTHER ORGAN ACQUISITION (SPECIFY)	295,910	-302,862		2,431	2,431		112
118	SUBTOTALS (sum of lines 1-117)	745,668,126	-763,183,900	57,756,459	602,355	593,206	882,195	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	10,620		10,869	836	836		190
191	Research	1,145,055	-1,171,955		3,177	3,177	128	191
192	Physicians' Private Offices			3,612,522	240	240		192
194	OUTPATIENT PHARMACY	20,875,893	-21,366,309					194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	18,034,597		27,351,046	24,787,078	7,258,435	9,811,877	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.023492		0.445603	40.861772	12.148842	11.120505	203
204	Cost to be allocated (Per Wkst. B, Part II)	234,869		209,595	1,541,035	161,954	332,652	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000306		0.003415	2.540413	0.271071	0.377018	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED	PHARMACY COSTED	MEDICAL RECORDS & LIBRARY GROSS	SOCIAL SERVICE TIME	
		GROSS SALARIES	NRSING HRS	REQUIS.	REQUIS.	REVENUE	SPENT	
		11	13	14	15	16	17	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	244,484,585						11
12	Maintenance of Personnel							12
13	Nursing Administration	4,991,514	105,648					13
14	Central Services & Supply	2,892,460		106,438,821				14
15	Pharmacy	2,428,691		846,217	114,050,256			15
16	Medical Records & Library	2,861,653				2,351,758,788		16
17	Social Service	3,987,036					37,220	17
17.01	PALLATIVE CARE	353,094						17.01
18	UTILMGMT / DSCH PLANNING	2,686,522						18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	28,653,962						21
22	I&R Services-Other Prgm Costs Apprvd	820,284						22
23	PARAMED ED PRGM-(SPECIFY)	450,223						23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	43,789,700	32,194	1,711,218	519,951	172,287,175	15,473	30
31	Intensive Care Unit	13,054,100	10,457	966,286	175,058	52,870,886	426	31
31.01	PEDS ICU	3,737,723	2,898	168,380	26,786	10,661,037	832	31.01
31.02	NEONATAL ICU	9,960,517	8,599	592,159	24,175	44,676,097	894	31.02
32	Coronary Care Unit	6,370,787	5,165	606,946	97,246	25,247,113	399	32
40	Subprovider - IPF	6,673,532	4,002	30,662	1,065	24,346,734		40
41	Subprovider - IRF	1,941,778	1,182	26,197	2,980	8,041,678	1,872	41
43	Nursery	1,102,601	908			4,456,555		43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	13,113,260	8,552	33,570,218	111,844	154,752,077	208	50
51	Recovery Room	3,862,766	3,106	175,612	40,446	14,041,933	240	51
52	Delivery Room & Labor Room	6,160,063	5,051	747,264	58,161	30,669,748	624	52
53	Anesthesiology	1,429,249	416	1,696,233	181,897	68,084,950		53
54	Radiology-Diagnostic	2,928,507	150	119,180	21,796	31,886,655		54
54.01	RADIO ULTRASOUND	893,717	65	49,159	23,053	13,962,438		54.01
54.02	RADIO ANGIOGRAPHY	2,112,433	523	4,403,835	204,183	58,794,791		54.02
54.03	RADIO WEST HARRISON	548,282		19,641	37,425	15,870,769		54.03
54.04	RADIO MILE SQUARE	181,263				1,741,655		54.04
55	Radiology-Therapeutic	1,767,152	291	45,401	4,577	20,052,000	333	55
56	Radioisotope	436,914	32	5,712	76,335	6,882,415		56
57	CT Scan	1,824,327	372	148,817	108,701	79,361,929		57
58	MRI	1,816,518	249	88,735	156,892	53,217,473		58
59	Cardiac Catheterization	820,894	348	2,048,766	100,757	15,696,657		59
60	Laboratory	9,750,410	159	35,984	282	315,116,348		60
60.01	LAB TISSUE TYPING	243,926		145		4,226,856		60.01
60.02	LAB OUTREACH	2,826,050		93		140,777,025		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	36,742		13		36,673,802		63
64	Intravenous Therapy	453,071	197	91,570		2,397,452		64
65	Respiratory Therapy	3,015,268		400,193	66,442	42,265,297		65
66	Physical Therapy	4,147,288	38	17,935	185	20,313,998		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	85,506				1,970,436		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	204,822		5,508		1,789,601		66.02
67	Occupational Therapy	1,563,425		15,767		7,423,747		67
68	Speech Pathology	429,110				1,958,053		68
69	Electrocardiology	185,152		4,165		4,762,965		69
70	Electroencephalography	265,296		11,349		7,942,057		70
71	Medical Supplies Charged to Patients			51,773,332		199,887,479		71
73	Drugs Charged to Patients				65,951,722	298,943,553		73
74	Renal Dialysis	3,564,752	1,433	885,894	341,683	35,967,429		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	1,981,981	1,325	947,989	17,847	26,237,471		76.01
76.02	BONE MARROW TRANSPLANT	673,700	280	297	3,704	3,675,108	115	76.02
76.03	CARDIAC SERVICES	1,662,812	448	1,834,026		26,620,817		76.03
76.04	TELEMEDICINE PROGRAM				9,504,572	1,468,789		76.04
76.05	SLEEP LAB WEST HARRISON	211,926		1,693		4,357,749		76.05
76.06	SICKLE CELL	811,203	652	14,996	14,372	2,905,024		76.06

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAFETERIA GROSS SALARIES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE TIME SPENT	
		11	13	14	15	16	17	
76.07	HEART CENTER-ROOSEVELT RD	3,029				311,064		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	55,490	58	222		36,208		76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	19,364,918	7,825	1,461,274	22,119,895	108,208,874	8,029	90
91	Emergency	7,208,110	5,385	657,121	151,202	93,512,404	653	91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI	2,336,658	102	91,308	2,453,496	22,143,792	1,560	93.01
93.02	OCC PSYCH	1,005,491	200	1,678	42	5,915,794		93.02
93.03	OCC ADOLESCENTS	2,344,385	1,081	82,725	464,130	13,563,272		93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	2,506,180	918		136	7,767,314	1,150	105
107	Liver Acquisition	285,336	127			2,876,575	192	107
109	Pancreas Acquisition	36,018	7			1,722,075	163	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	24,050	14		2,268	417,595		112
118	SUBTOTALS (sum of lines 1-117)	241,933,627	104,809	106,401,915	103,065,306	2,351,758,788	33,163	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	802	110					190
191	Research	509,289		8,580	2,025			191
192	Physicians' Private Offices	2,040,867	729	28,326			4,057	192
194	OUTPATIENT PHARMACY				10,982,925			194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,270,147	11,493,908	14,759,974	12,729,314	8,178,927	8,983,300	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.017466	108.794374	0.138671	0.111611	0.003478	241.356797	203
204	Cost to be allocated (Per Wkst. B, Part II)	144,718	186,250	465,814	240,170	190,722	89,934	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000592	1.762930	0.004376	0.002106	0.000081	2.416282	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN						5.01
5.02	HOSPITAL ADMIN & GENERAL						5.02
5.03	AMBULATORY ADMIN & GENERAL						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
17.01	PALLATIVE CARE	118,946					17.01
18	UTILMGMT / DSCH PLANNING		118,946				18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			9,933			21
22	I&R Services-Other Prgm Costs Apprvd				2,343,717,110		22
23	PARAMED ED PRGM-(SPECIFY)					118,946	23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	66,720	66,720	955	172,287,175	66,720	30
31	Intensive Care Unit	13,018	13,018	152	52,870,886	13,018	31
31.01	PEDS ICU	2,675	2,675	86	10,661,037	2,675	31.01
31.02	NEONATAL ICU	11,215	11,215	285	44,676,097	11,215	31.02
32	Coronary Care Unit	5,620	5,620	135	25,247,113	5,620	32
40	Subprovider - IPF	12,001	12,001	131	24,346,734	12,001	40
41	Subprovider - IRF	3,823	3,823			3,823	41
43	Nursery	3,874	3,874	22	4,456,555	3,874	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room			1,295	154,752,077		50
51	Recovery Room				14,041,933		51
52	Delivery Room & Labor Room			178	30,669,748		52
53	Anesthesiology			286	68,084,950		53
54	Radiology-Diagnostic				31,886,655		54
54.01	RADIO ULTRASOUND			37	13,962,438		54.01
54.02	RADIO ANGIOGRAPHY			297	58,794,791		54.02
54.03	RADIO WEST HARRISON				15,870,769		54.03
54.04	RADIO MILE SQUARE				1,741,655		54.04
55	Radiology-Therapeutic			366	20,052,000		55
56	Radioisotope			40	6,882,415		56
57	CT Scan			173	79,361,929		57
58	MRI			169	53,217,473		58
59	Cardiac Catheterization			364	15,696,657		59
60	Laboratory			1,199	315,116,348		60
60.01	LAB TISSUE TYPING				4,226,856		60.01
60.02	LAB OUTREACH				140,777,025		60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.			242	36,673,802		63
64	Intravenous Therapy				2,397,452		64
65	Respiratory Therapy			262	42,265,297		65
66	Physical Therapy			55	20,313,998		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD				1,970,436		66.01
66.02	PHYSICAL THERAPY MAXWELL ST				1,789,601		66.02
67	Occupational Therapy			29	7,423,747		67
68	Speech Pathology			28	1,958,053		68
69	Electrocardiology			82	4,762,965		69
70	Electroencephalography				7,942,057		70
71	Medical Supplies Charged to Patients			347	199,887,479		71
73	Drugs Charged to Patients			1,585	298,943,553		73
74	Renal Dialysis			169	35,967,429		74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY				26,237,471		76.01
76.02	BONE MARROW TRANSPLANT				3,675,108		76.02
76.03	CARDIAC SERVICES				26,620,817		76.03
76.04	TELEMEDICINE PROGRAM				1,468,789		76.04

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PALLATIVE CARE PATIENT DAYS	UTILMGMT DSCH PLANNING PATIENT DAYS	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS GROSS REVENUE	PARAMED EDUCATION PATIENT DAYS		
		17.01	18	21	22	23		
76.05	SLEEP LAB WEST HARRISON				4,357,749			76.05
76.06	SICKLE CELL				2,905,024			76.06
76.07	HEART CENTER-ROOSEVELT RD				311,064			76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY				36,208			76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			279	108,208,874			90
91	Emergency			291	93,512,404			91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI			58	22,143,792			93.01
93.02	OCC PSYCH			75	5,915,794			93.02
93.03	OCC ADOLESCENTS			103	13,563,272			93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			48	7,767,314			105
107	Liver Acquisition			44	2,876,575			107
109	Pancreas Acquisition				1,722,075			109
112	OTHER ORGAN ACQUISITION (SPECIFY)			10	417,595			112
118	SUBTOTALS (sum of lines 1-117)	118,946	118,946	9,877	2,343,717,110	118,946		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices			56				192
194	OUTPATIENT PHARMACY							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	660,068	5,878,410	59,924,744	20,515,948	2,651,812		202
203	Unit Cost Multiplier (Wkst. B, Part I)	5.549308	49.420830	6,032.894795	0.008754	22.294251		203
204	Cost to be allocated (Per Wkst. B, Part II)	3,260	28,730	293,717	114,067	12,462		204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.027407	0.241538	29.569818	0.000049	0.104770		205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
DESCRIPTION		PART	LINE NO.	AMOUNT	
	1	2	3	4	
1					1
2					2
3					3
4					4
5	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74	-341,682	5

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	117,433,903		117,433,903		117,433,903	30
31	Intensive Care Unit	32,519,128		32,519,128		32,519,128	31
31.01	PEDS ICU	9,246,673		9,246,673		9,246,673	31.01
31.02	NEONATAL ICU	24,205,034		24,205,034		24,205,034	31.02
32	Coronary Care Unit	15,955,213		15,955,213		15,955,213	32
40	Subprovider - IPF	17,595,262		17,595,262		17,595,262	40
41	Subprovider - IRF	5,643,510		5,643,510		5,643,510	41
43	Nursery	2,979,178		2,979,178		2,979,178	43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	43,929,977		43,929,977		43,929,977	50
51	Recovery Room	9,070,462		9,070,462		9,070,462	51
52	Delivery Room & Labor Room	14,379,239		14,379,239		14,379,239	52
53	Anesthesiology	3,937,723		3,937,723		3,937,723	53
54	Radiology-Diagnostic	7,228,057		7,228,057		7,228,057	54
54.01	RADIO ULTRASOUND	2,417,889		2,417,889		2,417,889	54.01
54.02	RADIO ANGIOGRAPHY	6,539,898		6,539,898		6,539,898	54.02
54.03	RADIO WEST HARRISON	2,954,494		2,954,494		2,954,494	54.03
54.04	RADIO MILE SQUARE	576,929		576,929		576,929	54.04
55	Radiology-Therapeutic	8,531,019		8,531,019		8,531,019	55
56	Radioisotope	2,098,409		2,098,409		2,098,409	56
57	CT Scan	5,259,011		5,259,011		5,259,011	57
58	MRI	5,480,065		5,480,065		5,480,065	58
59	Cardiac Catheterization	2,391,478		2,391,478		2,391,478	59
60	Laboratory	42,353,842		42,353,842		42,353,842	60
60.01	LAB TISSUE TYPING	1,423,730		1,423,730		1,423,730	60.01
60.02	LAB OUTREACH	11,674,605		11,674,605		11,674,605	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	7,770,825		7,770,825		7,770,825	63
64	Intravenous Therapy	834,949		834,949		834,949	64
65	Respiratory Therapy	6,938,045		6,938,045		6,938,045	65
66	Physical Therapy	9,862,848		9,862,848		9,862,848	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,147,422		1,147,422		1,147,422	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	602,063		602,063		602,063	66.02
67	Occupational Therapy	3,691,364		3,691,364		3,691,364	67
68	Speech Pathology	960,384		960,384		960,384	68
69	Electrocardiology	459,447		459,447		459,447	69
70	Electroencephalography	794,901		794,901		794,901	70
71	Medical Supplies Charged to Patients	65,940,167		65,940,167		65,940,167	71
73	Drugs Charged to Patients	86,897,537		86,897,537		86,897,537	73
74	Renal Dialysis	9,830,676		9,830,676		9,830,676	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	5,649,149		5,649,149		5,649,149	76.01
76.02	BONE MARROW TRANSPLANT	2,472,458		2,472,458		2,472,458	76.02
76.03	CARDIAC SERVICES	4,666,396		4,666,396		4,666,396	76.03
76.04	TELEMEDICINE PROGRAM	2,799,154		2,799,154		2,799,154	76.04
76.05	SLEEP LAB WEST HARRISON	1,559,622		1,559,622		1,559,622	76.05
76.06	SICKLE CELL	1,711,625		1,711,625		1,711,625	76.06
76.07	HEART CENTER-ROOSEVELT RD	94,665		94,665		94,665	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	150,454		150,454		150,454	76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	Clinic	73,710,713		73,710,713		73,710,713	90
91	Emergency	17,629,249		17,629,249		17,629,249	91
92	Observation Beds (Non-Distinct Part)	11,600,173		11,600,173		11,600,173	92
93.01	OCC EEI	9,534,999		9,534,999		9,534,999	93.01
93.02	OCC PSYCH	5,138,288		5,138,288		5,138,288	93.02
93.03	OCC ADOLESCENTS	8,358,997		8,358,997		8,358,997	93.03
OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	7,925,883		7,925,883		7,925,883	105
107	Liver Acquisition	1,827,206		1,827,206		1,827,206	107
109	Pancreas Acquisition	750,744		750,744		750,744	109
112	OTHER ORGAN ACQUISITION (SPECIFY)	435,379		435,379		435,379	112
200	Subtotal (sum of lines 30 thru 199)	747,570,510		747,570,510		747,570,510	200
201	Less Observation Beds	11,600,173		11,600,173		11,600,173	201
202	Total (line 200 minus line 201)	735,970,337		735,970,337		735,970,337	202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES					TEFRA Inpatient Ratio	PPS Inpatient Ratio
		Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio			
		6	7	8	9	10		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	154,413,208		154,413,208			30	
31	Intensive Care Unit	52,870,886		52,870,886			31	
31.01	PEDS ICU	10,661,037		10,661,037			31.01	
31.02	NEONATAL ICU	44,676,097		44,676,097			31.02	
32	Coronary Care Unit	25,247,113		25,247,113			32	
40	Subprovider - IPF	24,346,734		24,346,734			40	
41	Subprovider - IRF	8,041,678		8,041,678			41	
43	Nursery	4,456,555		4,456,555			43	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	69,507,200	85,244,877	154,752,077	0.283873	0.283873	0.283873	50
51	Recovery Room	4,728,713	9,313,220	14,041,933	0.645955	0.645955	0.645955	51
52	Delivery Room & Labor Room	24,822,149	5,847,599	30,669,748	0.468841	0.468841	0.468841	52
53	Anesthesiology	36,125,154	31,959,796	68,084,950	0.057835	0.057835	0.057835	53
54	Radiology-Diagnostic	8,092,667	23,793,988	31,886,655	0.226680	0.226680	0.226680	54
54.01	RADIO ULTRASOUND	4,794,305	9,168,133	13,962,438	0.173171	0.173171	0.173171	54.01
54.02	RADIO ANGIOGRAPHY	32,489,038	26,305,753	58,794,791	0.111233	0.111233	0.111233	54.02
54.03	RADIO WEST HARRISON	55,079	15,815,690	15,870,769	0.186159	0.186159	0.186159	54.03
54.04	RADIO MILE SQUARE	793	1,740,862	1,741,655	0.331253	0.331253	0.331253	54.04
55	Radiology-Therapeutic	2,198,931	17,853,069	20,052,000	0.425445	0.425445	0.425445	55
56	Radioisotope	1,483,244	5,399,171	6,882,415	0.304894	0.304894	0.304894	56
57	CT Scan	32,003,529	47,358,400	79,361,929	0.066266	0.066266	0.066266	57
58	MRI	17,063,638	36,153,835	53,217,473	0.102975	0.102975	0.102975	58
59	Cardiac Catheterization	7,725,937	7,970,720	15,696,657	0.152356	0.152356	0.152356	59
60	Laboratory	119,551,133	195,565,215	315,116,348	0.134407	0.134407	0.134407	60
60.01	LAB TISSUE TYPING	530,632	3,696,224	4,226,856	0.336830	0.336830	0.336830	60.01
60.02	LAB OUTREACH		140,777,025	140,777,025	0.082930	0.082930	0.082930	60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	26,647,373	10,026,429	36,673,802	0.211890	0.211890	0.211890	63
64	Intravenous Therapy	2,168,816	228,636	2,397,452	0.348265	0.348265	0.348265	64
65	Respiratory Therapy	36,677,707	5,587,590	42,265,297	0.164155	0.164155	0.164155	65
66	Physical Therapy	6,380,725	13,933,273	20,313,998	0.485520	0.485520	0.485520	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	979	1,969,457	1,970,436	0.582319	0.582319	0.582319	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	5,729	1,783,872	1,789,601	0.336423	0.336423	0.336423	66.02
67	Occupational Therapy	4,616,270	2,807,477	7,423,747	0.497237	0.497237	0.497237	67
68	Speech Pathology	1,362,530	595,523	1,958,053	0.490479	0.490479	0.490479	68
69	Electrocardiology	3,058,627	1,704,338	4,762,965	0.096462	0.096462	0.096462	69
70	Electroencephalography	6,954,515	987,542	7,942,057	0.100088	0.100088	0.100088	70
71	Medical Supplies Charged to Patients	123,277,085	76,610,394	199,887,479	0.329886	0.329886	0.329886	71
73	Drugs Charged to Patients	150,836,993	148,106,560	298,943,553	0.290682	0.290682	0.290682	73
74	Renal Dialysis	8,414,724	27,552,705	35,967,429	0.273322	0.273322	0.273322	74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	5,366,466	20,871,005	26,237,471	0.215308	0.215308	0.215308	76.01
76.02	BONE MARROW TRANSPLANT	3,291,407	383,701	3,675,108	0.672758	0.672758	0.672758	76.02
76.03	CARDIAC SERVICES	14,560,314	12,060,503	26,620,817	0.175291	0.175291	0.175291	76.03
76.04	TELEMEDICINE PROGRAM		1,468,789	1,468,789	1.905756	1.905756	1.905756	76.04
76.05	SLEEP LAB WEST HARRISON	6,551	4,351,198	4,357,749	0.357896	0.357896	0.357896	76.05
76.06	SICKLE CELL	392,012	2,513,012	2,905,024	0.589195	0.589195	0.589195	76.06
76.07	HEART CENTER-ROOSEVELT RD	1,050	310,014	311,064	0.304326	0.304326	0.304326	76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	11,680	24,528	36,208	4.155270	4.155270	4.155270	76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	625,417	107,583,457	108,208,874	0.681189	0.681189	0.681189	90
91	Emergency	26,322,277	67,190,127	93,512,404	0.188523	0.188523	0.188523	91
92	Observation Beds (Non-Distinct Part)	661,770	17,212,197	17,873,967	0.648998	0.648998	0.648998	92
93.01	OCC EEI	38,619	22,105,173	22,143,792	0.430595	0.430595	0.430595	93.01
93.02	OCC PSYCH	2,030	5,913,764	5,915,794	0.868571	0.868571	0.868571	93.02
93.03	OCC ADOLESCENTS	67,589	13,495,683	13,563,272	0.616296	0.616296	0.616296	93.03
	OTHER REIMBURSABLE COST CENTERS							
105	Kidney Acquisition	7,767,314		7,767,314				105
107	Liver Acquisition	2,870,125	6,450	2,876,575				107
109	Pancreas Acquisition	1,722,075		1,722,075				109
112	OTHER ORGAN ACQUISITION (SPECIFY)	417,595		417,595				112
200	Subtotal (sum of lines 30 thru 199)	1,120,411,814	1,231,346,974	2,351,758,788				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,120,411,814	1,231,346,974	2,351,758,788				202

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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)	1,937,475		1,937,475	74,033	26.17	15,403	403,097	30
31	Intensive Care Unit	519,931		519,931	13,018	39.94	4,259	170,104	31
31.01	PEDS ICU	122,375		122,375	2,675	45.75	5	229	31.01
31.02	NEONATAL ICU	319,900		319,900	11,215	28.52			31.02
32	Coronary Care Unit	298,476		298,476	5,620	53.11	1,758	93,367	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	330,850		330,850	12,001	27.57	1,499	41,327	40
41	Subprovider - IRF	125,636		125,636	3,823	32.86	993	32,630	41
42	Subprovider I								42
43	Nursery	47,786		47,786	3,874	12.34			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,702,429		3,702,429	126,259		23,917	740,754	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0150

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,128,187	154,752,077	0.026676	13,714,849	365,857	50
51	Recovery Room	58,789	14,041,933	0.004187	826,387	3,460	51
52	Delivery Room & Labor Room	570,396	30,669,748	0.018598	73,868	1,374	52
53	Anesthesiology	549,695	68,084,950	0.008074	5,108,810	41,249	53
54	Radiology-Diagnostic	547,728	31,886,655	0.017177	2,147,455	36,887	54
54.01	RADIO ULTRASOUND	272,716	13,962,438	0.019532	1,134,447	22,158	54.01
54.02	RADIO ANGIOGRAPHY	256,291	58,794,791	0.004359	8,105,071	35,330	54.02
54.03	RADIO WEST HARRISON	661,565	15,870,769	0.041684	32,486	1,354	54.03
54.04	RADIO MILE SQUARE	65,169	1,741,655	0.037418	570	21	54.04
55	Radiology-Therapeutic	706,889	20,052,000	0.035253	414,047	14,596	55
56	Radioisotope	203,739	6,882,415	0.029603	502,345	14,871	56
57	CT Scan	208,098	79,361,929	0.002622	8,648,311	22,676	57
58	MRI	700,941	53,217,473	0.013171	3,635,663	47,885	58
59	Cardiac Catheterization	71,808	15,696,657	0.004575	2,576,868	11,789	59
60	Laboratory	1,797,498	315,116,348	0.005704	29,939,203	170,773	60
60.01	LAB TISSUE TYPING	90,105	4,226,856	0.021317	234,217	4,993	60.01
60.02	LAB OUTREACH	137,765	140,777,025	0.000979			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	69,485	36,673,802	0.001895	6,552,139	12,416	63
64	Intravenous Therapy	7,257	2,397,452	0.003027	565,139	1,711	64
65	Respiratory Therapy	227,866	42,265,297	0.005391	6,604,755	35,606	65
66	Physical Therapy	260,827	20,313,998	0.012840	992,327	12,741	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	62,976	1,970,436	0.031960	253	8	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	6,194	1,789,601	0.003461			66.02
67	Occupational Therapy	93,387	7,423,747	0.012579	348,965	4,390	67
68	Speech Pathology	12,965	1,958,053	0.006621	295,270	1,955	68
69	Electrocardiology	10,951	4,762,965	0.002299	1,006,863	2,315	69
70	Electroencephalography	140,726	7,942,057	0.017719	1,608,430	28,500	70
71	Medical Supplies Charged to Pat	509,212	199,887,479	0.002547	29,056,353	74,007	71
73	Drugs Charged to Patients	523,256	298,943,553	0.001750	31,409,886	54,967	73
74	Renal Dialysis	295,159	35,967,429	0.008206	3,015,150	24,742	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	487,976	26,237,471	0.018598	1,598,677	29,732	76.01
76.02	BONE MARROW TRANSPLANT	31,180	3,675,108	0.008484	736,420	6,248	76.02
76.03	CARDIAC SERVICES	536,659	26,620,817	0.020159	4,280,517	86,291	76.03
76.04	TELEMEDICINE PROGRAM	44,022	1,468,789	0.029972			76.04
76.05	SLEEP LAB WEST HARRISON	9,765	4,357,749	0.002241	4,624	10	76.05
76.06	SICKLE CELL	9,476	2,905,024	0.003262	94,307	308	76.06
76.07	HEART CENTER-ROOSEVELT RD	10,104	311,064	0.032482	1,050	34	76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	803	36,208	0.022177	11,680	259	76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,336,632	108,208,874	0.021594	199,059	4,298	90
91	Emergency	331,056	93,512,404	0.003540	6,837,246	24,204	91
92	Observation Beds (Non-Distinct	191,380	17,873,967	0.010707	202,100	2,164	92
93.01	OCC EEI	277,885	22,143,792	0.012549	14,319	180	93.01
93.02	OCC PSYCH	431,662	5,915,794	0.072968	555	40	93.02
93.03	OCC ADOLESCENTS	186,589	13,563,272	0.013757			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	18,132,829	2,014,261,921		172,530,681	1,202,399	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	Nursing School 1	Allied Health Cost 2	All Other Medical Education Cost 3	Swing-Bed Adjustment Amount (see instructions) 4	Total Costs (sum of cols. 1 through 3 minus col 4.) 5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)		1,487,472			1,487,472	30
31	Intensive Care Unit		290,227			290,227	31
31.01	PEDS ICU		59,637			59,637	31.01
31.02	NEONATAL ICU		250,030			250,030	31.02
32	Coronary Care Unit		125,294			125,294	32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF		267,553			267,553	40
41	Subprovider - IRF		85,231			85,231	41
42	Subprovider I						42
43	Nursery		86,368			86,368	43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)		2,651,812			2,651,812	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	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)	74,033	20.09	15,403	309,446	30
31	Intensive Care Unit	13,018	22.29	4,259	94,933	31
31.01	PEDS ICU	2,675	22.29	5	111	31.01
31.02	NEONATAL ICU	11,215	22.29			31.02
32	Coronary Care Unit	5,620	22.29	1,758	39,186	32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF	12,001	22.29	1,499	33,413	40
41	Subprovider - IRF	3,823	22.29	993	22,134	41
42	Subprovider I					42
43	Nursery	3,874	22.29			43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	126,259		23,917	499,223	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDCINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct)			146,928		146,928	146,928	92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)			146,928		146,928	146,928	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	154,752,077			13,714,849		15,037,559		50
51	Recovery Room	14,041,933			826,387		1,183,798		51
52	Delivery Room & Labor Room	30,669,748			73,868		22,703		52
53	Anesthesiology	68,084,950			5,108,810		5,363,297		53
54	Radiology-Diagnostic	31,886,655			2,147,455		2,605,732		54
54.01	RADIO ULTRASOUND	13,962,438			1,134,447		1,297,361		54.01
54.02	RADIO ANGIOGRAPHY	58,794,791			8,105,071		8,168,291		54.02
54.03	RADIO WEST HARRISON	15,870,769			32,486		2,877,154		54.03
54.04	RADIO MILE SQUARE	1,741,655			570		60,975		54.04
55	Radiology-Therapeutic	20,052,000			414,047		3,146,634		55
56	Radioisotope	6,882,415			502,345		1,710,303		56
57	CT Scan	79,361,929			8,648,311		10,011,396		57
58	MRI	53,217,473			3,635,663		5,783,172		58
59	Cardiac Catheterization	15,696,657			2,576,868		2,538,195		59
60	Laboratory	315,116,348			29,939,203		17,221,155		60
60.01	LAB TISSUE TYPING	4,226,856			234,217		106,751		60.01
60.02	LAB OUTREACH	140,777,025							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	36,673,802			6,552,139		1,522,813		63
64	Intravenous Therapy	2,397,452			565,139		75,399		64
65	Respiratory Therapy	42,265,297			6,604,755		1,222,592		65
66	Physical Therapy	20,313,998			992,327		19,482		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,970,436			253		1,059		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,789,601					742		66.02
67	Occupational Therapy	7,423,747			348,965		3,976		67
68	Speech Pathology	1,958,053			295,270		2,664		68
69	Electrocardiology	4,762,965			1,006,863		469,666		69
70	Electroencephalography	7,942,057			1,608,430		124,536		70
71	Medical Supplies Charged to Pat	199,887,479			29,056,353		17,313,854		71
73	Drugs Charged to Patients	298,943,553			31,409,886		32,560,858		73
74	Renal Dialysis	35,967,429			3,015,150		8,194		74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTROLOGY	26,237,471			1,598,677		3,555,213		76.01
76.02	BONE MARROW TRANSPLANT	3,675,108			736,420		23,330		76.02
76.03	CARDIAC SERVICES	26,620,817			4,280,517		2,899,221		76.03
76.04	TELEMEDICINE PROGRAM	1,468,789							76.04
76.05	SLEEP LAB WEST HARRISON	4,357,749			4,624		479,615		76.05
76.06	SICKLE CELL	2,905,024			94,307		372,260		76.06
76.07	HEART CENTER-ROOSEVELT RD	311,064			1,050		96,449		76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	36,208			11,680				76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	Clinic	108,208,874			199,059		18,994,517		90
91	Emergency	93,512,404			6,837,246		8,044,625		91
92	Observation Beds (Non-Distinct)	17,873,967	0.008220	0.008220	202,100	1.661	4,198,455	34,511	92
93.01	OCC EEI	22,143,792			14,319		6,296,650		93.01
93.02	OCC PSYCH	5,915,794			555		993,506		93.02
93.03	OCC ADOLESCENTS	13,563,272					17,281		93.03
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	2,014,261,921			172,530,681	1.661	176,431,433	34,511	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.283873	15,037,559			4,268,757		50
51	Recovery Room	0.645955	1,183,798			764,680		51
52	Delivery Room & Labor Room	0.468841	22,703			10,644		52
53	Anesthesiology	0.057835	5,363,297			310,186		53
54	Radiology-Diagnostic	0.226680	2,605,732			590,667		54
54.01	RADIO ULTRASOUND	0.173171	1,297,361			224,665		54.01
54.02	RADIO ANGIOGRAPHY	0.111233	8,168,291			908,584		54.02
54.03	RADIO WEST HARRISON	0.186159	2,877,154			535,608		54.03
54.04	RADIO MILE SQUARE	0.331253	60,975			20,198		54.04
55	Radiology-Therapeutic	0.425445	3,146,634			1,338,720		55
56	Radioisotope	0.304894	1,710,303			521,461		56
57	CT Scan	0.066266	10,011,396			663,415		57
58	MRI	0.102975	5,783,172			595,522		58
59	Cardiac Catheterization	0.152356	2,538,195			386,709		59
60	Laboratory	0.134407	17,221,155			2,314,644		60
60.01	LAB TISSUE TYPING	0.336830	106,751			35,957		60.01
60.02	LAB OUTREACH	0.082930						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.211890	1,522,813			322,669		63
64	Intravenous Therapy	0.348265	75,399			26,259		64
65	Respiratory Therapy	0.164155	1,222,592			200,695		65
66	Physical Therapy	0.485520	19,482			9,459		66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.582319	1,059			617		66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.336423	742			250		66.02
67	Occupational Therapy	0.497237	3,976			1,977		67
68	Speech Pathology	0.490479	2,664			1,307		68
69	Electrocardiology	0.096462	469,666			45,305		69
70	Electroencephalography	0.100088	124,536			12,465		70
71	Medical Supplies Charged to Pat	0.329886	17,313,854			5,711,598		71
73	Drugs Charged to Patients	0.290682	32,560,858			9,464,855		73
74	Renal Dialysis	0.273322	8,194			2,240		74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTEROLOGY	0.215308	3,555,213			765,466		76.01
76.02	BONE MARROW TRANSPLANT	0.672758	23,330			15,695		76.02
76.03	CARDIAC SERVICES	0.175291	2,899,221			508,207		76.03
76.04	TELEMEDICINE PROGRAM	1.905756						76.04
76.05	SLEEP LAB WEST HARRISON	0.357896	479,615			171,652		76.05
76.06	SICKLE CELL	0.589195	372,260			219,334		76.06
76.07	HEART CENTER-ROOSEVELT RD	0.304326	96,449			29,352		76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.155270						76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	0.681189	18,994,517			12,938,856		90
91	Emergency	0.188523	8,044,625			1,516,597		91
92	Observation Beds (Non-Distinct	0.648998	4,198,455			2,724,789		92
93.01	OCC EEI	0.430595	6,296,650			2,711,306		93.01
93.02	OCC PSYCH	0.868571	993,506			862,930		93.02
93.03	OCC ADOLESCENTS	0.616296	17,281			10,650		93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)		176,431,433			51,764,947		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		176,431,433			51,764,947		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S150

**WORKSHEET D
PART II**

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

(A)	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	4,128,187	154,752,077	0.026676			50
51	Recovery Room	58,789	14,041,933	0.004187	42,269	177	51
52	Delivery Room & Labor Room	570,396	30,669,748	0.018598			52
53	Anesthesiology	549,695	68,084,950	0.008074	22,258	180	53
54	Radiology-Diagnostic	547,728	31,886,655	0.017177	8,765	151	54
54.01	RADIO ULTRASOUND	272,716	13,962,438	0.019532	1,613	32	54.01
54.02	RADIO ANGIOGRAPHY	256,291	58,794,791	0.004359			54.02
54.03	RADIO WEST HARRISON	661,565	15,870,769	0.041684			54.03
54.04	RADIO MILE SQUARE	65,169	1,741,655	0.037418			54.04
55	Radiology-Therapeutic	706,889	20,052,000	0.035253			55
56	Radioisotope	203,739	6,882,415	0.029603	3,236	96	56
57	CT Scan	208,098	79,361,929	0.002622	44,606	117	57
58	MRI	700,941	53,217,473	0.013171	53,398	703	58
59	Cardiac Catheterization	71,808	15,696,657	0.004575			59
60	Laboratory	1,797,498	315,116,348	0.005704	271,826	1,550	60
60.01	LAB TISSUE TYPING	90,105	4,226,856	0.021317			60.01
60.02	LAB OUTREACH	137,765	140,777,025	0.000979			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	69,485	36,673,802	0.001895	13,529	26	63
64	Intravenous Therapy	7,257	2,397,452	0.003027			64
65	Respiratory Therapy	227,866	42,265,297	0.005391	6,055	33	65
66	Physical Therapy	260,827	20,313,998	0.012840	4,803	62	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	62,976	1,970,436	0.031960			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	6,194	1,789,601	0.003461			66.02
67	Occupational Therapy	93,387	7,423,747	0.012579	115,163	1,449	67
68	Speech Pathology	12,965	1,958,053	0.006621	2,199	15	68
69	Electrocardiology	10,951	4,762,965	0.002299	6,922	16	69
70	Electroencephalography	140,726	7,942,057	0.017719	5,853	104	70
71	Medical Supplies Charged to Pat	509,212	199,887,479	0.002547	138,630	353	71
73	Drugs Charged to Patients	523,256	298,943,553	0.001750	473,207	828	73
74	Renal Dialysis	295,159	35,967,429	0.008206			74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	487,976	26,237,471	0.018598	1,104	21	76.01
76.02	BONE MARROW TRANSPLANT	31,180	3,675,108	0.008484	44		76.02
76.03	CARDIAC SERVICES	536,659	26,620,817	0.020159	5,750	116	76.03
76.04	TELEMEDICINE PROGRAM	44,022	1,468,789	0.029972			76.04
76.05	SLEEP LAB WEST HARRISON	9,765	4,357,749	0.002241			76.05
76.06	SICKLE CELL	9,476	2,905,024	0.003262			76.06
76.07	HEART CENTER-ROOSEVELT RD	10,104	311,064	0.032482			76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	803	36,208	0.022177			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,336,632	108,208,874	0.021594	2,100	45	90
91	Emergency	331,056	93,512,404	0.003540	203,185	719	91
92	Observation Beds (Non-Distinct)		17,873,967				92
93.01	OCC EEI	277,885	22,143,792	0.012549			93.01
93.02	OCC PSYCH	431,662	5,915,794	0.072968	1,475	108	93.02
93.03	OCC ADOLESCENTS	186,589	13,563,272	0.013757			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,941,449	2,014,261,921		1,427,990	6,901	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDCINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-S150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	154,752,077						50
51	Recovery Room	14,041,933			42,269			51
52	Delivery Room & Labor Room	30,669,748						52
53	Anesthesiology	68,084,950			22,258			53
54	Radiology-Diagnostic	31,886,655			8,765		3,520	54
54.01	RADIO ULTRASOUND	13,962,438			1,613			54.01
54.02	RADIO ANGIOGRAPHY	58,794,791						54.02
54.03	RADIO WEST HARRISON	15,870,769						54.03
54.04	RADIO MILE SQUARE	1,741,655						54.04
55	Radiology-Therapeutic	20,052,000						55
56	Radioisotope	6,882,415			3,236			56
57	CT Scan	79,361,929			44,606			57
58	MRI	53,217,473			53,398		7,151	58
59	Cardiac Catheterization	15,696,657						59
60	Laboratory	315,116,348			271,826		6,031	60
60.01	LAB TISSUE TYPING	4,226,856						60.01
60.02	LAB OUTREACH	140,777,025						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	36,673,802			13,529			63
64	Intravenous Therapy	2,397,452						64
65	Respiratory Therapy	42,265,297			6,055		677	65
66	Physical Therapy	20,313,998			4,803			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,970,436						66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,789,601						66.02
67	Occupational Therapy	7,423,747			115,163			67
68	Speech Pathology	1,958,053			2,199			68
69	Electrocardiology	4,762,965			6,922		1,316	69
70	Electroencephalography	7,942,057			5,853			70
71	Medical Supplies Charged to Pat	199,887,479			138,630			71
73	Drugs Charged to Patients	298,943,553			473,207		672	73
74	Renal Dialysis	35,967,429						74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	26,237,471			1,104			76.01
76.02	BONE MARROW TRANSPLANT	3,675,108			44			76.02
76.03	CARDIAC SERVICES	26,620,817			5,750			76.03
76.04	TELEMEDICINE PROGRAM	1,468,789						76.04
76.05	SLEEP LAB WEST HARRISON	4,357,749						76.05
76.06	SICKLE CELL	2,905,024						76.06
76.07	HEART CENTER-ROOSEVELT RD	311,064						76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	36,208						76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	108,208,874			2,100			90
91	Emergency	93,512,404			203,185		2,071	91
92	Observation Beds (Non-Distinct)	17,873,967						92
93.01	OCC EEI	22,143,792						93.01
93.02	OCC PSYCH	5,915,794			1,475			93.02
93.03	OCC ADOLESCENTS	13,563,272						93.03
OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,014,261,921			1,427,990		21,438	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.283873							50
51	Recovery Room	0.645955							51
52	Delivery Room & Labor Room	0.468841							52
53	Anesthesiology	0.057835							53
54	Radiology-Diagnostic	0.226680	3,520			798			54
54.01	RADIO ULTRASOUND	0.173171							54.01
54.02	RADIO ANGIOGRAPHY	0.111233							54.02
54.03	RADIO WEST HARRISON	0.186159							54.03
54.04	RADIO MILE SQUARE	0.331253							54.04
55	Radiology-Therapeutic	0.425445							55
56	Radioisotope	0.304894							56
57	CT Scan	0.066266							57
58	MRI	0.102975	7,151			736			58
59	Cardiac Catheterization	0.152356							59
60	Laboratory	0.134407	6,031			811			60
60.01	LAB TISSUE TYPING	0.336830							60.01
60.02	LAB OUTREACH	0.082930							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.211890							63
64	Intravenous Therapy	0.348265							64
65	Respiratory Therapy	0.164155	677			111			65
66	Physical Therapy	0.485520							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.582319							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.336423							66.02
67	Occupational Therapy	0.497237							67
68	Speech Pathology	0.490479							68
69	Electrocardiology	0.096462	1,316			127			69
70	Electroencephalography	0.100088							70
71	Medical Supplies Charged to Pat	0.329886							71
73	Drugs Charged to Patients	0.290682	672			195			73
74	Renal Dialysis	0.273322							74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	0.215308							76.01
76.02	BONE MARROW TRANSPLANT	0.672758							76.02
76.03	CARDIAC SERVICES	0.175291							76.03
76.04	TELEMEDICINE PROGRAM	1.905756							76.04
76.05	SLEEP LAB WEST HARRISON	0.357896							76.05
76.06	SICKLE CELL	0.589195							76.06
76.07	HEART CENTER-ROOSEVELT RD	0.304326							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.155270							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.681189							90
91	Emergency	0.188523	2,071			390			91
92	Observation Beds (Non-Distinct	0.648998							92
93.01	OCC EEI	0.430595							93.01
93.02	OCC PSYCH	0.868571							93.02
93.03	OCC ADOLESCENTS	0.616296							93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		21,438			3,168			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		21,438			3,168			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T150

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,128,187	154,752,077	0.026676			50
51	Recovery Room	58,789	14,041,933	0.004187	439	2	51
52	Delivery Room & Labor Room	570,396	30,669,748	0.018598			52
53	Anesthesiology	549,695	68,084,950	0.008074	7,670	62	53
54	Radiology-Diagnostic	547,728	31,886,655	0.017177	11,724	201	54
54.01	RADIO ULTRASOUND	272,716	13,962,438	0.019532	3,757	73	54.01
54.02	RADIO ANGIOGRAPHY	256,291	58,794,791	0.004359	200,787	875	54.02
54.03	RADIO WEST HARRISON	661,565	15,870,769	0.041684			54.03
54.04	RADIO MILE SQUARE	65,169	1,741,655	0.037418			54.04
55	Radiology-Therapeutic	706,889	20,052,000	0.035253	25,217	889	55
56	Radioisotope	203,739	6,882,415	0.029603	1,381	41	56
57	CT Scan	208,098	79,361,929	0.002622	43,608	114	57
58	MRI	700,941	53,217,473	0.013171	27,322	360	58
59	Cardiac Catheterization	71,808	15,696,657	0.004575	9,865	45	59
60	Laboratory	1,797,498	315,116,348	0.005704	212,809	1,214	60
60.01	LAB TISSUE TYPING	90,105	4,226,856	0.021317			60.01
60.02	LAB OUTREACH	137,765	140,777,025	0.000979			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	69,485	36,673,802	0.001895	24,221	46	63
64	Intravenous Therapy	7,257	2,397,452	0.003027			64
65	Respiratory Therapy	227,866	42,265,297	0.005391	21,056	114	65
66	Physical Therapy	260,827	20,313,998	0.012840	561,366	7,208	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	62,976	1,970,436	0.031960			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	6,194	1,789,601	0.003461			66.02
67	Occupational Therapy	93,387	7,423,747	0.012579	476,036	5,988	67
68	Speech Pathology	12,965	1,958,053	0.006621	101,328	671	68
69	Electrocardiology	10,951	4,762,965	0.002299	3,511	8	69
70	Electroencephalography	140,726	7,942,057	0.017719	4,384	78	70
71	Medical Supplies Charged to Pat	509,212	199,887,479	0.002547	94,486	241	71
73	Drugs Charged to Patients	523,256	298,943,553	0.001750	409,533	717	73
74	Renal Dialysis	295,159	35,967,429	0.008206	35,028	287	74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY	487,976	26,237,471	0.018598	2,426	45	76.01
76.02	BONE MARROW TRANSPLANT	31,180	3,675,108	0.008484			76.02
76.03	CARDIAC SERVICES	536,659	26,620,817	0.020159	8,523	172	76.03
76.04	TELEMEDICINE PROGRAM	44,022	1,468,789	0.029972			76.04
76.05	SLEEP LAB WEST HARRISON	9,765	4,357,749	0.002241			76.05
76.06	SICKLE CELL	9,476	2,905,024	0.003262			76.06
76.07	HEART CENTER-ROOSEVELT RD	10,104	311,064	0.032482			76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	803	36,208	0.022177			76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	2,336,632	108,208,874	0.021594	171	4	90
91	Emergency	331,056	93,512,404	0.003540	2,209	8	91
92	Observation Beds (Non-Distinct		17,873,967				92
93.01	OCC EEI	277,885	22,143,792	0.012549			93.01
93.02	OCC PSYCH	431,662	5,915,794	0.072968			93.02
93.03	OCC ADOLESCENTS	186,589	13,563,272	0.013757			93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	17,941,449	2,014,261,921		2,288,857	19,463	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	RADIO ULTRASOUND						54.01
54.02	RADIO ANGIOGRAPHY						54.02
54.03	RADIO WEST HARRISON						54.03
54.04	RADIO MILE SQUARE						54.04
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.01	LAB TISSUE TYPING						60.01
60.02	LAB OUTREACH						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra						63
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
66.01	PHYSICAL THERAPY-ROOSEVELT RD						66.01
66.02	PHYSICAL THERAPY MAXWELL ST						66.02
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Pat						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76	OTHER ANCILLARY SVC						76
76.01	GASTROENTROLOGY						76.01
76.02	BONE MARROW TRANSPLANT						76.02
76.03	CARDIAC SERVICES						76.03
76.04	TELEMEDCINE PROGRAM						76.04
76.05	SLEEP LAB WEST HARRISON						76.05
76.06	SICKLE CELL						76.06
76.07	HEART CENTER-ROOSEVELT RD						76.07
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic						90
91	Emergency						91
92	Observation Beds (Non-Distinct)						92
93.01	OCC EEI						93.01
93.02	OCC PSYCH						93.02
93.03	OCC ADOLESCENTS						93.03
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-T150

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	154,752,077						50
51	Recovery Room	14,041,933			439			51
52	Delivery Room & Labor Room	30,669,748						52
53	Anesthesiology	68,084,950			7,670			53
54	Radiology-Diagnostic	31,886,655			11,724			54
54.01	RADIO ULTRASOUND	13,962,438			3,757			54.01
54.02	RADIO ANGIOGRAPHY	58,794,791			200,787			54.02
54.03	RADIO WEST HARRISON	15,870,769						54.03
54.04	RADIO MILE SQUARE	1,741,655						54.04
55	Radiology-Therapeutic	20,052,000			25,217			55
56	Radioisotope	6,882,415			1,381			56
57	CT Scan	79,361,929			43,608			57
58	MRI	53,217,473			27,322			58
59	Cardiac Catheterization	15,696,657			9,865			59
60	Laboratory	315,116,348			212,809			60
60.01	LAB TISSUE TYPING	4,226,856						60.01
60.02	LAB OUTREACH	140,777,025						60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	36,673,802			24,221			63
64	Intravenous Therapy	2,397,452						64
65	Respiratory Therapy	42,265,297			21,056			65
66	Physical Therapy	20,313,998			561,366			66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	1,970,436						66.01
66.02	PHYSICAL THERAPY MAXWELL ST	1,789,601						66.02
67	Occupational Therapy	7,423,747			476,036			67
68	Speech Pathology	1,958,053			101,328			68
69	Electrocardiology	4,762,965			3,511			69
70	Electroencephalography	7,942,057			4,384			70
71	Medical Supplies Charged to Pat	199,887,479			94,486			71
73	Drugs Charged to Patients	298,943,553			409,533			73
74	Renal Dialysis	35,967,429			35,028			74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY	26,237,471			2,426			76.01
76.02	BONE MARROW TRANSPLANT	3,675,108						76.02
76.03	CARDIAC SERVICES	26,620,817			8,523			76.03
76.04	TELEMEDICINE PROGRAM	1,468,789						76.04
76.05	SLEEP LAB WEST HARRISON	4,357,749						76.05
76.06	SICKLE CELL	2,905,024						76.06
76.07	HEART CENTER-ROOSEVELT RD	311,064						76.07
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY	36,208						76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90	Clinic	108,208,874			171			90
91	Emergency	93,512,404			2,209			91
92	Observation Beds (Non-Distinct)	17,873,967						92
93.01	OCC EEI	22,143,792						93.01
93.02	OCC PSYCH	5,915,794						93.02
93.03	OCC ADOLESCENTS	13,563,272						93.03
OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	2,014,261,921			2,288,857			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T150

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.283873							50
51	Recovery Room	0.645955							51
52	Delivery Room & Labor Room	0.468841							52
53	Anesthesiology	0.057835							53
54	Radiology-Diagnostic	0.226680							54
54.01	RADIO ULTRASOUND	0.173171							54.01
54.02	RADIO ANGIOGRAPHY	0.111233							54.02
54.03	RADIO WEST HARRISON	0.186159							54.03
54.04	RADIO MILE SQUARE	0.331253							54.04
55	Radiology-Therapeutic	0.425445							55
56	Radioisotope	0.304894							56
57	CT Scan	0.066266							57
58	MRI	0.102975							58
59	Cardiac Catheterization	0.152356							59
60	Laboratory	0.134407							60
60.01	LAB TISSUE TYPING	0.336830							60.01
60.02	LAB OUTREACH	0.082930							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	0.211890							63
64	Intravenous Therapy	0.348265							64
65	Respiratory Therapy	0.164155							65
66	Physical Therapy	0.485520							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.582319							66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.336423							66.02
67	Occupational Therapy	0.497237							67
68	Speech Pathology	0.490479							68
69	Electrocardiology	0.096462							69
70	Electroencephalography	0.100088							70
71	Medical Supplies Charged to Pat	0.329886							71
73	Drugs Charged to Patients	0.290682							73
74	Renal Dialysis	0.273322							74
76	OTHER ANCILLARY SVC								76
76.01	GASTROENTEROLOGY	0.215308							76.01
76.02	BONE MARROW TRANSPLANT	0.672758							76.02
76.03	CARDIAC SERVICES	0.175291							76.03
76.04	TELEMEDICINE PROGRAM	1.905756							76.04
76.05	SLEEP LAB WEST HARRISON	0.357896							76.05
76.06	SICKLE CELL	0.589195							76.06
76.07	HEART CENTER-ROOSEVELT RD	0.304326							76.07
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.155270							76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	0.681189							90
91	Emergency	0.188523							91
92	Observation Beds (Non-Distinct	0.648998							92
93.01	OCC EEI	0.430595							93.01
93.02	OCC PSYCH	0.868571							93.02
93.03	OCC ADOLESCENTS	0.616296							93.03
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] 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)	74,033	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	74,033	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)	66,720	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)	15,403	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)	117,433,903	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)	117,433,903	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)	117,433,903	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		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		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,586.24	38	
39	Program general inpatient routine service cost (line 9 x line 38)					24,432,855	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)					24,432,855	41	
42	Nursery (Titles V and XIX only)						42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	32,519,128	13,018	2,498.01	4,259	10,639,025	43	
43.01	PEDS ICU	9,246,673	2,675	3,456.70	5	17,284	43.01	
43.02	NEONATAL ICU	24,205,034	11,215	2,158.27			43.02	
44	Coronary Care Unit	15,955,213	5,620	2,839.01	1,758	4,990,980	44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					38,646,389	48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					78,726,533	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,110,473	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,204,060	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,314,533	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					76,412,000	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0150

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,313	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,586.24	88
89	Observation bed cost (line 87 x line 88) (see instructions)					11,600,173	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	1,937,475	117,433,903	0.016498	11,600,173	191,380	90
91	Nursing School						91
92	Allied Health	1,487,472	117,433,903	0.012666	11,600,173	146,928	92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S150

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,001	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,001	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	12,001	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,499	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)	17,595,262	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)	17,595,262	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)	17,595,262	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S150

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,466.15	38
39	Program general inpatient routine service cost (line 9 x line 38)	2,197,759	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	2,197,759	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	368,200	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,565,959	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	74,740	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,901	51
52	Total Program excludable cost (sum of lines 50 and 51)	81,641	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,484,318	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,823	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,823	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	3,823	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)	993	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,643,510	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,643,510	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,643,510	37

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T150

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	1,476.20	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,465,867	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	1,465,867	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	803,987	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,269,854	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	54,764	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	19,463	51
52	Total Program excludable cost (sum of lines 50 and 51)	74,227	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	2,195,627	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0150

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		36,877.577		30
31	Intensive Care Unit		15,575.044		31
31.01	PEDS ICU		22,285		31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit		7,616.858		32
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.283873	13,714,849	3,893,275	50
51	Recovery Room	0.645955	826,387	533,809	51
52	Delivery Room & Labor Room	0.468841	73,868	34,632	52
53	Anesthesiology	0.057835	5,108,810	295,468	53
54	Radiology-Diagnostic	0.226680	2,147,455	486,785	54
54.01	RADIO ULTRASOUND	0.173171	1,134,447	196,453	54.01
54.02	RADIO ANGIOGRAPHY	0.111233	8,105,071	901,551	54.02
54.03	RADIO WEST HARRISON	0.186159	32,486	6,048	54.03
54.04	RADIO MILE SQUARE	0.331253	570	189	54.04
55	Radiology-Therapeutic	0.425445	414,047	176,154	55
56	Radioisotope	0.304894	502,345	153,162	56
57	CT Scan	0.066266	8,648,311	573,089	57
58	MRI	0.102975	3,635,663	374,382	58
59	Cardiac Catheterization	0.152356	2,576,868	392,601	59
60	Laboratory	0.134407	29,939,203	4,024,038	60
60.01	LAB TISSUE TYPING	0.336830	234,217	78,891	60.01
60.02	LAB OUTREACH	0.082930			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.211890	6,552,139	1,388,333	63
64	Intravenous Therapy	0.348265	565,139	196,818	64
65	Respiratory Therapy	0.164155	6,604,755	1,084,204	65
66	Physical Therapy	0.485520	992,327	481,795	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.582319	253	147	66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.336423			66.02
67	Occupational Therapy	0.497237	348,965	173,518	67
68	Speech Pathology	0.490479	295,270	144,824	68
69	Electrocardiology	0.096462	1,006,863	97,124	69
70	Electroencephalography	0.100088	1,608,430	160,985	70
71	Medical Supplies Charged to Patients	0.329886	29,056,353	9,585,284	71
73	Drugs Charged to Patients	0.290682	31,409,886	9,130,288	73
74	Renal Dialysis	0.273322	3,015,150	824,107	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTEROLOGY	0.215308	1,598,677	344,208	76.01
76.02	BONE MARROW TRANSPLANT	0.672758	736,420	495,432	76.02
76.03	CARDIAC SERVICES	0.175291	4,280,517	750,336	76.03
76.04	TELEMEDICINE PROGRAM	1.905756			76.04
76.05	SLEEP LAB WEST HARRISON	0.357896	4,624	1,655	76.05
76.06	SICKLE CELL	0.589195	94,307	55,565	76.06
76.07	HEART CENTER-ROOSEVELT RD	0.304326	1,050	320	76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.155270	11,680	48,534	76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.681189	199,059	135,597	90
91	Emergency	0.188523	6,837,246	1,288,978	91
92	Observation Beds (Non-Distinct Part)	0.648998	202,100	131,162	92
93.01	OCC EEI	0.430595	14,319	6,166	93.01
93.02	OCC PSYCH	0.868571	555	482	93.02
93.03	OCC ADOLESCENTS	0.616296			93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		172,530,681	38,646,389	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		172,530,681		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S150

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit				32
40	Subprovider - IPF		3,119,561		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.283873			50
51	Recovery Room	0.645955	42,269	27,304	51
52	Delivery Room & Labor Room	0.468841			52
53	Anesthesiology	0.057835	22,258	1,287	53
54	Radiology-Diagnostic	0.226680	8,765	1,987	54
54.01	RADIO ULTRASOUND	0.173171	1,613	279	54.01
54.02	RADIO ANGIOGRAPHY	0.111233			54.02
54.03	RADIO WEST HARRISON	0.186159			54.03
54.04	RADIO MILE SQUARE	0.331253			54.04
55	Radiology-Therapeutic	0.425445			55
56	Radioisotope	0.304894	3,236	987	56
57	CT Scan	0.066266	44,606	2,956	57
58	MRI	0.102975	53,398	5,499	58
59	Cardiac Catheterization	0.152356			59
60	Laboratory	0.134407	271,826	36,535	60
60.01	LAB TISSUE TYPING	0.336830			60.01
60.02	LAB OUTREACH	0.082930			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.211890	13,529	2,867	63
64	Intravenous Therapy	0.348265			64
65	Respiratory Therapy	0.164155	6,055	994	65
66	Physical Therapy	0.485520	4,803	2,332	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.582319			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.336423			66.02
67	Occupational Therapy	0.497237	115,163	57,263	67
68	Speech Pathology	0.490479	2,199	1,079	68
69	Electrocardiology	0.096462	6,922	668	69
70	Electroencephalography	0.100088	5,853	586	70
71	Medical Supplies Charged to Patients	0.329886	138,630	45,732	71
73	Drugs Charged to Patients	0.290682	473,207	137,553	73
74	Renal Dialysis	0.273322			74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.215308	1,104	238	76.01
76.02	BONE MARROW TRANSPLANT	0.672758	44	30	76.02
76.03	CARDIAC SERVICES	0.175291	5,750	1,008	76.03
76.04	TELEMEDICINE PROGRAM	1.905756			76.04
76.05	SLEEP LAB WEST HARRISON	0.357896			76.05
76.06	SICKLE CELL	0.589195			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.304326			76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.155270			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.681189	2,100	1,430	90
91	Emergency	0.188523	203,185	38,305	91
92	Observation Beds (Non-Distinct Part)	0.648998			92
93.01	OCC EEI	0.430595			93.01
93.02	OCC PSYCH	0.868571	1,475	1,281	93.02
93.03	OCC ADOLESCENTS	0.616296			93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,427,990	368,200	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,427,990		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T150

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
31.01	PEDS ICU				31.01
31.02	NEONATAL ICU				31.02
32	Coronary Care Unit				32
40	Subprovider - IPF				40
41	Subprovider - IRF		2,084,983		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.283873			50
51	Recovery Room	0.645955	439	284	51
52	Delivery Room & Labor Room	0.468841			52
53	Anesthesiology	0.057835	7,670	444	53
54	Radiology-Diagnostic	0.226680	11,724	2,658	54
54.01	RADIO ULTRASOUND	0.173171	3,757	651	54.01
54.02	RADIO ANGIOGRAPHY	0.111233	200,787	22,334	54.02
54.03	RADIO WEST HARRISON	0.186159			54.03
54.04	RADIO MILE SQUARE	0.331253			54.04
55	Radiology-Therapeutic	0.425445	25,217	10,728	55
56	Radioisotope	0.304894	1,381	421	56
57	CT Scan	0.066266	43,608	2,890	57
58	MRI	0.102975	27,322	2,813	58
59	Cardiac Catheterization	0.152356	9,865	1,503	59
60	Laboratory	0.134407	212,809	28,603	60
60.01	LAB TISSUE TYPING	0.336830			60.01
60.02	LAB OUTREACH	0.082930			60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.211890	24,221	5,132	63
64	Intravenous Therapy	0.348265			64
65	Respiratory Therapy	0.164155	21,056	3,456	65
66	Physical Therapy	0.485520	561,366	272,554	66
66.01	PHYSICAL THERAPY-ROOSEVELT RD	0.582319			66.01
66.02	PHYSICAL THERAPY MAXWELL ST	0.336423			66.02
67	Occupational Therapy	0.497237	476,036	236,703	67
68	Speech Pathology	0.490479	101,328	49,699	68
69	Electrocardiology	0.096462	3,511	339	69
70	Electroencephalography	0.100088	4,384	439	70
71	Medical Supplies Charged to Patients	0.329886	94,486	31,170	71
73	Drugs Charged to Patients	0.290682	409,533	119,044	73
74	Renal Dialysis	0.273322	35,028	9,574	74
76	OTHER ANCILLARY SVC				76
76.01	GASTROENTROLOGY	0.215308	2,426	522	76.01
76.02	BONE MARROW TRANSPLANT	0.672758			76.02
76.03	CARDIAC SERVICES	0.175291	8,523	1,494	76.03
76.04	TELEMEDICINE PROGRAM	1.905756			76.04
76.05	SLEEP LAB WEST HARRISON	0.357896			76.05
76.06	SICKLE CELL	0.589195			76.06
76.07	HEART CENTER-ROOSEVELT RD	0.304326			76.07
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	4.155270			76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	0.681189	171	116	90
91	Emergency	0.188523	2,209	416	91
92	Observation Beds (Non-Distinct Part)	0.648998			92
93.01	OCC EEI	0.430595			93.01
93.02	OCC PSYCH	0.868571			93.02
93.03	OCC ADOLESCENTS	0.616296			93.03
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,288,857	803,987	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,288,857		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	200,733	38	1,586.24	115	182,418	1
2	Intensive Care Unit	98,830	43	2,498.01	16	39,968	2
2.01	PEDS ICU		43.01	3,456.70			2.01
2.02	NEONATAL ICU		43.02	2,158.27			2.02
3	Coronary Care Unit	2,073	44	2,839.01	1	2,839	3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	301,636			132	225,225	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	0.283873	1,655,035	469,820	8
9	Recovery Room	51	0.645955	120,755	78,002	9
10	Delivery Room & Labor Room	52	0.468841			10
11	Anesthesiology	53	0.057835	293,752	16,989	11
12	Radiology-Diagnostic	54	0.226680	154,273	34,971	12
12.01	RADIO ULTRASOUND	54.01	0.173171	206,627	35,782	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.111233	292,381	32,522	12.02
12.03	RADIO WEST HARRISON	54.03	0.186159	12,092	2,251	12.03
12.04	RADIO MILE SQUARE	54.04	0.331253	562	186	12.04
13	Radiology-Therapeutic	55	0.425445			13
14	Radioisotope	56	0.304894	98,811	30,127	14
15	CT Scan	57	0.066266	750,388	49,725	15
16	MRI	58	0.102975	24,046	2,476	16
17	Cardiac Catheterization	59	0.152356	588,590	89,675	17
18	Laboratory	60	0.134407	4,686,013	629,833	18
18.01	LAB TISSUE TYPING	60.01	0.336830	2,172,742	731,845	18.01
18.02	LAB OUTREACH	60.02	0.082930			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.211890	329,077	69,728	21
22	Intravenous Therapy	64	0.348265	1,222	426	22
23	Respiratory Therapy	65	0.164155	111,382	18,284	23
24	Physical Therapy	66	0.485520	1,441	700	24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.582319			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.336423			24.02
25	Occupational Therapy	67	0.497237	658	327	25
26	Speech Pathology	68	0.490479			26
27	Electrocardiology	69	0.096462	12,022	1,160	27
28	Electroencephalography	70	0.100088			28
29	Medical Supplies Charged to Patients	71	0.329886	29,320	9,672	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.290682	321,528	93,462	31
32	Renal Dialysis	74	0.273322	159,120	43,491	32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.215308	83,499	17,978	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.672758			34.02
34.03	CARDIAC SERVICES	76.03	0.175291	445,960	78,173	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.905756			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.357896			34.05
34.06	SICKLE CELL	76.06	0.589195			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.304326	1,246	379	34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	4.155270			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	0.681189	837,462	570,470	37
38	Emergency	91	0.188523	26,233	4,946	38
39	Observation Beds (Non-Distinct Part)	92	0.648998			39
40	Other Outpatient Service (specify)	93				40
40.01	OCC EEI	93.01	0.430595	974	419	40.01

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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 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	
40.02	OCC PSYCH	93.02	0.868571			40.02
40.03	OCC ADOLESCENTS	93.03	0.616296			40.03
41	TOTAL (sum of lines 8-40)			13,417,211	3,113,819	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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		115		42
43	Intensive Care Unit	3		16		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		1		44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			132		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	837,462	23			51
52	Emergency	26,233	24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI	974	26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	864,669				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	3,339,044		13,718,847		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	7,925,883		7,925,883		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	11,264,927		21,644,730		61
62	Total Usable Organs (see instructions)		101			62
63	Medicare Usable Organs (see instructions)		66			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.653465			64
65	Medicare Cost/Charges (see instructions)	7,361,236		14,144,073		65
66	Revenue for Organs Sold	33,750		167,215		66
67	Subtotal (line 65 minus line 66)	7,327,486		13,976,858		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	7,327,486		13,976,858		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	49	14		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		38		73
74	Total (sum of lines 70 thru 73)	49	52		74
75	Organs Transplanted	49	38	7,188,897	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		14	167,215	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	49	52		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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			
1	Adults & Pediatrics	2,025	38	1,586.24	1	1,586	1
2	Intensive Care Unit	74,231	43	2,498.01	15	37,470	2
2.01	PEDS ICU		43.01	3,456.70			2.01
2.02	NEONATAL ICU		43.02	2,158.27			2.02
3	Coronary Care Unit	1,037	44	2,839.01	1	2,839	3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	Other Special Care (specify)		47				6
7	TOTAL (sum of lines 1-6)	77,293			17	41,895	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	0.283873	103,823	29,473	8
9	Recovery Room	51	0.645955	878	567	9
10	Delivery Room & Labor Room	52	0.468841			10
11	Anesthesiology	53	0.057835	28,372	1,641	11
12	Radiology-Diagnostic	54	0.226680	5,408	1,226	12
12.01	RADIO ULTRASOUND	54.01	0.173171	7,297	1,264	12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.111233	7,716	858	12.02
12.03	RADIO WEST HARRISON	54.03	0.186159			12.03
12.04	RADIO MILE SQUARE	54.04	0.331253			12.04
13	Radiology-Therapeutic	55	0.425445			13
14	Radioisotope	56	0.304894	17,069	5,204	14
15	CT Scan	57	0.066266	50,811	3,367	15
16	MRI	58	0.102975	21,596	2,224	16
17	Cardiac Catheterization	59	0.152356	20,392	3,107	17
18	Laboratory	60	0.134407	134,986	18,143	18
18.01	LAB TISSUE TYPING	60.01	0.336830			18.01
18.02	LAB OUTREACH	60.02	0.082930			18.02
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63	0.211890	13,900	2,945	21
22	Intravenous Therapy	64	0.348265			22
23	Respiratory Therapy	65	0.164155	18,255	2,997	23
24	Physical Therapy	66	0.485520			24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.582319			24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.336423			24.02
25	Occupational Therapy	67	0.497237			25
26	Speech Pathology	68	0.490479			26
27	Electrocardiology	69	0.096462	603	58	27
28	Electroencephalography	70	0.100088			28
29	Medical Supplies Charged to Patients	71	0.329886	6,133	2,023	29
30	Impl. Dev. Charged to Patients	72				30
31	Drugs Charged to Patients	73	0.290682	35,339	10,272	31
32	Renal Dialysis	74	0.273322			32
33	ASC (Non-Distinct Part)	75				33
34	OTHER ANCILLARY SVC	76				34
34.01	GASTROENTROLOGY	76.01	0.215308	4,993	1,075	34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.672758			34.02
34.03	CARDIAC SERVICES	76.03	0.175291	2,491	437	34.03
34.04	TELEMEDICINE PROGRAM	76.04	1.905756			34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.357896			34.05
34.06	SICKLE CELL	76.06	0.589195			34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.304326			34.07
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	4.155270			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	0.681189	37,332	25,430	37
38	Emergency	91	0.188523			38
39	Observation Beds (Non-Distinct Part)	92	0.648998			39
40	Other Outpatient Service (specify)	93				40
40.01	OCC EEI	93.01	0.430595			40.01

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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 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	
40.02	OCC PSYCH	93.02	0.868571			40.02
40.03	OCC ADOLESCENTS	93.03	0.616296			40.03
41	TOTAL (sum of lines 8-40)			517,394	112,311	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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		1		42
43	Intensive Care Unit	3		15		43
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		1		44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			17		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	37,332	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	37,332				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	154,206		594,687		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,827,206		1,827,206		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,981,412		2,421,893		61
62	Total Usable Organs (see instructions)		29			62
63	Medicare Usable Organs (see instructions)		8			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.275862			64
65	Medicare Cost/Charges (see instructions)	546,596		668,108		65
66	Revenue for Organs Sold	26,875		153,799		66
67	Subtotal (line 65 minus line 66)	519,721		514,309		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	519,721		514,309		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)	2	8		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		20		73
74	Total (sum of lines 70 thru 73)	2	28		74
75	Organs Transplanted	2	20	2,525,710	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		7	153,799	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs		1		83
84	Total (sum of lines 75 through 83 should equal line 74)	2	28		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	1,586.24		1
2	Intensive Care Unit		43	2,498.01		2
2.01	PEDS ICU		43.01	3,456.70		2.01
2.02	NEONATAL ICU		43.02	2,158.27		2.02
3	Coronary Care Unit	836	44	2,839.01	1	2,839
4	Burn Intensive Care Unit		45			4
5	Surgical Intensive Care Unit		46			5
6	Other Special Care (specify)		47			6
7	TOTAL (sum of lines 1-6)	836			1	2,839

	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	0.283873	6,267	1,779
9	Recovery Room	51	0.645955		9
10	Delivery Room & Labor Room	52	0.468841		10
11	Anesthesiology	53	0.057835	2,893	167
12	Radiology-Diagnostic	54	0.226680	260	59
12.01	RADIO ULTRASOUND	54.01	0.173171		12.01
12.02	RADIO ANGIOGRAPHY	54.02	0.111233		12.02
12.03	RADIO WEST HARRISON	54.03	0.186159		12.03
12.04	RADIO MILE SQUARE	54.04	0.331253		12.04
13	Radiology-Therapeutic	55	0.425445		13
14	Radioisotope	56	0.304894		14
15	CT Scan	57	0.066266	417	28
16	MRI	58	0.102975		16
17	Cardiac Catheterization	59	0.152356	7,647	1,165
18	Laboratory	60	0.134407	3,616	486
18.01	LAB TISSUE TYPING	60.01	0.336830	607	204
18.02	LAB OUTREACH	60.02	0.082930		18.02
19	PBP Clinical Lab Services-Prgm Only	61			19
20	Whole Blood & Packed Red Blood Cells	62			20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30			20.30
21	Blood Storing, Processing & Trans.	63	0.211890	279	59
22	Intravenous Therapy	64	0.348265		22
23	Respiratory Therapy	65	0.164155	842	138
24	Physical Therapy	66	0.485520		24
24.01	PHYSICAL THERAPY-ROOSEVELT RD	66.01	0.582319		24.01
24.02	PHYSICAL THERAPY MAXWELL ST	66.02	0.336423		24.02
25	Occupational Therapy	67	0.497237		25
26	Speech Pathology	68	0.490479		26
27	Electrocardiology	69	0.096462	87	8
28	Electroencephalography	70	0.100088		28
29	Medical Supplies Charged to Patients	71	0.329886	96	32
30	Impl. Dev. Charged to Patients	72			30
31	Drugs Charged to Patients	73	0.290682	811	236
32	Renal Dialysis	74	0.273322		32
33	ASC (Non-Distinct Part)	75			33
34	OTHER ANCILLARY SVC	76			34
34.01	GASTROENTROLOGY	76.01	0.215308		34.01
34.02	BONE MARROW TRANSPLANT	76.02	0.672758		34.02
34.03	CARDIAC SERVICES	76.03	0.175291	280	49
34.04	TELEMEDICINE PROGRAM	76.04	1.905756		34.04
34.05	SLEEP LAB WEST HARRISON	76.05	0.357896		34.05
34.06	SICKLE CELL	76.06	0.589195		34.06
34.07	HEART CENTER-ROOSEVELT RD	76.07	0.304326		34.07
34.97	CARDIAC REHABILITATION	76.97			34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	4.155270		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	0.681189	1,671	1,138
38	Emergency	91	0.188523		38
39	Observation Beds (Non-Distinct Part)	92	0.648998		39
40	Other Outpatient Service (specify)	93			40
40.01	OCC EEI	93.01	0.430595		40.01

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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 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	
40.02	OCC PSYCH	93.02	0.868571			40.02
40.03	OCC ADOLESCENTS	93.03	0.616296			40.03
41	TOTAL (sum of lines 8-40)			25,773	5,548	41

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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
43.01	PEDS ICU	3.01				43.01
43.02	NEONATAL ICU	3.02				43.02
44	Coronary Care Unit	4		1		44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42-47)			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	1,671	23			51
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
54	Other Outpatient Service (specify)		26			54
54.01	OCC EEI		26.01			54.01
54.02	OCC PSYCH		26.02			54.02
54.03	OCC ADOLESCENTS		26.03			54.03
55	TOTAL (sum of lines 49-54)	1,671				55

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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 1	Part B 2	Part A 3	Part B 4	
56	Routine and Ancillary from Part I	8,387		26,609		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	750,744		750,744		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	759,131		777,353		61
62	Total Usable Organs (see instructions)		18			62
63	Medicare Usable Organs (see instructions)		8			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.444444			64
65	Medicare Cost/Charges (see instructions)	337,391		345,490		65
66	Revenue for Organs Sold	7,232		24,331		66
67	Subtotal (line 65 minus line 66)	330,159		321,159		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	330,159		321,159		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		3		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		15		73
74	Total (sum of lines 70 thru 73)		18		74
75	Organs Transplanted		15	1,722,075	75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		3	24,331	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		84

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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)	9,402,966			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	27,865,568			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)	7,467,252			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	5,673,768			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	434.02			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	353.91			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	86.06			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	439.97			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	434.17			10
11	FTE count for residents in dental and podiatric programs	26.83			11
12	Current year allowable FTE (see instructions)	461.00			12
13	Total allowable FTE count for the prior year	460.71			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	467.25			14
15	Sum of lines 12 through 14 divided by 3	462.99			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	462.99			18
19	Current year resident to bed ratio (line 18 divided by line 4)	1.066748			19
20	Prior year resident to bed ratio (see instructions)	1.049294			20
21	Enter the lesser of lines 19 or 20 (see instructions)	1.049294			21
22	IME payment adjustment (see instructions)	16,965,904			22
22.01	IME payment adjustment - Managed Care (see instructions)	2,582,892			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)	-5.80			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)	16,965,904			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,582,892			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.1944			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.4386			31
32	Sum of lines 30 and 31	0.6330			32
33	Allowable disproportionate share percentage (see instructions)	0.4200			33
34	Disproportionate share adjustment (see instructions)	3,913,197			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	9,793,531		8,807,887	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,468,508		6,593,884	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	9,062,392			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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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 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	
47	Subtotal (see instructions)	74,677,279			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)	77,260,171			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	5,041,935			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)	6,068,933			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies				54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	8,177,366			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).	443,676			57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)	1,661			58
59	Total (sum of amounts on lines 49 through 58)	96,993,742			59
60	Primary payer payments				60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	96,993,742			61
62	Deductibles billed to program beneficiaries	2,449,789			62
63	Coinsurance billed to program beneficiaries	513,176			63
64	Allowable bad debts (see instructions)	1,482,889			64
65	Adjusted reimbursable bad debts (see instructions)	963,878			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	701,447			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	94,994,655			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.99	HAC adjustment amount (see instructions)	232,081			70.99
71	Amount due provider (see instructions)	94,762,574			71
71.01	Sequestration adjustment (see instructions)	1,895,251			71.01
72	Interim payments	89,409,139			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	3,458,184			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	212,000			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

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

HSP Bonus Payment Amount

Prior to 10/1

On or After 10/1

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

Prior to 10/1

On or After 10/1

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

HRR Adjustment for HSP Bonus Payment

Prior to 10/1

On or After 10/1

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

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HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION

EXHIBIT 5

	(Amt. from Wkst. E, Pt. A or L Pt. I)	Prior to 10/1		On or after 10/1		Total (cols. 2 and 3)	
	(1)	(2)	(2.01)	(3)	(3.01)	(4)	
1	DRG Amounts Other Than Outlier Payments						1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	9,402,966	9,402,966			9,402,966	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	27,865,568		27,865,568		27,865,568	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1						1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1						1.04
2	Outlier payments for discharges	7,467,252	1,816,266		5,650,986	7,467,252	2
2.01	Outlier payment for discharges for Model 4 BPCI						2.01
3	Operating outlier reconciliation						3
4	Managed Care Simulated Payments	5,673,768	2,063,340		3,610,428	5,673,768	4
	Indirect Medical Education Adjustment						
5	Amount from Worksheet E Part A, line 21	1,049,294	1,049,294		1,049,294		5
6	IME payment adjustment	16,965,904	4,280,550		12,685,354	16,965,904	6
6.01	IME payment adjustment for managed care	2,582,892	939,303		1,643,589	2,582,892	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7	IME payment adjustment factor						7
8	IME add-on adjustment amount						8
8.01	IME payment adjustment add-on for managed care						8.01
9	Total IME payment (sum of lines 6 and 8)	16,965,904	4,280,550		12,685,354	16,965,904	9
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	2,582,892	939,303		1,643,589	2,582,892	9.01
	Disproportionate Share Adjustment						
10	Allowable disproportionate share percentage	0.4200	0.4200	0.4200	0.4200	0.4200	10
11	Disproportionate share adjustment	3,913,197	987,312		2,925,885	3,913,197	11
11.01	Uncompensated care payments	9,062,392	2,468,508		6,593,884	9,062,392	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12	Total ESRD additional payment						12
13	Subtotal	74,677,279	18,955,602		55,721,677	74,677,279	13
14	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.)						14
15	Total payment for inpatient operating costs SCH and MDH only	77,260,171	19,894,905		57,365,266	77,260,171	15
16	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	5,041,935	1,257,689		3,784,246	5,041,935	16
17	Special add-on payments for new technologies						17
17.01	Net organ acquisition cost (Wkst. D-4 Pt. III, col 1, line 69)	8,177,366	2,055,512		6,121,854	8,177,366	17.01
17.02	Credits received from manufacturers for replaced devices applicable to MS-DRG						17.02
18	Capital outlier reconciliation adjustment amount						18
19	SUBTOTAL		23,208,106		67,271,366	90,479,472	19
20	Capital DRG other than outlier	3,011,343	752,069		2,259,274	3,011,343	20
20.01	Model 4 BPCI Capital DRG other than outlier						20.01
21	Capital DRG outlier payments	31,662	6,397		25,265	31,662	21
21.01	Model 4 BPCI Capital DRG outlier payments						21.01
22	Indirect medical education percentage	52.7000	52.7000		52.7000		22
23	Indirect medical education adjustment	1,586,978	396,340		1,190,638	1,586,978	23
24	Allowable disproportionate share percentage	0.1368	0.1368		0.1368		24
25	Disproportionate share adjustment	411,952	102,883		309,069	411,952	25
26	Total prospective capital payments	5,041,935	1,257,689		3,784,246	5,041,935	26
27							27
28	Low volume adjustment prior to October 1						28
29	Low volume adjustment on or after October 1						29
30	HVBP payment adjustment						30
30.01	HVBP payment adjustment for HSP bonus payment						30.01
31	HRR adjustment						31
31.01	HRR adjustment for HSP bonus payment						31.01
32	HAC Reduction Program adjustment		232,081			232,081	32

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0150

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	51,730,436			2
3	PPS payments	35,260,078			3
4	Outlier payment (see instructions)	1,190,692			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	34,511			9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	36,485,281			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	7,002,996			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	29,482,285			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	3,424,648			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	32,906,933			30
31	Primary payer payments	109			31
32	Subtotal (line 30 minus line 31)	32,906,824			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	1,685,592			34
35	Adjusted reimbursable bad debts (see instructions)	1,095,635			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	740,299			36
37	Subtotal (see instructions)	34,002,459			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)	34,002,459			40
40.01	Sequestration adjustment (see instructions)	680,049			40.01
41	Interim payments	33,774,392			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	-451,982			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPTS (see instructions)	3,168			2
3	PPS payments	1,742			3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.937			5
6	Line 2 times line 5	2,968			6
7	Sum of line 3 and line 4 divided by line 6	0.5869			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,742			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	370			25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	1,372			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	1,372			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	1,372			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)	1,372			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	1,372			40
40.01	Sequestration adjustment (see instructions)	27			40.01
41	Interim payments	1,345			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPSS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0150

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B			
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT		
		1	2	3	4		
1	Total interim payments paid to provider		90,745,347		34,425,353	1	
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2	
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)						
		.01				3.01	
		.02				3.02	
	Program	.03				3.03	
	to	.04				3.04	
	Provider	.05				3.05	
		.06				3.06	
		.07				3.07	
		.08				3.08	
		.09				3.09	
		.10				3.10	
		.50	02/26/2016	1,336,208	02/26/2016	650,961	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		-1,336,208		-650,961	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)			89,409,139		33,774,392	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		3,458,184		6.01	
		.02			-451,982	6.02	
7	Total Medicare program liability (see instructions)			92,867,323		33,322,410	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8	

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S150

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,385,825		1,345
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				
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,385,825		1,345
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		1,384,356		1,345
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T150

WORKSHEET E-1
PART I

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

		INPATIENT PART A		PART B	
DESCRIPTION		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
		1	2	3	4
1	Total interim payments paid to provider		2,012,022		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	02/26/2016		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	7,653		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,019,675		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			5.01
		.02			5.02
	Program	.03			5.03
	to	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	to	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)		1,929,743		7
8	Name of Contractor		Contractor Number	NPR Date (Month/Day/Year)	8

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	19,613	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	21,425	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	3,540	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	99,248	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	2,351,758,788	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	35,168,529	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)	726,971	8
9	Sequestration adjustment amount (see instructions)	14,539	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	712,432	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	700,724	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	11,708	32

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S150

WORKSHEET E-3
PART II

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

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	1,259,604	1
2	Net IPF PPS Outlier payment	130,954	2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)	10.00	4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)	5.61	6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)	5.61	8
9	Average daily census (see instructions)	32.789617	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$	0.084736	10
11	Teaching adjustment (line 1 multiplied by line 10)	106.734	11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,497,292	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	1,497,292	16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)	1,497,292	18
19	Deductibles	66,276	19
20	Subtotal (line 18 minus line 19)	1,431,016	20
21	Coinsurance	51,821	21
22	Subtotal (line 20 minus line 21)	1,379,195	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	1,379,195	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)	33,413	28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	1,412,608	31
31.01	Sequestration adjustment (see instructions)	28,252	31.01
32	Interim payments	1,385,825	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	-1,469	34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		35

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T150

WORKSHEET E-3
PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	1,555,862		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)	0.140400		2
3	Inpatient Rehabilitation LIP payments (see instructions)	137,227		3
4	Outlier payments	268,106		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	10.445355		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	1,961,195		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	1,961,195		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	1,961,195		19
20	Deductibles	3,808		20
21	Subtotal (line 19 minus line 20)	1,957,387		21
22	Coinsurance	10,395		22
23	Subtotal (line 21 minus line 22)	1,946,992		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	1,946,992		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)	22,134		29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	1,969,126		32
32.01	Sequestration adjustment (see instructions)	39,383		32.01
33	Interim payments	2,019,675		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 33 and 34)	-89,932		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	1,100		36

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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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		372.01	1	
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2	
3	Amount of reduction to Direct GME cap under §422 of MMA			3	
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01	
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4	
4.01	ACA §5503 increase to the direct GME FTE 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)		78.41	4.02	
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)		450.42	5	
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		463.08	6	
7	Enter the lesser of line 5 or line 6		450.42	7	
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	167.38	252.14	419.52	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	162.80	245.25	408.05	9
10	Weighted dental and podiatric resident FTE count for the current year		26.16		10
11	Total weighted FTE count	162.80	271.41		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	169.69	249.21		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	165.58	243.17		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	166.02	254.60		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	166.02	254.60		17
18	Per resident amount	100,950.81	95,591.53		18
19	Approved amount for resident costs	16,759,853	24,337,604	41,097,457	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)			12.66	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)			41,097,457	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	23,917	3,540		26
27	Total inpatient days (see instructions)	116,695	116,695		27
28	Ratio of inpatient days to total inpatient days	0.204953	0.030335		28
29	Program direct GME amount	8,423,047	1,246,691		29
30	Reduction for direct GME payments for Medicare Advantage		176,157		30
31	Net Program direct GME amount			9,493,581	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)			35,967,429	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)			83,562,346	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			8,177,366	38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)				40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			91,739,712	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			51,768,115	42
43	Primary payer payments (see instructions)			109	43
44	Total Part B reasonable cost (line 42 minus line 43)			51,768,006	44
45	Total reasonable cost (sum of lines 41 and 44)			143,507,718	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.639267	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.360733	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			9,493,581	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			6,068,933	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			3,424,648	50

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	136,895,578				1
2	Temporary investments	479,700				2
3	Notes receivable					3
4	Accounts receivable	169,831,058				4
5	Other receivables	14,840,249				5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory	6,054,841				7
8	Prepaid expenses	1,174,588				8
9	Other current assets	21,395,202				9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	350,671,216				11
FIXED ASSETS						
12	Land	770,917				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	258,558,490				15
16	Accumulated depreciation	-110,468,871				16
17	Leasehold improvements	2,320,152				17
18	Accumulated depreciation	-2,191,503				18
19	Fixed equipment	34,353,387				19
20	Accumulated depreciation	-30,108,911				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	159,896,663				23
24	Accumulated depreciation	-128,125,095				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	185,005,229				30
OTHER ASSETS						
31	Investments	29,163,046				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	6,534,082				34
35	Total other assets (sum of lines 31-34)	35,697,128				35
36	Total assets (sum of lines 11, 30 and 35)	571,373,573				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	39,664,949				37
38	Salaries, wages and fees payable	11,049,280				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	6,524,319				40
41	Deferred income	56,964,678				41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	2,390,300				44
45	Total current liabilities (sum of lines 37 thru 44)	116,593,526				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	139,939,113				49
50	Total long term liabilities (sum of lines 46 thru 49)	139,939,113				50
51	Total liabilities (sum of lines 45 and 50)	256,532,639				51
CAPITAL ACCOUNTS						
52	General fund balance	314,840,934				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)	314,840,934				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	571,373,573				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		310,525,339		
2	Net income (loss) (from Worksheet G-3, line 29)		4,315,595		
3	Total (sum of line 1 and line 2)		314,840,934		
4	Additions (credit adjustments) (specify)				
5	CHANGE IN ACCOUNTING PRINCIPLE				
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		314,840,934		
12	Deductions (debit adjustments) (specify)				
13	PRIOR PERILD ADJUSTMENT				
14					
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		314,840,934		

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES					
1	Hospital	158,869,763		158,869,763	1
2	Subprovider IPF	24,346,734		24,346,734	2
3	Subprovider IRF	8,041,678		8,041,678	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)	191,258,175		191,258,175	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES					
11	Intensive Care Unit	52,870,886		52,870,886	11
11.01	PEDS ICU	10,661,037		10,661,037	11.01
11.02	NEONATAL ICU	44,676,097		44,676,097	11.02
12	Coronary Care Unit	25,247,113		25,247,113	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	133,455,133		133,455,133	16
17	Total inpatient routine care services (sum of lines 10 and 16)	324,713,308		324,713,308	17
18	Ancillary services	795,753,423		795,753,423	18
19	Outpatient services		1,162,617,440	1,162,617,440	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,120,466,731	1,162,617,440	2,283,084,171	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		712,101,745	29
30	COM PHYSICIAN SALARIES	14,144,000		30
31	PAYMENTS ON BEHALF - BENEFITS	235,059,283		31
32	UTILITIES & OTHER ADMIN	4,924,718		32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		254,128,001	36
37	Deduct (specify)			37
38				38
39	OTHER			39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		966,229,746	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)	2,283,084,171	1
2	Less contractual allowances and discounts on patients' accounts	1,617,149,609	2
3	Net patient revenues (line 1 minus line 2)	665,934,562	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	966,229,746	4
5	Net income from service to patients (line 3 minus line 4)	-300,295,184	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	183,380	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	2,090,545	11
12	Parking lot receipts	309,663	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,722,329	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	45,382	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)	65,741	19
20	Revenue from gifts, flowers, coffee shops and canteen	26,847	20
21	Rental of vending machines		21
22	Rental of hospitial space	499,006	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING)	5,906,509	24
24.01	Other (EHR INCENTIVE PAYMENTS STATE & FED)	2,078,233	24.01
24.02	Other (PAYMENT ON BEHALF OF)	28,291,861	24.02
24.03	Other (CAPITATION REV)	3,815,987	24.03
24.04	Other (BERWYN & OUTREACH)	9,979,732	24.04
24.05	Other (NET CHANGE IN PLANT INVESTMENTS)	304,268	24.05
24.06	Other (HOSP/MED SRVS INCOME & TELEMEDICINE)	11,499,492	24.06
24.07	Other (NON-OPER-ON BEHALF PAYMENTS)	235,059,283	24.07
24.08	Other (INVESTMENT INCOME)	2,285,515	24.08
24.09	Other (NET ADJUST IN INTEREST EXPENSE)	35,455	24.09
25	Total other income (sum of lines 6-24)	305,199,228	25
26	Total (line 5 plus line 25)	4,904,044	26
27	Other expenses (LOSS ON DISPOSAL OF ASSETS)	35,455	27
27.01	Other expenses (NET CHANGE IN FMV OF INVESTMENTS)	552,994	27.01
27.02	Other expenses (NET OTHER NON OPERATING EXPENSE)		27.02
28	Total other expenses (sum of line 27 and subscripts)	588,449	28
29	Net income (or loss) for the period (line 26 minus line 28)	4,315,595	29

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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

WORKSHEET I-1

Check applicable box: Renal Dialysis Department Home Program Dialysis

		TOTAL COSTS	BASIS	STATISTICS	FTEs per 2080 Hours	
		1	2	3	4	
1	Registered Nurses	1,188,065	Hours of Service	39,385.00	18.94	1
2	Licensed Practical Nurses	60,200	Hours of Service	2,311.00	1.11	2
3	Nurses Aides		Hours of Service			3
4	Technicians	1,348,701	Hours of Service	95,889.00	46.10	4
5	Social Workers		Hours of Service			5
6	Dieticians		Hours of Service			6
7	Physicians		Accumulated Cost			7
8	Non-patient Care Salary	967,786	Accumulated Cost			8
9	Subtotal (sum of lines 1-8)	3,564,752				9
10	Employee Benefits		Salary			10
11	Capital Related Costs-Bldgs. & Fixtures		Square Feet			11
12	Capital Related Costs-Mov. Equip.		Percentage of Time			12
13	Machine Costs & Repairs	457,608	Percentage of Time			13
14	Supplies	260,225	Requisitions			14
15	Drugs	342,057	Requisitions			15
16	Other	73,859	Accumulated Cost			16
17	Subtotal (sum of lines 9-16)*	4,698,501				17
18	Capital Related Costs-Bldgs. & Fixtures	127,578	Square Feet			18
19	Capital Related Costs-Mov. Equip.	79,024	Percentage of Time			19
20	Employee Benefits Department	2,827,248	Salary			20
21	Administrative and General	1,284,741	Accumulated Cost			21
22	Maint./Repairs-Operation-Housekeeping	651,023	Square Feet			22
23	Medical Educatino Program Costs					23
24	Central Services & Supplies	122,848	Requisitions			24
25	Pharmacy	-303,546	Requisitions			25
26	Other Allocated Costs	343,259	Accumulated Cost			26
27	Subtotal (sum of lines 17-26)*	9,830,676				27
28	Laboratory		Charges			28
28.01	LAB TISSUE TYPING		Charges			28.01
28.02	LAB OUTREACH		Charges			28.02
29	Respiratory Therapy		Charges			29
30	OTHER ANCILLARY SVC		Charges			30
30.01	GASTROENTROLOGY		Charges			30.01
30.02	BONE MARROW TRANSPLANT		Charges			30.02
30.03	CARDIAC SERVICES		Charges			30.03
30.04	TELEMEDICINE PROGRAM		Charges			30.04
30.05	SLEEP LAB WEST HARRISON		Charges			30.05
30.06	SICKLE CELL		Charges			30.06
30.07	HEART CENTER-ROOSEVELT RD		Charges			30.07
30.97	CARDIAC REHABILITATION		Charges			30.97
30.98	HYPERBARIC OXYGEN THERAPY		Charges			30.98
30.99	LITHOTRIPSY		Charges			30.99
31	Total costs (sum of lines 27-30)	9,830,676				31

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

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	
		BUILDING	EQUIPMENT	RNs	OTHER			
		1	2	3	4	5	6	
1	Total Renal Department Costs	778,601	536,632	1,188,065	1,408,901	2,827,248	38,511	1
	MAINTENANCE							
2	Hemodialysis	594,364	409,651	697,691	827,418	1,660,350	22,617	2
3	Intermittent Peritoneal							3
	TRAINING							
4	Hemodialysis							4
5	Intermittent Peritoneal							5
6	CAPD	67,076	46,230	78,758	93,419	187,462	2,553	6
7	CCPD	1,902	1,311	2,262	2,674	5,361	73	7
	HOME							
8	Hemodialysis			48,835	57,847	116,116	1,582	8
9	Intermittent Peritoneal							9
10	CAPD			2,323	2,748	5,511	75	10
11	CCPD			222,911	264,375	530,525	7,226	11
	OTHER BILLABLE SERVICES							
12	Inpatient Dialysis	115,259	79,440	135,285	160,420	321,923	4,385	12
13	Method II Home Patient							13
14	EPO (included in renal department)						333,264	14
15	ARANESP (included in renal department)						8,418	15
16	Other							16
17	Total (sum of lines 2 through 16)	778,601	536,632	1,188,065	1,408,901	2,827,248	38,511	17
18	Medical Educational Program Costs							18
19	Total Renal Costs (line 17 + line 18)							19

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

WORKSHEET I-2

Check applicable box: Renal Dialysis Department Home Program Dialysis

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (sum of cols. 1-8)	OVERHEAD	TOTAL (col. 9 + col. 10)	
		7	8	9	10	11	
1	Total Renal Department Costs	383,073		7,161,031	2,669,645	9,830,676	1
	MAINTENANCE						
2	Hemodialysis	224,969		4,437,060	1,654,143	6,091,203	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	25,400		500,898	186,736	687,634	6
7	CCPD	726		14,309	5,334	19,643	7
	HOME						
8	Hemodialysis	15,732		240,112	89,514	329,626	8
9	Intermittent Peritoneal						9
10	CAPD	746		11,403	4,251	15,654	10
11	CCPD	71,882		1,096,919	408,934	1,505,853	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis	43,618		860,330	320,733	1,181,063	12
13	Method II Home Patient						13
14	EPO (included in renal department)						14
15	ARANESP (included in renal department)						15
16	Other						16
17	Total (sum of lines 2 through 16)	383,073		7,161,031	2,669,645	9,830,676	17
18	Medical Educational Program Costs						18
19	Total Renal Costs (line 17 + line 18)					9,830,676	19

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (Salary)	
		BUILDING (Square Feet)	EQUIPMENT (% of Time)	RNs (Hours)	OTHERS (Hours)		
		1	2	3	4	5	
1	Total Renal Department Costs	778,601	536,632	1,188,065	1,408,901	2,827,248	1
	MAINTENANCE						
2	Hemodialysis	9,375	9,375.00	23,130.00	56,313.00	2,093,463	2
3	Intermittent Peritoneal						3
	TRAINING						
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	1,058	1,058.00	2,611.00	6,358.00	236,362	6
7	CCPD	30	30.00	75.00	182.00	6,759	7
	HOME						
8	Hemodialysis			1,619.00	3,937.00	146,406	8
9	Intermittent Peritoneal						9
10	CAPD			77.00	187.00	6,949	10
11	CCPD			7,390.00	17,993.00	668,915	11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments	1,818	1,818.00	4,485.00	10,918.00	405,899	12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	12,281	12,281.00	39,387.00	95,888.00	3,564,753	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	63.398827	43.696116	30.163887	14.693194	0.793112	18

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

WORKSHEET I-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

	COMPOSITE PAYMENT SERVICES	DRUGS (Requist.)	MEDICAL SUPPLIES (Requist.)	ROUTINE ANCILLARY SERVICES (Charges)	SUBTOTAL	OVERHEAD (Accum. Cost)	
		6	7	8	9	10	
1	Total Renal Department Costs MAINTENANCE	38,511	383,073				1
2	Hemodialysis	200,879	152,822				2
3	Intermittent Peritoneal TRAINING						3
4	Hemodialysis						4
5	Intermittent Peritoneal						5
6	CAPD	22,680	17,254				6
7	CCPD	649	493				7
	HOME						
8	Hemodialysis	14,049	10,687				8
9	Intermittent Peritoneal						9
10	CAPD	667	507				10
11	CCPD	64,186	48,830				11
	OTHER BILLABLE SERVICES						
12	Inpatient Dialysis Treatments	38,948	29,630				12
13	Method II Home Patient						13
14	EPO						14
15	ARANESP						15
16	Other						16
17	Total Statistical Basis	342,058	260,223			7,161,031	17
18	Unit Cost Multiplier (line 1 ÷ line 17)	0.112586	1.472095			0.372802	18

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments	Number of Program Treatments	Total Program Expenses (see instructions)	
		1	2	3	4	4.01	4.02	5	
1	Maintenance - Hemodialysis	21,992	6,091,203	276.97	14,137			3,915,525	1
2	Maintenance - Peritoneal Dialysis								2
3	Training - Hemodialysis								3
4	Training - Peritoneal Dialysis								4
5	Training - Continuous Ambulatory Peritoneal Dialysis	2,483	687,634	276.94					5
6	Training - Continuous Cycling Peritoneal Dialysis	71	19,643	276.66					6
7	Home Program - Hemodialysis	1,538	329,626	214.32	320			68,582	7
8	Home Program - Peritoneal Dialysis								8
		Patient Weeks			Patient Weeks	Patient Weeks	Patient Weeks		
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	10	15,654	1,565.40	10			15,654	9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	1,004	1,505,853	1,499.85	519			778,422	10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	26,084	8,649,613		14,457			4,778,183	11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)	29,126							12

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

WORKSHEET I-4

Check applicable box: Renal Dialysis Department Home Program Dialysis

		Total Program Payment	Total Program Payment	Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		6	6.01	6.02	7	7.01	7.02	
1	Maintenance - Hemodialysis	3,655,158			258.55			1
2	Maintenance - Peritoneal Dialysis							2
3	Training - Hemodialysis							3
4	Training - Peritoneal Dialysis							4
5	Training - Continuous Ambulatory Peritoneal Dialysis							5
6	Training - Continuous Cycling Peritoneal Dialysis							6
7	Home Program - Hemodialysis	77,453			242.04			7
8	Home Program - Peritoneal Dialysis							8
9	Home Program - Continuous Ambulatory Peritoneal Dialysis	125,729			12,572.90			9
10	Home Program - COntinuous Cycling Peritoneal Dialysis	426,159			821.12			10
11	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5 and 6) (see instructions)	4,284,499						11
12	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instructions)							12

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BOARD OF TRUSTEES OF THE UNIVERSITY Provider CCN: 14-0150	In Lieu of Form CMS-2552-10	Period : From: 07/01/2015 To: 06/30/2016	Run Date: 11/29/2016 Run Time: 09:44 Version: 2016.05 (11/15/2016)
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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

WORKSHEET I-5

DESCRIPTION				
1	Total expenses related to care of program beneficiaries (see instructions)		4,778,183	1
		1	2	
2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	4,284,499	4,121,684	2
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	4,284,499	4,121,684	2.03
2.04	Outlier payments	6,862		2.04
3	Deductibles billed to Medicare (Part B) patients (see instructions)			3
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	479	461	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	479	461	3.03
4	Coinsurance billed to Medicare (Part B) patients (see instructions)			4
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	856,807	824,247	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	856,807	824,247	4.03
5	Bad debts for deductibles and coinsurance, net of bad debt recoveries			5
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)			5.05
6	Allowable bad debts (see instructions)			6
7	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			7
8	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)		824,708	8
9	Program payment (see instructions)		3,296,978	9
10	Unrecovered from Medicare (Part B) patients (see instructions)			10
11	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)			11

PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE

12	Total allowable expenses (see instructions)	8,991,295	12
13	Total composite costs (from Wkst. I-4, col. 2, line 11)	8,649,613	13
14	Facility specific composite cost percentage (line 13 divided by line 12)	0.961999	14

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CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0150

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	3,011,343	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	31,662	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)	275.60	3
4	Number of interns & residents (see instructions)	462.99	4
5	Indirect medical education percentage (see instructions)	52.70	5
6	Indirect medical education adjustment (see instructions)	1,586,978	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.1944	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.4386	8
9	Sum of lines 7 and 8	0.6330	9
10	Allowable disproportionate share percentage (see instructions)	0.1368	10
11	Disproportionate share adjustment (see instructions)	411,952	11
12	Total prospective capital payments (see instructions)	5,041,935	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	MEDICAL CENTER ALL OTHER ADMIN & GEN							5.01
5.02	HOSPITAL ADMIN & GENERAL							5.02
5.03	AMBULATORY ADMIN & GENERAL							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
17.01	PALLATIVE CARE							17.01
18	UTILMGMT / DSCH PLANNING							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
31.01	PEDS ICU							31.01
31.02	NEONATAL ICU							31.02
32	Coronary Care Unit							32
40	Subprovider - IPF							40
41	Subprovider - IRF							41
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	RADIO ULTRASOUND							54.01
54.02	RADIO ANGIOGRAPHY							54.02
54.03	RADIO WEST HARRISON							54.03
54.04	RADIO MILE SQUARE							54.04
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
60.01	LAB TISSUE TYPING							60.01
60.02	LAB OUTREACH							60.02
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
66.01	PHYSICAL THERAPY-ROOSEVELT RD							66.01
66.02	PHYSICAL THERAPY MAXWELL ST							66.02
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76	OTHER ANCILLARY SVC							76
76.01	GASTROENTROLOGY							76.01
76.02	BONE MARROW TRANSPLANT							76.02
76.03	CARDIAC SERVICES							76.03
76.04	TELEMEDICINE PROGRAM							76.04
76.05	SLEEP LAB WEST HARRISON							76.05
76.06	SICKLE CELL							76.06
76.07	HEART CENTER-ROOSEVELT RD							76.07

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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		
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
93.01	OCC EEI							93.01
93.02	OCC PSYCH							93.02
93.03	OCC ADOLESCENTS							93.03
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
107	Liver Acquisition							107
109	Pancreas Acquisition							109
112	OTHER ORGAN ACQUISITION (SPECIFY)							112
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
194	OUTPATIENT PHARMACY							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202