

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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: _____ Time: _____
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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL (14-0054) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 10/01/2016 and ending 09/30/2017, 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		498,437	99,200			1
2	SUBPROVIDER - IPF		31			117,927	2
3	SUBPROVIDER - IRF		35,227				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		533,695	99,200		117,927	200

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III**

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 10 / 01 / 2016	To: 09 / 30 / 2017							20
21	Type of control (see instructions)	4								21

Inpatient PPS Information

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,467	1,842	28	1	13,882	254	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.	171						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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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

		1	2	3	
56	Teaching Hospitals 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
		NAHE 413.85 Y/N 1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
60	Are you claiming nursing and allied health education (NAHE) costs for any program(s) that meet the criteria under 42 CFR 413.85? (see instructions)	N			60
		Y/N 1	IME 4	Direct GME 5	
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. Enter in column 4, the 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. Enter in column 4 direct the GME FTE unweighted count.

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.70	28.06	0.024339	64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65	FAMILY MEDICINE	1350	6.24	28.11	0.181659

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.08	24.70	0.003228	66

Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67	FAMILY MEDICINE	1350	10.85	69.28	0.135405
67.01	INTERNAL MEDICINE	1400		39.26	67.01
67.02	OB GYN	1750		2.80	67.02

Inpatient Psychiatric Facility PPS

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

Inpatient Rehabilitation Facility PPS

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

Long Term Care Hospital PPS

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

TEFRA Providers

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Title V and XIX Services		V	XIX	
		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	N	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
98	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter 'Y' for yes or 'N' for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06

Rural Providers

		1	2		
105	Does this hospital qualify as a 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

		1	2	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110
		1	2	
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.			111

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. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:	7,261,784			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N		N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y			121
122	Does the cost report contain state health care related taxes as defined in §1983(w)(3) of the Act? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.				126

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.		127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.		128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date in column 2.		129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date in column 2.		130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date in column 2.		131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date in column 2.		132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date in column 2.		133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.		134

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	1 Y	2 HB0557	140
-----	--	--------	-------------	-----

If this facility is part of a chain organization, enter the name of the home office, the home office contractor name, and home office contractor number on line 141. Enter the address of the home office on lines 142 and 143.

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

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

		Title XVIII				
		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	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N	N	N	161
161.10	CORF					161.10

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	9.99				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07 / 01 / 2016	09 / 28 / 2016			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0		171

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

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

		Y/N	Type	Date	
Financial Data and Reports					
		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	Y	A	12/31/2016	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/19/2017	Y	12/19/2017
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

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

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

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

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

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

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

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

Cost Report Preparer Contact Information				
41	First name: BETH	Last name: SLOAN	Title: DIRECTOR OF OPER REIMBURSE	41
42	Employer: TENET HEALTH			42
43	Phone number: 606-451-1228	E-mail Address: BETH1.SLOAN@TENETHEALTH.COM		43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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	247	90,155			11,040	4,512	44,801	1
2	HMO and other (see instructions)						7,540	13,882		2
3	HMO IPF Subprovider						1,220			3
4	HMO IRF Subprovider						654			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)		247	90,155			11,040	4,512	44,801	7
8	Intensive Care Unit	31	17	6,205			1,425	391	4,220	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						1,435	3,454	13
14	Total (see instructions)		264	96,360			12,465	6,338	52,475	14
15	CAH Visits									15
16	Subprovider - IPF	40	25	9,125			2,753		7,323	16
17	Subprovider - IRF	41	12	4,380			1,632	171	3,178	17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44	25	9,125			3,693		5,925	19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101					2,774		36,000	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)		326							27
28	Observation Bed Days								4,328	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							254	436	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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)					2,833	689	12,341	1
2	HMO and other (see instructions)					1,666	2,416		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)	104.32	1,371.88			2,833	689	12,341	14
15	CAH Visits								15
16	Subprovider - IPF	0.34	31.45			359	436	1,007	16
17	Subprovider - IRF		15.34			123	5	232	17
18	Subprovider I								18
19	Skilled Nursing Facility		26.59						19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency		25.16						22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	104.66	1,470.42						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32.01
33	LTCH non-covered days								33
33.01	LTCH site neutral days and discharges								33.01

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION

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

Part II - Wage Data

		Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	98,501,151		98,501,151	3,058,463.00	32.21	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetest Part B							3
4	Physician-Part A - Administrative							4
4.01	Physician-Part A - Teaching		3,257,601		3,257,601	38,384.00	84.87	4.01
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	9,612,599	-4,354,097	5,258,502	198,522.00	26.49	7
7.01	Contracted interns & residents (in an approved program)							7.01
8	Home office and/or related organization personnel		8,254,196		8,254,196	236,343.00	34.92	8
9	SNF	44	1,705,363		1,705,363	55,310.00	30.83	9
10	Excluded area salaries (see instructions)		8,200,039	-310,352	7,889,687	168,161.00	46.92	10
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		709,233		709,233	11,443.00	61.98	11
12	Contract management and administrative services							12
13	Contract labor: Physician-Part A - Administrative		239,698		239,698	1,547.00	154.94	13
14	Home office salaries & wage-related costs							14
14.01	Home office salaries		16,508,392		16,508,392	472,686.00	34.92	14.01
14.02	Related organization salaries							14.02
15	Home office: Physician Part A - Administrative							15
16	Home office & Contract Physicians Part A - Teaching							16
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		15,781,064		15,781,064			17
18	Wage-related costs (other)(see instructions)							18
19	Excluded areas		2,255,467		2,255,467			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B							21
22	Physician Part A - Administrative							22
22.01	Physician Part A - Teaching		636,184		636,184			22.01
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		1,026,945		1,026,945			25
25.50	Home office wage-related		1,577,917		1,577,917			25.50
25.51	Related organization wage-related							25.51
25.52	Home office: Physician Part A - Administrative - wage-related							25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related							25.53
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		573,618	-99,822	473,796	14,652.00	32.34	26
27	Administrative & General		7,764,461	2,221,544	9,986,005	288,149.00	34.66	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs		1,574,272		1,574,272	51,229.00	30.73	29
30	Operation of Plant							30
31	Laundry & Linen Service		512,810		512,810	30,068.00	17.06	31
32	Housekeeping		2,139,567		2,139,567	153,550.00	13.93	32
33	Housekeeping under contract (see instructions)							33
34	Dietary		2,362,352		2,362,352	146,048.00	16.18	34
35	Dietary under contract (see instructions)							35
36	Cafeteria							36
37	Maintenance of Personnel							37
38	Nursing Administration		1,215,578		1,215,578	28,988.00	41.93	38
39	Central Services and Supply		362,879		362,879	23,245.00	15.61	39
40	Pharmacy		2,966,268	-252,333	2,713,935	65,352.00	41.53	40
41	Medical Records & Medical Records Library		3,451,794	-1,559,037	1,892,757	71,718.00	26.39	41
42	Social Service							42
43	Other General Service							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		77,376,755	4,354,097	81,730,852	2,585,214.00	31.61	1
2	Excluded area salaries (see instructions)		9,905,402	-310,352	9,595,050	223,471.00	42.94	2
3	Subtotal salaries (line 1 minus line 2)		67,471,353	4,664,449	72,135,802	2,361,743.00	30.54	3
4	Subtotal other wages & related costs (see instructions)		17,457,323		17,457,323	485,676.00	35.94	4

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

5	Subtotal wage-related costs (see instructions)		17,358,981		17,358,981		24.06%	5
6	Total (sum of lines 3 through 5)		102,287,657	4,664,449	106,952,106	2,847,419.00	37.56	6
7	Total overhead cost (see instructions)		22,923,599	310,352	23,233,951	872,999.00	26.61	7

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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	1,142,387	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)	7,082,660	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)	63,287	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	197,812	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	1,872,695	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	4,670,108	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes	549,906	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	202,208	23
24	Total Wage Related cost (Sum of lines 1-23)	15,781,063	24

Part B - Other Than Core Related Cost

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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	890,356	15,781,063	1
2	Hospital	709,233	15,781,063	2
3	Subprovider - IPF	24,958		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	156,165		11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA CCN: 14-7285

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

County:

	Description	Title V 1	Title XVIII 2	Title XIX 3	Other 4	Total 5	
1	Home Health Aide Hours				573	573	1
2	Unduplicated Census Count (see instructions)		2,631.00		2,729.00	5,360.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

	Enter the number of hours in your normal work week 40.00	Number of Employees (Full Time Equivalent)			
		Staff 1	Contract 2	Total 3	
3	Administrator and Assistant Administrator(s)	0.47		0.47	3
4	Director(s) and Assistant Director(s)				4
5	Other Administrative Personnel		12.83	14.08	5
6	Direct Nursing Service		5.93	5.93	6
7	Nursing Supervisor				7
8	Physical Therapy Service		4.16	4.16	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service		1.19	1.19	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service		0.31	0.31	12
13	Speech Pathology Supervisor				13
14	Medical Social Service		0.08	0.08	14
15	Medical Social Service Supervisor				15
16	Home Health Aide		0.19	0.19	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

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

PPS ACTIVITY

		Full Episodes				Total (columns 1 through 4)	
		Without Outliers 1	With Outliers 2	LUPA Episodes 3	PEP only Episodes 4		
21	Skilled Nursing Visits	1,151	75	83	30	1,339	21
22	Skilled Nursing Visit Charges	207,180	13,521	14,940	5,400	241,041	22
23	Physical Therapy Visits	954	15	11	50	1,030	23
24	Physical Therapy Visit Charges	187,938	2,955	2,167	9,850	202,910	24
25	Occupational Therapy Visits	305	7	3	23	338	25
26	Occupational Therapy Visit Charges	60,085	1,379	591	4,531	66,586	26
27	Speech Pathology Visits	21				21	27
28	Speech Pathology Visit Charges	4,473				4,473	28
29	Medical Social Service Visits	19		1	2	22	29
30	Medical Social Service Visit Charges	5,472		288	576	6,336	30
31	Home Health Aide Visits	19		1	4	24	31
32	Home Health Aide Visit Charges	1,558		82	328	1,968	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,469	97	99	109	2,774	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32 and 34)	466,706	17,855	18,068	20,685	523,314	35
36	Total Number of Episodes (standard/non-outlier)						36
37	Total Number of Ourlier Episodes						37
38	Total Non-Routine Medical Supply Charges	9,699		338	21	10,058	38

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	88		88	4
5	RVX				5
6	RVL	184		184	6
7	RHX				7
8	RHL	35		35	8
9	RMX				9
10	RML				10
11	RLX				11
12	RUC	15		15	12
13	RUB	161		161	13
14	RUA	670		670	14
15	RVC	80		80	15
16	RVB	520		520	16
17	RVA	1,307		1,307	17
18	RHC	28		28	18
19	RHB	94		94	19
20	RHA	169		169	20
21	RMC	7		7	21
22	RMB	22		22	22
23	RMA	74		74	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2	1		1	27
28	ES1	13		13	28
29	HE2				29
30	HE1				30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1				34
35	HB2				35
36	HB1	15		15	36
37	LE2				37
38	LE1				38
39	LD2				39
40	LD1				40
41	LC2				41
42	LC1	14		14	42
43	LB2				43
44	LB1	5		5	44
45	CE2				45
46	CE1				46
47	CD2				47
48	CD1				48
49	CC2	5		5	49
50	CC1	23		23	50
51	CB2				51
52	CB1	92		92	52
53	CA2				53
54	CA1	50		50	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA1				63
64	IA2				64

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

WORKSHEET S-7

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1	2	3	4	
65	BB2				65
66	BB1				66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1				72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1	14		14	76
77	PA2				77
78	PA1	7		7	78
199	AAA				199
200	TOTAL	3,693		3,693	200

SNF SERVICES

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

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (specify)				206
207	Total SNF Revenue (Worksheet G-2, Part I, line 7, column 3)	3,139,598			207

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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)	0.149725	1
---	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid	29,384,130	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 and/or supplemental payments from Medicaid?	N	4
5	If line 4 is no, enter DSH and/or supplemental payments from Medicaid	22,718,577	5
6	Medicaid charges	299,090,245	6
7	Medicaid cost (line 1 times line 6)	44,781,287	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		8

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

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

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

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)		13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		14
15	State or local indigent care program cost (line 1 times line 14)		15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.		16

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care		17
18	Government grants, appropriations of transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	38,386,553	155,136	38,541,689	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,747,427	155,136	5,902,563	21
22	Payments received from patients for amounts previously written off as charity care				22
23	Cost of charity care (line 21 minus line 22)	5,747,427	155,136	5,902,563	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit		25
26	Total bad debt expense for the entire hospital complex (see instructions)	15,999,836	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,428,631	27
27.0	Medicare allowable bad debts for the entire hospital complex (see instructions)	2,197,895	27.0
1			1
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)	13,801,941	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,835,760	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)	8,738,323	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	8,738,323	31

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt				8,871,201	8,871,201	-699,592	8,171,609	1
2	00200	Cap Rel Costs-Mvble Equip				5,965,753	5,965,753	1,130,561	7,096,314	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	573,618	19,697,288	20,270,906	-201,371	20,069,535	1,729,108	21,798,643	4
5	00500	Administrative & General	7,764,461	26,794,299	34,558,760	-9,961,147	24,597,613	4,002,759	28,600,372	5
6	00600	Maintenance & Repairs	1,574,272	8,996,563	10,570,835	-783,726	9,787,109	-204,194	9,582,915	6
7	00700	Operation of Plant								7
8	00800	Laundry & Linen Service	512,810	319,260	832,070	240,839	1,072,909	-13,201	1,059,708	8
9	00900	Housekeeping	2,139,567	984,162	3,123,729	-19,471	3,104,258		3,104,258	9
10	01000	Dietary	2,362,352	1,264,396	3,626,748	-13,779	3,612,969	-614,271	2,998,698	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,215,578	142,508	1,358,086	-429	1,357,657	-5,730	1,351,927	13
14	01400	Central Services & Supply	362,879	-40,025	322,854	-106,065	216,789	-43,655	173,134	14
15	01500	Pharmacy	2,966,268	6,901,798	9,868,066	-3,161,314	6,706,752	-553,920	6,152,832	15
16	01600	Medical Records & Library	3,451,794	860,338	4,312,132	-1,823,198	2,488,934	-16,541	2,472,393	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	9,612,599		9,612,599	-4,354,097	5,258,502		5,258,502	21
22	02200	I&R Services-Other Prgm Costs Apprvd		2,742,530	2,742,530	4,348,232	7,090,762	-356,650	6,734,112	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	19,954,242	1,813,896	21,768,138	-775,697	20,992,441	-388,333	20,604,108	30
31	03100	Intensive Care Unit	3,187,136	511,460	3,698,596	-216,760	3,481,836	-53,870	3,427,966	31
40	04000	Subprovider - IPF	2,216,168	995,798	3,211,966	-8,700	3,203,266	-873,379	2,329,887	40
41	04100	Subprovider - IRF	1,306,070	158,111	1,464,181	-4,012	1,460,169	-49,809	1,410,360	41
43	04300	Nursery	1,114,517	475,586	1,590,103	-35,180	1,554,923	-367,893	1,187,030	43
44	04400	Skilled Nursing Facility	1,705,363	172,843	1,878,206	-54,963	1,823,243	-9,657	1,813,586	44
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,297,152	15,402,366	19,699,518	-10,609,165	9,090,353	-1,236,038	7,854,315	50
51	05100	Recovery Room	664,391	41,369	705,760	-22,028	683,732	-3,816	679,916	51
52	05200	Delivery Room & Labor Room	2,006,191	1,911,957	3,918,148	-158,414	3,759,734	-1,634,487	2,125,247	52
53	05300	Anesthesiology	493,570	1,649,841	2,143,411	-772,823	1,370,588	-451,822	918,766	53
54	05400	Radiology-Diagnostic	3,150,818	10,161,849	13,312,667	-1,298,955	12,013,712	-900,286	11,113,426	54
56	05600	Radioisotope	289,833	400,691	690,524	-5,086	685,438		685,438	56
56.01	03630	ULTRA SOUND	886,883	105,812	992,695	-41,463	951,232	-11,291	939,941	56.01
56.02	03440	MAMMOGRAPHY	723,253	311,538	1,034,791	-88,793	945,998		945,998	56.02
57	05700	CT Scan	723,631	425,155	1,148,786	-268,324	880,462	-24,928	855,534	57
58	05800	MRI	426,562	229,503	656,065	-101,795	554,270		554,270	58
59	05900	Cardiac Catheterization	929,807	6,651,945	7,581,752	-5,062,051	2,519,701	-46,586	2,473,115	59
59.01	05901	GASTRO INTESTINAL	1,369,466	1,166,028	2,535,494	-204,732	2,330,762		2,330,762	59.01
60	06000	Laboratory	15,088	5,921,171	5,936,259	-8	5,936,251	-814,742	5,121,509	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	06300	Blood Storing, Processing & Trans.		736,190	736,190		736,190	-3,244	732,946	63
65	06500	Respiratory Therapy	1,153,144	425,720	1,578,864	-249,561	1,329,303	-3,147	1,326,156	65
66	06600	Physical Therapy	2,348,606	82,418	2,431,024	-20,957	2,410,067	-6,292	2,403,775	66
66.01	06601	TCU REHAB	359,967	18,332	378,299	-7,793	370,506		370,506	66.01
67	06700	Occupational Therapy	555,669	970	556,639		556,639	-2,450	554,189	67
68	06800	Speech Pathology	302,965	24,871	327,836	-23,715	304,121		304,121	68
69	06900	Electrocardiology	669,507	306,011	975,518	-10,476	965,042	-204,023	761,019	69
69.01	06901	CARDIAC HEHAB	201,524	14,616	216,140	-2,516	213,624		213,624	69.01
71	07100	Medical Supplies Charged to Patients				5,615,860	5,615,860		5,615,860	71
72	07200	Impl. Dev. Charged to Patients				11,089,107	11,089,107		11,089,107	72
73	07300	Drugs Charged to Patients				6,401,073	6,401,073		6,401,073	73
74	07400	Renal Dialysis		678,623	678,623		678,623		678,623	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
91	09100	Emergency	5,546,155	1,700,240	7,246,395	-539,383	6,707,012	-273,304	6,433,708	91
91.01	09101	FAMILY PRACTICES	4,124,249	5,530,532	9,654,781	-900,454	8,754,327	-3,560,581	5,193,746	91.01
91.02	09102	PSYCH DAY HOSPITAL	364,408	17,210	381,618		381,618	-2,749	378,869	91.02
91.03	09103	WOUND CARE	200,817	140,316	341,133	-103,491	237,642		237,642	91.03

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATION S	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
92	09200	Observation Beds (Non-Distinct Part)								92
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM								93.99
		OTHER REIMBURSABLE COST CENTERS								
101	10100	Home Health Agency	3,509,040	1,527,227	5,036,267	-222,665	4,813,602	-12,297	4,801,305	101
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	97,332,390	128,373,312	225,705,702	297,508	226,003,210	-6,580,350	219,422,860	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen								190
191	19100	Research	271,055	-1,893	269,162	-202,516	66,646		66,646	191
192	19200	Physicians' Private Offices								192
194	07950	MARKETING	603,500	585,864	1,189,364	-94,900	1,094,464		1,094,464	194
194.0	07951	MACNEAL SCHOOL								194.0
1										1
194.0	07952	COMMUNITY RELATIONS	294,206	141,631	435,837	-92	435,745		435,745	194.0
2										2
194.0	07953	RETAIL PHARMACY								194.0
3										3
194.0	07954	HOME DELIVERED MEALS								194.0
4										4
194.0	07955	CATERED MEALS								194.0
5										5
194.0	07956	VACANT SPACE								194.0
6										6
200		TOTAL (sum of lines 118-199)	98,501,151	129,098,914	227,600,065		227,600,065	-6,580,350	221,019,715	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	TAXES	A	Cap Rel Costs-Bldg & Fixt	1		1,457,151	1
2	TAXES	A					2
3	TAXES	A					3
4	TAXES	A					4
500	Total reclassifications					1,457,151	500
	Code Letter - A						
1	DEPRECIATION	B	Cap Rel Costs-Bldg & Fixt	1		5,331,572	1
2	DEPRECIATION	B	Cap Rel Costs-Mvble Equip	2		5,849,279	2
500	Total reclassifications					11,180,851	500
	Code Letter - B						
1	LEASES RENTALS	C	Cap Rel Costs-Bldg & Fixt	1		2,002,041	1
2	LEASES RENTALS	C	Cap Rel Costs-Mvble Equip	2		5,447	2
3	LEASES RENTALS	C	Maintenance & Repairs	6		62,058	3
4	LEASES RENTALS	C					4
5	LEASES RENTALS	C					5
6	LEASES RENTALS	C					6
7	LEASES RENTALS	C					7
8	LEASES RENTALS	C					8
9	LEASES RENTALS	C					9
10	LEASES RENTALS	C					10
11	LEASES RENTALS	C					11
12	LEASES RENTALS	C					12
13	LEASES RENTALS	C					13
14	LEASES RENTALS	C					14
15	LEASES RENTALS	C					15
500	Total reclassifications					2,069,546	500
	Code Letter - C						
1	CHARGEABLE DRUGS	D	Drugs Charged to Patients	73		6,401,073	1
2	CHARGEABLE DRUGS	D	Central Services & Supply	14		52	2
3	CHARGEABLE DRUGS	D	Subprovider - IRF	41		1	3
4	CHARGEABLE DRUGS	D					4
5	CHARGEABLE DRUGS	D					5
6	CHARGEABLE DRUGS	D					6
7	CHARGEABLE DRUGS	D					7
8	CHARGEABLE DRUGS	D					8
9	CHARGEABLE DRUGS	D					9
10	CHARGEABLE DRUGS	D					10
11	CHARGEABLE DRUGS	D					11
12	CHARGEABLE DRUGS	D					12
13	CHARGEABLE DRUGS	D					13
14	CHARGEABLE DRUGS	D					14
15	CHARGEABLE DRUGS	D					15
16	CHARGEABLE DRUGS	D					16
17	CHARGEABLE DRUGS	D					17
18	CHARGEABLE DRUGS	D					18
19	CHARGEABLE DRUGS	D					19
20	CHARGEABLE DRUGS	D					20
21	CHARGEABLE DRUGS	D					21
22	CHARGEABLE DRUGS	D					22
23	CHARGEABLE DRUGS	D					23
24	CHARGEABLE DRUGS	D					24
25	CHARGEABLE DRUGS	D					25
26	CHARGEABLE DRUGS	D					26
27	CHARGEABLE DRUGS	D					27
28	CHARGEABLE DRUGS	D					28
29	CHARGEABLE DRUGS	D					29
30	CHARGEABLE DRUGS	D					30
31	CHARGEABLE DRUGS	D					31
32	CHARGEABLE DRUGS	D					32
33	CHARGEABLE DRUGS	D					33
500	Total reclassifications					6,401,126	500
	Code Letter - D						
1	CHARGEABLE SUPPLIES	E	Medical Supplies Charged to P	71		5,615,860	1
2	CHARGEABLE SUPPLIES	E	Pharmacy	15		894,740	2
3	CHARGEABLE SUPPLIES	E	Research	191		125	3
4	CHARGEABLE SUPPLIES	E					4

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
5	CHARGEABLE SUPPLIES	E					5
6	CHARGEABLE SUPPLIES	E					6
7	CHARGEABLE SUPPLIES	E					7
8	CHARGEABLE SUPPLIES	E					8
9	CHARGEABLE SUPPLIES	E					9
10	CHARGEABLE SUPPLIES	E					10
11	CHARGEABLE SUPPLIES	E					11
12	CHARGEABLE SUPPLIES	E					12
13	CHARGEABLE SUPPLIES	E					13
14	CHARGEABLE SUPPLIES	E					14
15	CHARGEABLE SUPPLIES	E					15
16	CHARGEABLE SUPPLIES	E					16
17	CHARGEABLE SUPPLIES	E					17
18	CHARGEABLE SUPPLIES	E					18
19	CHARGEABLE SUPPLIES	E					19
20	CHARGEABLE SUPPLIES	E					20
21	CHARGEABLE SUPPLIES	E					21
22	CHARGEABLE SUPPLIES	E					22
23	CHARGEABLE SUPPLIES	E					23
24	CHARGEABLE SUPPLIES	E					24
25	CHARGEABLE SUPPLIES	E					25
26	CHARGEABLE SUPPLIES	E					26
27	CHARGEABLE SUPPLIES	E					27
28	CHARGEABLE SUPPLIES	E					28
29	CHARGEABLE SUPPLIES	E					29
30	CHARGEABLE SUPPLIES	E					30
31	CHARGEABLE SUPPLIES	E					31
32	CHARGEABLE SUPPLIES	E					32
33	CHARGEABLE SUPPLIES	E					33
34	CHARGEABLE SUPPLIES	E					34
35	CHARGEABLE SUPPLIES	E					35
36	CHARGEABLE SUPPLIES	E					36
37	CHARGEABLE SUPPLIES	E					37
38	CHARGEABLE SUPPLIES	E					38
39	CHARGEABLE SUPPLIES	E					39
500	Total reclassifications					6,510,725	500
	Code Letter - E						
1	INSURANCE	F	Cap Rel Costs-Bldg & Fixt	1		80,437	1
2	INSURANCE	F					2
500	Total reclassifications					80,437	500
	Code Letter - F						
1	INTEREST EXPENSE	G	Cap Rel Costs-Mvble Equip	2		111,027	1
500	Total reclassifications					111,027	500
	Code Letter - G						
1	IMPLANTABLE DEVICE	H	Impl. Dev. Charged to Patient	72		11,089,107	1
2	IMPLANTABLE DEVICE	H	Dietary	10		179	2
3	IMPLANTABLE DEVICE	H					3
4	IMPLANTABLE DEVICE	H					4
5	IMPLANTABLE DEVICE	H					5
6	IMPLANTABLE DEVICE	H					6
7	IMPLANTABLE DEVICE	H					7
8	IMPLANTABLE DEVICE	H					8
9	IMPLANTABLE DEVICE	H					9
10	IMPLANTABLE DEVICE	H					10
11	IMPLANTABLE DEVICE	H					11
12	IMPLANTABLE DEVICE	H					12
13	IMPLANTABLE DEVICE	H					13
500	Total reclassifications					11,089,286	500
	Code Letter - H						
1	LINEN	I	Laundry & Linen Service	8		245,955	1
2	LINEN	I					2
3	LINEN	I					3
4	LINEN	I					4
5	LINEN	I					5
6	LINEN	I					6
7	LINEN	I					7

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
8	LINEN	I					8
9	LINEN	I					9
10	LINEN	I					10
11	LINEN	I					11
12	LINEN	I					12
13	LINEN	I					13
14	LINEN	I					14
15	LINEN	I					15
16	LINEN	I					16
17	LINEN	I					17
18	LINEN	I					18
19	LINEN	I					19
20	LINEN	I					20
21	LINEN	I					21
22	LINEN	I					22
23	LINEN	I					23
24	LINEN	I					24
500	Total reclassifications					245,955	500
	Code Letter - I						
1	CHICAGO MKT CHARGEBACKS	J	Administrative & General	5	3,780,287	576,231	1
2	CHICAGO MKT CHARGEBACKS	J	Research	191		866	2
3	CHICAGO MKT CHARGEBACKS	J	MARKETING	194		16,215	3
4	CHICAGO MKT CHARGEBACKS	J					4
5	CHICAGO MKT CHARGEBACKS	J					5
6	CHICAGO MKT CHARGEBACKS	J					6
500	Total reclassifications				3,780,287	593,312	500
	Code Letter - J						
1	REGIONAL EXPENSES	K	Employee Benefits Department	4	54,879	17,345	1
2	REGIONAL EXPENSES	K	Pharmacy	15	84,111	6,548	2
3	REGIONAL EXPENSES	K	Medical Records & Library	16	1,316,301	204,115	3
4	REGIONAL EXPENSES	K	Research	191	67,764		4
5	REGIONAL EXPENSES	K	MARKETING	194	35,688		5
500	Total reclassifications				1,558,743	228,008	500
	Code Letter - K						
1	INTERNS AND RESIDENTS OTHER PROG	L	I&R Services-Other Prgm Costs	22	4,354,097		1
500	Total reclassifications				4,354,097		500
	Code Letter - L						
	GRAND TOTAL (Increases)				9,693,127	39,967,424	

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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	TAXES	A	Administrative & General	5		591,129	13	
2	TAXES	A	Maintenance & Repairs	6		788,585	2	
3	TAXES	A	MRI	58		77,430	3	
4	TAXES	A	FAMILY PRACTICES	91.01		7	4	
500	Total reclassifications					1,457,151	500	
	Code letter - A							
1	DEPRECIATION	B	Administrative & General	5		11,180,851	9	
2	DEPRECIATION	B					9	
500	Total reclassifications					11,180,851	500	
	Code letter - B							
1	LEASES RENTALS	C	Employee Benefits Department	4		1,391	10	
2	LEASES RENTALS	C	Administrative & General	5		570,137	10	
3	LEASES RENTALS	C	Dietary	10		2,070	3	
4	LEASES RENTALS	C	Central Services & Supply	14		106,117	4	
5	LEASES RENTALS	C	Intensive Care Unit	31		22,400	5	
6	LEASES RENTALS	C	Operating Room	50		249,590	6	
7	LEASES RENTALS	C	Anesthesiology	53		158,530	7	
8	LEASES RENTALS	C	Radiology-Diagnostic	54		106,292	8	
9	LEASES RENTALS	C	CT Scan	57		233,060	9	
10	LEASES RENTALS	C	GASTRO INTESTINAL	59.01		695	10	
11	LEASES RENTALS	C	Respiratory Therapy	65		101,215	11	
12	LEASES RENTALS	C	Emergency	91		258	12	
13	LEASES RENTALS	C	FAMILY PRACTICES	91.01		353,901	13	
14	LEASES RENTALS	C	WOUND CARE	91.03		39,897	14	
15	LEASES RENTALS	C	Home Health Agency	101		123,993	15	
500	Total reclassifications					2,069,546	500	
	Code letter - C							
1	CHARGEABLE DRUGS	D	Employee Benefits Department	4		68,045	1	
2	CHARGEABLE DRUGS	D	Administrative & General	5		204	2	
3	CHARGEABLE DRUGS	D	Maintenance & Repairs	6		821	3	
4	CHARGEABLE DRUGS	D	Dietary	10		11,399	4	
5	CHARGEABLE DRUGS	D	Nursing Administration	13		96	5	
6	CHARGEABLE DRUGS	D	Pharmacy	15		3,705,097	6	
7	CHARGEABLE DRUGS	D	I&R Services-Other Prgm Costs	22		5,849	7	
8	CHARGEABLE DRUGS	D	Adults & Pediatrics	30		203,492	8	
9	CHARGEABLE DRUGS	D	Intensive Care Unit	31		55,568	9	
10	CHARGEABLE DRUGS	D	Subprovider - IPF	40		321	10	
11	CHARGEABLE DRUGS	D	Nursery	43		5,230	11	
12	CHARGEABLE DRUGS	D	Skilled Nursing Facility	44		7,228	12	
13	CHARGEABLE DRUGS	D	Operating Room	50		110,453	13	
14	CHARGEABLE DRUGS	D	Recovery Room	51		3,484	14	
15	CHARGEABLE DRUGS	D	Delivery Room & Labor Room	52		34,091	15	
16	CHARGEABLE DRUGS	D	Anesthesiology	53		470,061	16	
17	CHARGEABLE DRUGS	D	Radiology-Diagnostic	54		860,207	17	
18	CHARGEABLE DRUGS	D	Radioisotope	56		4,090	18	
19	CHARGEABLE DRUGS	D	ULTRA SOUND	56.01		384	19	
20	CHARGEABLE DRUGS	D	MAMMOGRAPHY	56.02		18,706	20	
21	CHARGEABLE DRUGS	D	CT Scan	57		11,377	21	
22	CHARGEABLE DRUGS	D	MRI	58		4,429	22	
23	CHARGEABLE DRUGS	D	Cardiac Catheterization	59		10,460	23	
24	CHARGEABLE DRUGS	D	GASTRO INTESTINAL	59.01		70,919	24	
25	CHARGEABLE DRUGS	D	Respiratory Therapy	65		1,925	25	
26	CHARGEABLE DRUGS	D	Physical Therapy	66		77	26	
27	CHARGEABLE DRUGS	D	TCU REHAB	66.01		656	27	
28	CHARGEABLE DRUGS	D	Electrocardiology	69		5,174	28	
29	CHARGEABLE DRUGS	D	CARDIAC HEHAB	69.01		23	29	
30	CHARGEABLE DRUGS	D	Emergency	91		272,786	30	
31	CHARGEABLE DRUGS	D	FAMILY PRACTICES	91.01		415,122	31	
32	CHARGEABLE DRUGS	D	WOUND CARE	91.03		43,277	32	
33	CHARGEABLE DRUGS	D	Home Health Agency	101		75	33	
500	Total reclassifications					6,401,126	500	
	Code letter - D							
1	CHARGEABLE SUPPLIES	E	Employee Benefits Department	4		3,080	1	
2	CHARGEABLE SUPPLIES	E	Administrative & General	5		1,459	2	
3	CHARGEABLE SUPPLIES	E	Maintenance & Repairs	6		3,630	3	

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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	
4	CHARGEABLE SUPPLIES	E	Laundry & Linen Service	8		5,116	4	
5	CHARGEABLE SUPPLIES	E	Housekeeping	9		3,287	5	
6	CHARGEABLE SUPPLIES	E	Dietary	10		10	6	
7	CHARGEABLE SUPPLIES	E	Nursing Administration	13		151	7	
8	CHARGEABLE SUPPLIES	E	Pharmacy	15		37,865	8	
9	CHARGEABLE SUPPLIES	E	I&R Services-Other Prgm Costs	22		16	9	
10	CHARGEABLE SUPPLIES	E	Adults & Pediatrics	30		426,227	10	
11	CHARGEABLE SUPPLIES	E	Intensive Care Unit	31		133,417	11	
12	CHARGEABLE SUPPLIES	E	Subprovider - IPF	40		6,366	12	
13	CHARGEABLE SUPPLIES	E	Subprovider - IRF	41		3,892	13	
14	CHARGEABLE SUPPLIES	E	Nursery	43		28,351	14	
15	CHARGEABLE SUPPLIES	E	Skilled Nursing Facility	44		45,831	15	
16	CHARGEABLE SUPPLIES	E	Operating Room	50		3,752,450	16	
17	CHARGEABLE SUPPLIES	E	Recovery Room	51		18,528	17	
18	CHARGEABLE SUPPLIES	E	Delivery Room & Labor Room	52		111,040	18	
19	CHARGEABLE SUPPLIES	E	Anesthesiology	53		143,904	19	
20	CHARGEABLE SUPPLIES	E	Radiology-Diagnostic	54		153,178	20	
21	CHARGEABLE SUPPLIES	E	Radioisotope	56		996	21	
22	CHARGEABLE SUPPLIES	E	ULTRA SOUND	56.01		40,477	22	
23	CHARGEABLE SUPPLIES	E	MAMMOGRAPHY	56.02		70,087	23	
24	CHARGEABLE SUPPLIES	E	CT Scan	57		23,887	24	
25	CHARGEABLE SUPPLIES	E	MRI	58		19,828	25	
26	CHARGEABLE SUPPLIES	E	Cardiac Catheterization	59		746,203	26	
27	CHARGEABLE SUPPLIES	E	GASTRO INTESTINAL	59.01		111,023	27	
28	CHARGEABLE SUPPLIES	E	Laboratory	60		8	28	
29	CHARGEABLE SUPPLIES	E	Respiratory Therapy	65		146,421	29	
30	CHARGEABLE SUPPLIES	E	Physical Therapy	66		20,148	30	
31	CHARGEABLE SUPPLIES	E	TCU REHAB	66.01		7,137	31	
32	CHARGEABLE SUPPLIES	E	Speech Pathology	68		23,715	32	
33	CHARGEABLE SUPPLIES	E	Electrocardiology	69		5,302	33	
34	CHARGEABLE SUPPLIES	E	CARDIAC HEHAB	69.01		2,493	34	
35	CHARGEABLE SUPPLIES	E	Emergency	91		258,450	35	
36	CHARGEABLE SUPPLIES	E	FAMILY PRACTICES	91.01		37,880	36	
37	CHARGEABLE SUPPLIES	E	WOUND CARE	91.03		20,183	37	
38	CHARGEABLE SUPPLIES	E	Home Health Agency	101		98,597	38	
39	CHARGEABLE SUPPLIES	E	COMMUNITY RELATIONS	194.02		92	39	
500	Total reclassifications					6,510,725	500	
	Code letter - E							
1	INSURANCE	F	Administrative & General	5		80,320	12	
2	INSURANCE	F	FAMILY PRACTICES	91.01		117	2	
500	Total reclassifications					80,437	500	
	Code letter - F							
1	INTEREST EXPENSE	G	Administrative & General	5		111,027	11	
500	Total reclassifications					111,027	500	
	Code letter - G							
1	IMPLANTABLE DEVICE	H	Maintenance & Repairs	6		285	1	
2	IMPLANTABLE DEVICE	H	Housekeeping	9		84	2	
3	IMPLANTABLE DEVICE	H	Pharmacy	15		40,842	3	
4	IMPLANTABLE DEVICE	H	Adults & Pediatrics	30		105	4	
5	IMPLANTABLE DEVICE	H	Intensive Care Unit	31		313	5	
6	IMPLANTABLE DEVICE	H	Operating Room	50		6,458,452	6	
7	IMPLANTABLE DEVICE	H	Anesthesiology	53		307	7	
8	IMPLANTABLE DEVICE	H	Radiology-Diagnostic	54		168,464	8	
9	IMPLANTABLE DEVICE	H	Cardiac Catheterization	59		4,303,832	9	
10	IMPLANTABLE DEVICE	H	GASTRO INTESTINAL	59.01		21,277	10	
11	IMPLANTABLE DEVICE	H	Physical Therapy	66		695	11	
12	IMPLANTABLE DEVICE	H	Emergency	91		2,443	12	
13	IMPLANTABLE DEVICE	H	FAMILY PRACTICES	91.01		92,187	13	
500	Total reclassifications					11,089,286	500	
	Code letter - H							
1	LINEN	I	Administrative & General	5		57	1	
2	LINEN	I	Housekeeping	9		16,100	2	
3	LINEN	I	Dietary	10		479	3	
4	LINEN	I	Nursing Administration	13		182	4	
5	LINEN	I	Pharmacy	15		270	5	

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref. 10	
		1	6	7	8	9	10	
6	LINEN	I	Adults & Pediatrics	30		145,873	6	
7	LINEN	I	Intensive Care Unit	31		5,062	7	
8	LINEN	I	Subprovider - IPF	40		2,013	8	
9	LINEN	I	Subprovider - IRF	41		121	9	
10	LINEN	I	Nursery	43		1,599	10	
11	LINEN	I	Skilled Nursing Facility	44		1,904	11	
12	LINEN	I	Operating Room	50		38,220	12	
13	LINEN	I	Recovery Room	51		16	13	
14	LINEN	I	Delivery Room & Labor Room	52		13,283	14	
15	LINEN	I	Anesthesiology	53		21	15	
16	LINEN	I	Radiology-Diagnostic	54		10,814	16	
17	LINEN	I	ULTRA SOUND	56.01		602	17	
18	LINEN	I	MRI	58		108	18	
19	LINEN	I	Cardiac Catheterization	59		1,556	19	
20	LINEN	I	GASTRO INTESTINAL	59.01		818	20	
21	LINEN	I	Physical Therapy	66		37	21	
22	LINEN	I	Emergency	91		5,446	22	
23	LINEN	I	FAMILY PRACTICES	91.01		1,240	23	
24	LINEN	I	WOUND CARE	91.03		134	24	
500	Total reclassifications					245,955	500	
	Code letter - I							
1	CHICAGO MKT CHARGEBACKS	J	Employee Benefits Department	4	154,701	46,378	1	
2	CHICAGO MKT CHARGEBACKS	J	Maintenance & Repairs	6		52,463	2	
3	CHICAGO MKT CHARGEBACKS	J	Pharmacy	15	336,444	26,195	3	
4	CHICAGO MKT CHARGEBACKS	J	Medical Records & Library	16	2,875,338	468,276	4	
5	CHICAGO MKT CHARGEBACKS	J	Research	191	271,055		5	
6	CHICAGO MKT CHARGEBACKS	J	MARKETING	194	142,749		6	
500	Total reclassifications				3,780,287	593,312	500	
	Code letter - J							
1	REGIONAL EXPENSES	K	Administrative & General	5	1,558,743	223,738	1	
2	REGIONAL EXPENSES	K	Research	191		216	2	
3	REGIONAL EXPENSES	K	MARKETING	194		4,054	3	
4	REGIONAL EXPENSES	K					4	
5	REGIONAL EXPENSES	K					5	
500	Total reclassifications				1,558,743	228,008	500	
	Code letter - K							
1	INTERNS AND RESIDENTS OTHER PROG	L	I&R Services-Salary & Fringes	21	4,354,097		1	
500	Total reclassifications				4,354,097		500	
	Code letter - L							
	GRAND TOTAL (Decreases)				9,693,127	39,967,424		

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

RECONCILIATION OF CAPITAL COST CENTERS

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

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	2,867,991					2,867,991		2
3	Buildings and Fixtures	134,017,200	1,842,028		1,842,028		135,859,228		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	209,949,009	3,832,206		3,832,206	150,308	213,630,907		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	346,834,200	5,674,234		5,674,234	150,308	352,358,126		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	346,834,200	5,674,234		5,674,234	150,308	352,358,126		10

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

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

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

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi	138,727,219		138,727,219	0.393711					1
2	Cap Rel Costs-Mvble Equip	213,630,906		213,630,906	0.606289					2
3	Total (sum of lines 1-2)	352,358,125		352,358,125	1.000000					3

	Description	SUMMARY OF CAPITAL								
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	4,714,671	2,002,041		80,437	1,374,460			8,171,609	1
2	Cap Rel Costs-Mvble Equip	6,979,840	5,447	111,027					7,096,314	2
3	Total (sum of lines 1-2)	11,694,511	2,007,488	111,027	80,437	1,374,460			15,267,923	3

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

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-9,029,171			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-5,354,388			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-573,407	Dietary	10	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing and allied health education (tuition, fees, books, etc.)					19
20	Vending machines	B	-17,196	Dietary	10	20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures	A	-2,852,527	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment	A	1,143,595	Cap Rel Costs-Mvble Equip	2	9 27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	PATIENT PHONES-DIRECT	A	-149,602	Administrative & General	5	33
33.01	PATIENT PHONES-BENEFITS	A	-8,343	Employee Benefits Department	4	33.01
33.02	PATIENT PHONES-DEPRECIATION	A	-1,055	Cap Rel Costs-Mvble Equip	2	9 33.02
33.03	TELEVISION-DEPRECIATION	A	-11,979	Cap Rel Costs-Mvble Equip	2	9 33.03
33.04	TELEVISION-CABLE	A	-1,770	Administrative & General	5	33.04
33.05	TELEVISION-CABLE	A	-2,946	Anesthesiology	53	33.05
33.06	TELEVISION-CABLE	A	-10,212	FAMILY PRACTICES	91.01	33.06
33.07	OTHER OPERATING REVENUE	B	-11	Employee Benefits Department	4	33.07
33.08	TELEPHONE REVENUE	B	-227,886	Administrative & General	5	33.08
33.09	OTHER OPERATING REVENUE	B	-4,736,839	Administrative & General	5	33.09
33.10	RENT INCOME	B	-203,743	Maintenance & Repairs	6	33.10
33.11	OTHER OPERATING REVENUE	B	-13,201	Laundry & Linen Service	8	33.11
33.12	OTHER OPERATING REVENUE	B	-23,011	Dietary	10	33.12
33.13	OTHER OPERATING REVENUE	B	-43,655	Central Services & Supply	14	33.13
33.14	OTHER OPERATING REVENUE	B	-548,792	Pharmacy	15	33.14
33.15	OTHER OPERATING REVENUE	B	-16,541	Medical Records & Library	16	33.15
33.16	OTHER OPERATING REVENUE	B	-345,200	I&R Services-Other Prgm Costs Apprvd	22	33.16
33.17	RENT INCOME	B	-362,880	Adults & Pediatrics	30	33.17
33.18	OTHER OPERATING REVENUE	B	-9	Subprovider - IPF	40	33.18
33.19	OTHER OPERATING REVENUE	B	-12,336	Operating Room	50	33.19
33.20	OTHER OPERATING REVENUE	B	-3,816	Recovery Room	51	33.20
33.21	OTHER OPERATING REVENUE	B	-3,644	Delivery Room & Labor Room	52	33.21
33.22	OTHER OPERATING REVENUE	B	-1,145	Anesthesiology	53	33.22
33.23	OTHER OPERATING REVENUE	B	-166,610	Radiology-Diagnostic	54	33.23
33.24	OTHER OPERATING REVENUE	B	-11,291	ULTRA SOUND	56.01	33.24

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
33.25	OTHER OPERATING REVENUE	B	-24,928	CT Scan	57	33.25
33.26	OTHER OPERATING REVENUE	B	-28,378	Laboratory	60	33.26
33.27	OTHER OPERATING REVENUE	B	-3,244	Blood Storing, Processing & Trans.	63	33.27
33.28	OTHER OPERATING REVENUE	B	-3,147	Respiratory Therapy	65	33.28
33.29	OTHER OPERATING REVENUE	B	-6,292	Physical Therapy	66	33.29
33.30	OTHER OPERATING REVENUE	B	-2,450	Occupational Therapy	67	33.30
33.31	OTHER OPERATING REVENUE	B	-3,602	Electrocardiology	69	33.31
33.32	OTHER OPERATING REVENUE	B	1,977	Emergency	91	33.32
33.33	OTHER OPERATING REVENUE	B	-92,840	FAMILY PRACTICES	91.01	33.33
33.34	OTHER OPERATING REVENUE	B	-9,227	Home Health Agency	101	33.34
33.35	INTEREST INCOME	A	-8,091	Administrative & General	5	33.35
33.36	ADVERTISING	A	-13,070	Administrative & General	5	33.36
33.37	ADVERTISING	A	-941	I&R Services-Other Prgm Costs Apprvd	22	33.37
33.38	ADVERTISING	A	-2,073	Adults & Pediatrics	30	33.38
33.39	ADVERTISING	A	-296	Subprovider - IRF	41	33.39
33.40	ADVERTISING	A	-296	Skilled Nursing Facility	44	33.40
33.41	ADVERTISING	A	-1,782	FAMILY PRACTICES	91.01	33.41
33.42	ADVERTISING	A	-914	PSYCH DAY HOSPITAL	91.02	33.42
33.43	ADVERTISING	A	-1,361	Home Health Agency	101	33.43
33.44	OTHER OPERATING EXPENSES	A	-31,542	Administrative & General	5	33.44
33.45	OTHER OPERATING EXPENSES	A	-73	Nursing Administration	13	33.45
33.46	OTHER OPERATING EXPENSES	A	-4,365	Adults & Pediatrics	30	33.46
33.47	OTHER OPERATING EXPENSES	A	-170	Intensive Care Unit	31	33.47
33.48	OTHER OPERATING EXPENSES	A	-13	Subprovider - IRF	41	33.48
33.49	OTHER OPERATING EXPENSES	A	-89	Skilled Nursing Facility	44	33.49
33.50	OTHER OPERATING EXPENSES	A	-266	Delivery Room & Labor Room	52	33.50
33.51	OTHER OPERATING EXPENSES	A	-2,143	Cardiac Catheterization	59	33.51
33.52	OTHER OPERATING EXPENSES	A	-1,071	Emergency	91	33.52
33.53	OTHER OPERATING EXPENSES	A	-25,474	FAMILY PRACTICES	91.01	33.53
33.54	OTHER OPERATING EXPENSES	A	-1,709	Home Health Agency	101	33.54
33.55	PHYSICIAN RECRUITMENT	A	-30,042	Administrative & General	5	33.55
33.56	PHYSICIAN RECRUITMENT	A	-5,426	Employee Benefits Department	4	33.56
33.57	NON-ALLOWABLE MEALS	A	-27,505	Administrative & General	5	33.57
33.58	NON-ALLOWABLE MEALS	A	-202	FAMILY PRACTICES	91.01	33.58
33.59	NON-ALLOWABLE TRAVEL	A	-5,873	Administrative & General	5	33.59
33.60	NON-ALLOWABLE TRAVEL	A	-2,229	Operating Room	50	33.60
33.61	NON-ALLOWABLE TRAVEL	A	-988	Emergency	91	33.61
33.62	NON-ALLOWABLE TRAVEL	A	-502	FAMILY PRACTICES	91.01	33.62
33.63	DUES & SUBSCRIPTIONS	A	-94,654	Administrative & General	5	33.63
33.64	DUES & SUBSCRIPTIONS	A	-397	FAMILY PRACTICES	91.01	33.64
33.65	LOBBYING DUES	A	-59,755	Administrative & General	5	33.65
33.66	PURCHASED SERVICES	A	-495,055	Administrative & General	5	33.66
33.67	PURCHASED SERVICES	A	-3,986	Delivery Room & Labor Room	52	33.67
33.68	DONATIONS & CONTRIBUTIONS	A	-24,813	Administrative & General	5	33.68
33.69	DONATIONS & CONTRIBUTIONS	A	-2,000	Nursing Administration	13	33.69
33.70	PATIENT TRANSPORTATION	A	-10	Employee Benefits Department	4	33.70
33.71	PATIENT TRANSPORTATION	A	-19,704	Administrative & General	5	33.71
33.72	PATIENT TRANSPORTATION	A	133	Nursing Administration	13	33.72
33.73	PATIENT TRANSPORTATION	A	-1,992	Adults & Pediatrics	30	33.73
33.74	PATIENT TRANSPORTATION	A	-11	Intensive Care Unit	31	33.74
33.75	PATIENT TRANSPORTATION	A	-1,017	Subprovider - IPF	40	33.75
33.76	PATIENT TRANSPORTATION	A	-43	Delivery Room & Labor Room	52	33.76
33.77	PATIENT TRANSPORTATION	A	-910	Emergency	91	33.77
33.78	PATIENT TRANSPORTATION	A	-6,516	FAMILY PRACTICES	91.01	33.78
33.79	PATIENT TRANSPORTATION	A	-128	PSYCH DAY HOSPITAL	91.02	33.79
33.80	ALCOHOL & LIQUOR	A	-937	Administrative & General	5	33.80
33.81	ALCOHOL & LIQUOR	A	-2,821	I&R Services-Other Prgm Costs Apprvd	22	33.81
33.82	PENALTIES & FINES	A	-5,128	Pharmacy	15	33.82
33.83	PENALTIES & FINES	A	-8,767	Radiology-Diagnostic	54	33.83
33.84	MSO FEES	A	-657	Dietary	10	33.84
33.85	MSO FEES	A	-45,996	Electrocardiology	69	33.85
33.86	MSO FEES	A	-489,322	FAMILY PRACTICES	91.01	33.86
33.87	PHYSICIAN CONTINUING EDUCATION	A	-4,400	FAMILY PRACTICES	91.01	33.87
33.88	PHYSICIAN RELOCATION EXPENSE	A	-93,625	Administrative & General	5	33.88
33.89	EMPLOYEE BENEFITS	A	-49,058	Employee Benefits Department	4	33.89

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS / CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			Wkst. A-7 Ref.
				COST CENTER	LINE#		
		1	2	3	4	5	
33.90	PROPERTY TAXES	A	-82,691	Cap Rel Costs-Bldg & Fixt	1	13	33.90
33.91	LEGAL	A	-111,468	Administrative & General	5		33.91
33.92	LEGAL	A	-100	Adults & Pediatrics	30		33.92
33.93	MEDICAL STAFF RELATIONS	A	-170,745	Administrative & General	5		33.93
33.94	MEDICAL STAFF RELATIONS	A	-7,688	I&R Services-Other Prgm Costs Apprvd	22		33.94
33.95	IDPA TAX ASSESSMENT	A	-148	Administrative & General	5		33.95
33.96	H.O. WORKER COMPENSATION	A	2,345,331	Employee Benefits Department	4		33.96
33.97	PERIOD 13 ADJUSTMENT	A	-485,122	Employee Benefits Department	4		33.97
33.98	PERIOD 13 ADJUSTMENT	A	17,274,098	Administrative & General	5		33.98
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-6,580,350				50

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

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

WORKSHEET A-8-1

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

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
1	2	3	4	5	6	7		
1	1	Cap Rel Costs-Bldg & Fixt	TENET DIRECT ALLOC.- CAPITAL	1,105,244		1,105,244	9	1
2	1	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC.- CAPITAL	1,130,382		1,130,382	9	2
3	5	Administrative & General	TENET POOL/DIRECT ALLOC.-NON CAPITAL	4,071,434		4,071,434		3
4	5	Administrative & General	PERIOD 13 ADJ - IC OVERHEAD ALLOC		10,755,073	-10,755,073		4
4.01	1	Cap Rel Costs-Bldg & Fixt	REGIONAL ALLOCATION	354,663	354,663		9	4.01
4.02	2	Cap Rel Costs-Mvble Equip	REGIONAL ALLOCATION	2,913	2,913		9	4.02
4.03	4	Employee Benefits Department	REGIONAL ALLOCATION	72,225	72,225			4.03
4.04	5	Administrative & General	REGIONAL ALLOCATION	9,480,308	9,480,308			4.04
4.05	15	Pharmacy	REGIONAL ALLOCATION	90,660	90,660			4.05
4.06	16	Medical Records & Library	REGIONAL ALLOCATION	1,520,415	1,520,415			4.06
4.07	191	Research	REGIONAL ALLOCATION	67,548	67,548			4.07
4.08	194	MARKETING	REGIONAL ALLOCATION	31,634	31,634			4.08
4.09	60	Laboratory	GENESIS LAB	5,121,505	5,907,869	-786,364		4.09
4.10	5	Administrative & General	FINANCE DEPT.	442,859	494,617	-51,758		4.10
4.11	4	Employee Benefits Department	FINANCE DEPT.	767,028	835,281	-68,253		4.11
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			24,258,818	29,613,206	-5,354,388		5

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

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

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership		Type of Business
	1	2	3	4	5	6	
6	B			TENET HLTHCARE	100.00	HEALTHCARE	6
7	G			GENESIS	1.00	LAB	7
8	G			REGIONAL	1.00	HEALTHCARE	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider/ Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen ADMINISTRATIVE	240,826	226,801	14,025	177,200	94	8,008	400	1
2	6	Maintenance & Repair MAINTENANCE & R	451	451						2
3	13	Nursing Administrati NURSING ADMINIS	7,879		7,879	177,200	48	4,089	204	3
4	30	Adults & Pediatrics ADULTS & PEDIAT	16,923	16,923						4
5	31	Intensive Care Unit INTENSIVE CARE	91,600	24,775	66,825	177,200	445	37,911	1,896	5
6	40	Subprovider - IPF SUBPROVIDER - I	872,353	872,353						6
7	41	Subprovider - IRF SUBPROVIDER - I	100,275	10,875	89,400	177,200	596	50,775	2,539	7
8	43	Nursery NURSERY	367,893	367,893						8
9	44	Skilled Nursing Faci SKILLED NURSING	9,272	9,272						9
10	50	Operating Room OPERATING ROOM	1,221,473	1,221,473						10
11	52	Delivery Room & Labo DELIVERY ROOM &	1,626,548	1,626,548						11
12	53	Anesthesiology ANESTHESIOLOGY	447,731	447,731						12
13	54	Radiology-Diagnostic RADIOLOGY-DIAGN	724,909	724,909						13
14	59	Cardiac Catheterizat CARDIAC CATHETE	71,619	15,750	55,869	177,200	319	27,176	1,359	14
15	69	Electrocardiology ELECTROCARDIOLO	154,425	154,425						15
16	91	Emergency EMERGENCY	272,312	272,312						16
17	91.01	FAMILY PRACTICES FAMILY PRACTICE	2,929,275	2,928,675	600	177,200	4	341	17	17
18	91.02	PSYCH DAY HOSPITAL PSYCH DAY HOSPI	5,200	100	5,100	177,200	41	3,493	175	18
19										19
20										20
200		TOTAL	9,160,964	8,921,266	239,698		1,547	131,793	6,590	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowanc e	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen ADMINISTRATIVE					8,008	6,017	232,818	1
2	6	Maintenance & Repair MAINTENANCE & R							451	2
3	13	Nursing Administrati NURSING ADMINIS					4,089	3,790	3,790	3
4	30	Adults & Pediatrics ADULTS & PEDIAT							16,923	4
5	31	Intensive Care Unit INTENSIVE CARE					37,911	28,914	53,689	5
6	40	Subprovider - IPF SUBPROVIDER - I							872,353	6
7	41	Subprovider - IRF SUBPROVIDER - I					50,775	38,625	49,500	7
8	43	Nursery NURSERY							367,893	8
9	44	Skilled Nursing Faci SKILLED NURSING							9,272	9
10	50	Operating Room OPERATING ROOM							1,221,473	10
11	52	Delivery Room & Labo DELIVERY ROOM &							1,626,548	11
12	53	Anesthesiology ANESTHESIOLOGY							447,731	12
13	54	Radiology-Diagnostic RADIOLOGY-DIAGN							724,909	13
14	59	Cardiac Catheterizat CARDIAC CATHETE					27,176	28,693	44,443	14
15	69	Electrocardiology ELECTROCARDIOLO							154,425	15
16	91	Emergency EMERGENCY							272,312	16
17	91.01	FAMILY PRACTICES FAMILY PRACTICE					341	259	2,928,934	17
18	91.02	PSYCH DAY HOSPITAL PSYCH DAY HOSPI					3,493	1,607	1,707	18
19										19
20										20
200		TOTAL					131,793	107,905	9,029,171	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	8,171,609	8,171,609					1
2	Cap Rel Costs-Mvble Equip	7,096,314		7,096,314				2
4	Employee Benefits Department	21,798,643			21,798,643			4
5	Administrative & General	28,600,372	840,541	754,753	2,220,618	32,416,284	32,416,284	5
6	Maintenance & Repairs	9,582,915	3,326,975	2,987,411	350,076	16,247,377	2,792,518	6
7	Operation of Plant							7
8	Laundry & Linen Service	1,059,708	5,232	4,698	114,035	1,183,673	203,444	8
9	Housekeeping	3,104,258	68,386	61,407	475,782	3,709,833	637,628	9
10	Dietary	2,998,698	198,543	178,279	525,323	3,900,843	670,457	10
11	Cafeteria		75,025	67,368		142,393	24,474	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,351,927	15,343	13,777	270,312	1,651,359	283,827	13
14	Central Services & Supply	173,134	42,761	38,397	80,694	334,986	57,576	14
15	Pharmacy	6,152,832	52,884	47,487	603,506	6,856,709	1,178,497	15
16	Medical Records & Library	2,472,393	55,097	49,474	420,898	2,997,862	515,258	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,258,502			1,169,349	6,427,851	1,104,787	21
22	I&R Services-Other Prgm Costs Apprvd	6,734,112	64,119	57,575	968,234	7,824,040	1,344,757	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	20,604,108	974,499	875,039	4,437,288	26,890,934	4,621,949	30
31	Intensive Care Unit	3,427,966	85,908	77,140	708,733	4,299,747	739,019	31
40	Subprovider - IPF	2,329,887	160,310	143,948	492,816	3,126,961	537,446	40
41	Subprovider - IRF	1,410,360	75,559	67,847	290,435	1,844,201	316,972	41
43	Nursery	1,187,030	38,710	34,759	247,838	1,508,337	259,245	43
44	Skilled Nursing Facility	1,813,586	59,557	53,479	379,227	2,305,849	396,318	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,854,315	324,114	291,034	955,571	9,425,034	1,619,928	50
51	Recovery Room	679,916	30,096	27,025	147,743	884,780	152,072	51
52	Delivery Room & Labor Room	2,125,247	84,955	76,284	446,123	2,732,609	469,667	52
53	Anesthesiology	918,766	2,043	1,834	109,757	1,032,400	177,444	53
54	Radiology-Diagnostic	11,113,426	232,634	208,890	700,657	12,255,607	2,106,432	54
56	Radioisotope	685,438	22,164	19,902	64,451	791,955	136,117	56
56.01	ULTRA SOUND	939,941			197,219	1,137,160	195,449	56.01
56.02	MAMMOGRAPHY	945,998	51,216	45,989	160,832	1,204,035	206,944	56.02
57	CT Scan	855,534	20,995	18,852	160,916	1,056,297	181,551	57
58	MRI	554,270			94,856	649,126	111,569	58
59	Cardiac Catheterization	2,473,115	42,795	38,428	206,764	2,761,102	474,564	59
59.01	GASTRO INTESTINAL	2,330,762	79,122	71,047	304,532	2,785,463	478,751	59.01
60	Laboratory	5,121,509	210,186	188,734	3,355	5,523,784	949,400	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	732,946	12,154	10,914		756,014	129,940	63
65	Respiratory Therapy	1,326,156	24,014	21,563	256,428	1,628,161	279,840	65
66	Physical Therapy	2,403,775	91,424	82,093	522,267	3,099,559	532,737	66
66.01	TCU REHAB	370,506	27,463	24,660	80,047	502,676	86,397	66.01
67	Occupational Therapy	554,189			123,566	677,755	116,489	67
68	Speech Pathology	304,121	14,935	13,410	67,371	399,837	68,722	68
69	Electrocardiology	761,019			148,880	909,899	156,389	69
69.01	CARDIAC HEHAB	213,624	83,253	74,756	44,813	416,446	71,577	69.01
71	Medical Supplies Charged to Patients	5,615,860				5,615,860	965,226	71
72	Impl. Dev. Charged to Patients	11,089,107				11,089,107	1,905,940	72
73	Drugs Charged to Patients	6,401,073				6,401,073	1,100,184	73
74	Renal Dialysis	678,623	3,348	3,006		684,977	117,730	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	6,433,708	148,325	133,187	1,233,315	7,948,535	1,366,154	91
91.01	FAMILY PRACTICES	5,193,746	146,442	131,495	917,122	6,388,805	1,098,076	91.01
91.02	PSYCH DAY HOSPITAL	378,869	59,784	53,682	81,035	573,370	98,548	91.02
91.03	WOUND CARE	237,642			44,656	282,298	48,520	91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINISTRATIVE & GENERAL	
		0	1	2	4	4A	5	
101	Home Health Agency	4,801,305	40,877	36,705	780,316	5,659,203	972,676	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	219,422,860	7,891,788	7,086,328	21,607,756	218,942,166	32,059,205	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		11,122	9,986		21,108	3,628	190
191	Research	66,646			15,069	81,715	14,045	191
192	Physicians' Private Offices		189,010			189,010	32,486	192
194	MARKETING	1,094,464	16,285		110,395	1,221,144	209,884	194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS	435,745			65,423	501,168	86,138	194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS							194.0
5								5
194.0	VACANT SPACE		63,404			63,404	10,898	194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	221,019,715	8,171,609	7,096,314	21,798,643	221,019,715	32,416,284	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6	8	9	10	11	13	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs	19,039,895						6
7	Operation of Plant							7
8	Laundry & Linen Service	24,877	1,411,994					8
9	Housekeeping	325,184		4,672,645				9
10	Dietary	944,092	10,659	236,032	5,762,083			10
11	Cafeteria	356,753		89,192	1,782,872	2,395,684		11
12	Maintenance of Personnel							12
13	Nursing Administration	72,959		18,240		30,685	2,057,070	13
14	Central Services & Supply	203,335	20,831	50,836		24,610		14
15	Pharmacy	251,470		62,870		69,163	6,163	15
16	Medical Records & Library	261,993		65,501		75,899		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					210,087		21
22	I&R Services-Other Prgm Costs Apprvd	304,894	1,667	76,227		71,673		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,633,847	430,364	1,158,506	1,707,672	693,415	965,061	30
31	Intensive Care Unit	408,504	56,525	102,130	160,840	86,729	188,015	31
40	Subprovider - IPF	762,289	62,582	190,580	279,634	69,736	96,207	40
41	Subprovider - IRF	359,289	53,773	89,826	121,352	33,767	41,036	41
43	Nursery	184,070	16,838	46,019		27,890	65,803	43
44	Skilled Nursing Facility	283,201	56,814	70,803	226,252	58,531	63,922	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,541,198	118,688	385,315		151,270	70,982	50
51	Recovery Room	143,111	27,831	35,779		15,365	35,727	51
52	Delivery Room & Labor Room	403,971	56,721	100,997		55,383	107,300	52
53	Anesthesiology	9,713	8,455	2,428		17,082	18,033	53
54	Radiology-Diagnostic	1,106,198	85,435	276,561		107,223	24,446	54
56	Radioisotope	105,391		26,349		6,758		56
56.01	ULTRA SOUND					21,946	80	56.01
56.02	MAMMOGRAPHY	243,537	22,617	60,887		19,679	4,630	56.02
57	CT Scan	99,833		24,959		20,362	4,917	57
58	MRI					13,384		58
59	Cardiac Catheterization	203,496	19,489	50,876		22,034	27,543	59
59.01	GASTRO INTESTINAL	376,234	60,194	94,062		47,085	43,651	59.01
60	Laboratory	999,458		249,875		991		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	57,795		14,449				63
65	Respiratory Therapy	114,187		28,548		39,094		65
66	Physical Therapy	434,730	23,536	108,687		92,584		66
66.01	TCU REHAB	130,592		32,649				66.01
67	Occupational Therapy							67
68	Speech Pathology	71,016		17,755		6,890		68
69	Electrocardiology		71,182			18,380	9,804	69
69.01	CARDIAC HEHAB	395,876	890	98,973		7,616	3,151	69.01
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis	15,919		3,980				74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	705,303	165,685	176,333		186,864	268,138	91
91.01	FAMILY PRACTICES	696,345	3,122	174,093			42	91.01
91.02	PSYCH DAY HOSPITAL	284,280		71,073		12,811	5,574	91.02
91.03	WOUND CARE					5,745	4,193	91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	194,377		48,596		55,383	2,652	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MAIN-TENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6	8	9	10	11	13	
118	SUBTOTALS (sum of lines 1-117)	17,709,317	1,373,898	4,339,986	4,278,622	2,376,114	2,057,070	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	52,884		13,222				190
191	Research					1,651		191
192	Physicians' Private Offices	898,762	38,096	224,700				192
194	MARKETING	77,438		19,360		9,950		194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS					7,969		194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS				1,483,461			194.0
5								5
194.0	VACANT SPACE	301,494		75,377				194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	19,039,895	1,411,994	4,672,645	5,762,083	2,395,684	2,057,070	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply	692,174						14
15	Pharmacy		8,424,872					15
16	Medical Records & Library			3,916,513				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				7,742,725			21
22	I&R Services-Other Prgm Costs Apprvd					9,623,258		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics			286,544	4,369,986	5,431,358	51,189,636	30
31	Intensive Care Unit			57,019			6,098,528	31
40	Subprovider - IPF			33,486	25,153	31,262	5,215,336	40
41	Subprovider - IRF			17,940			2,878,156	41
43	Nursery			16,916			2,125,118	43
44	Skilled Nursing Facility			9,296			3,470,986	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room			374,110	325,511	404,570	14,416,606	50
51	Recovery Room			48,868			1,343,533	51
52	Delivery Room & Labor Room			43,854			3,970,502	52
53	Anesthesiology			133,827			1,399,382	53
54	Radiology-Diagnostic			161,263			16,123,165	54
56	Radioisotope			38,549			1,105,119	56
56.01	ULTRA SOUND			80,440			1,435,075	56.01
56.02	MAMMOGRAPHY			73,309			1,835,638	56.02
57	CT Scan			311,224			1,699,143	57
58	MRI			101,117			875,196	58
59	Cardiac Catheterization			155,183			3,714,287	59
59.01	GASTRO INTESTINAL			138,652			4,024,092	59.01
60	Laboratory			261,989			7,985,497	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.			9,493			967,691	63
65	Respiratory Therapy			25,492			2,115,322	65
66	Physical Therapy			60,395			4,352,228	66
66.01	TCU REHAB			1,345			753,659	66.01
67	Occupational Therapy			13,503			807,747	67
68	Speech Pathology			6,616			570,836	68
69	Electrocardiology			87,521			1,253,175	69
69.01	CARDIAC REHAB			7,415			1,001,944	69.01
71	Medical Supplies Charged to Patients	232,693		202,367			7,016,146	71
72	Impl. Dev. Charged to Patients	459,481		168,700			13,623,228	72
73	Drugs Charged to Patients		8,424,872	547,269			16,473,398	73
74	Renal Dialysis			3,266			825,872	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency			343,457	219,720	273,085	11,653,274	91
91.01	FAMILY PRACTICES			48,912	2,802,355	3,482,983	14,694,733	91.01
91.02	PSYCH DAY HOSPITAL			17,654			1,063,310	91.02
91.03	WOUND CARE			6,741			347,497	91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency			22,781			6,955,668	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
		14	15	16	21	22	24	
118	SUBTOTALS (sum of lines 1-117)	692,174	8,424,872	3,916,513	7,742,725	9,623,258	215,380,723	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen						90,842	190
191	Research						97,411	191
192	Physicians' Private Offices						1,383,054	192
194	MARKETING						1,537,776	194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS						595,275	194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS						1,483,461	194.0
5								5
194.0	VACANT SPACE						451,173	194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	692,174	8,424,872	3,916,513	7,742,725	9,623,258	221,019,715	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		25	26		
	GENERAL SERVICE COST CENTERS				
1	Cap Rel Costs-Bldg & Fixt				1
2	Cap Rel Costs-Mvble Equip				2
4	Employee Benefits Department				4
5	Administrative & General				5
6	Maintenance & Repairs				6
7	Operation of Plant				7
8	Laundry & Linen Service				8
9	Housekeeping				9
10	Dietary				10
11	Cafeteria				11
12	Maintenance of Personnel				12
13	Nursing Administration				13
14	Central Services & Supply				14
15	Pharmacy				15
16	Medical Records & Library				16
17	Social Service				17
19	Nonphysician Anesthetists				19
20	Nursing School				20
21	I&R Services-Salary & Fringes Apprvd				21
22	I&R Services-Other Prgm Costs Apprvd				22
23	Paramed Ed Prgm-(specify)				23
	INPATIENT ROUTINE SERV COST CENTERS				
30	Adults & Pediatrics	-9,801,344	41,388,292		30
31	Intensive Care Unit		6,098,528		31
40	Subprovider - IPF	-56,415	5,158,921		40
41	Subprovider - IRF		2,878,156		41
43	Nursery		2,125,118		43
44	Skilled Nursing Facility		3,470,986		44
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	-730,081	13,686,525		50
51	Recovery Room		1,343,533		51
52	Delivery Room & Labor Room		3,970,502		52
53	Anesthesiology		1,399,382		53
54	Radiology-Diagnostic		16,123,165		54
56	Radioisotope		1,105,119		56
56.01	ULTRA SOUND		1,435,075		56.01
56.02	MAMMOGRAPHY		1,835,638		56.02
57	CT Scan		1,699,143		57
58	MRI		875,196		58
59	Cardiac Catheterization		3,714,287		59
59.01	GASTRO INTESTINAL		4,024,092		59.01
60	Laboratory		7,985,497		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.		967,691		63
65	Respiratory Therapy		2,115,322		65
66	Physical Therapy		4,352,228		66
66.01	TCU REHAB		753,659		66.01
67	Occupational Therapy		807,747		67
68	Speech Pathology		570,836		68
69	Electrocardiology		1,253,175		69
69.01	CARDIAC REHAB		1,001,944		69.01
71	Medical Supplies Charged to Patients		7,016,146		71
72	Impl. Dev. Charged to Patients		13,623,228		72
73	Drugs Charged to Patients		16,473,398		73
74	Renal Dialysis		825,872		74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	-492,805	11,160,469		91
91.01	FAMILY PRACTICES	-6,285,338	8,409,395		91.01
91.02	PSYCH DAY HOSPITAL		1,063,310		91.02
91.03	WOUND CARE		347,497		91.03
92	Observation Beds (Non-Distinct Part)				92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
101	Home Health Agency		6,955,668		101
	SPECIAL PURPOSE COST CENTERS				

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
118	SUBTOTALS (sum of lines 1-117)	-17,365,983	198,014,740				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		90,842				190
191	Research		97,411				191
192	Physicians' Private Offices		1,383,054				192
194	MARKETING		1,537,776				194
194.0	MACNEAL SCHOOL						194.0
1							1
194.0	COMMUNITY RELATIONS		595,275				194.0
2							2
194.0	RETAIL PHARMACY						194.0
3							3
194.0	HOME DELIVERED MEALS						194.0
4							4
194.0	CATERED MEALS		1,483,461				194.0
5							5
194.0	VACANT SPACE		451,173				194.0
6							6
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	-17,365,983	203,653,732				202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2	2A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General		840,541	754,753	1,595,294	1,595,294		5
6	Maintenance & Repairs		3,326,975	2,987,411	6,314,386	137,420	6,451,806	6
7	Operation of Plant							7
8	Laundry & Linen Service		5,232	4,698	9,930	10,012	8,430	8
9	Housekeeping		68,386	61,407	129,793	31,378	110,191	9
10	Dietary		198,543	178,279	376,822	32,993	319,912	10
11	Cafeteria		75,025	67,368	142,393	1,204	120,888	11
12	Maintenance of Personnel							12
13	Nursing Administration		15,343	13,777	29,120	13,967	24,723	13
14	Central Services & Supply		42,761	38,397	81,158	2,833	68,901	14
15	Pharmacy		52,884	47,487	100,371	57,994	85,212	15
16	Medical Records & Library		55,097	49,474	104,571	25,356	88,778	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					54,367		21
22	I&R Services-Other Prgm Costs Apprvd		64,119	57,575	121,694	66,176	103,315	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		974,499	875,039	1,849,538	227,530	1,570,219	30
31	Intensive Care Unit		85,908	77,140	163,048	36,367	138,424	31
40	Subprovider - IPF		160,310	143,948	304,258	26,448	258,307	40
41	Subprovider - IRF		75,559	67,847	143,406	15,598	121,748	41
43	Nursery		38,710	34,759	73,469	12,758	62,373	43
44	Skilled Nursing Facility		59,557	53,479	113,036	19,503	95,965	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		324,114	291,034	615,148	79,717	522,246	50
51	Recovery Room		30,096	27,025	57,121	7,483	48,494	51
52	Delivery Room & Labor Room		84,955	76,284	161,239	23,112	136,888	52
53	Anesthesiology		2,043	1,834	3,877	8,732	3,291	53
54	Radiology-Diagnostic		232,634	208,890	441,524	103,658	374,843	54
56	Radioisotope		22,164	19,902	42,066	6,698	35,712	56
56.01	ULTRA SOUND					9,618		56.01
56.02	MAMMOGRAPHY		51,216	45,989	97,205	10,184	82,524	56.02
57	CT Scan		20,995	18,852	39,847	8,934	33,829	57
58	MRI					5,490		58
59	Cardiac Catheterization		42,795	38,428	81,223	23,353	68,956	59
59.01	GASTRO INTESTINAL		79,122	71,047	150,169	23,559	127,489	59.01
60	Laboratory		210,186	188,734	398,920	46,720	338,674	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		12,154	10,914	23,068	6,394	19,584	63
65	Respiratory Therapy		24,014	21,563	45,577	13,771	38,693	65
66	Physical Therapy		91,424	82,093	173,517	26,216	147,311	66
66.01	TCU REHAB		27,463	24,660	52,123	4,252	44,252	66.01
67	Occupational Therapy					5,732		67
68	Speech Pathology		14,935	13,410	28,345	3,382	24,064	68
69	Electrocardiology					7,696		69
69.01	CARDIAC HEHAB		83,253	74,756	158,009	3,522	134,146	69.01
71	Medical Supplies Charged to Patients					47,499		71
72	Impl. Dev. Charged to Patients					93,792		72
73	Drugs Charged to Patients					54,140		73
74	Renal Dialysis		3,348	3,006	6,354	5,794	5,394	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		148,325	133,187	281,512	67,229	238,997	91
91.01	FAMILY PRACTICES		146,442	131,495	277,937	54,037	235,962	91.01
91.02	PSYCH DAY HOSPITAL		59,784	53,682	113,466	4,850	96,330	91.02
91.03	WOUND CARE					2,388		91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		40,877	36,705	77,582	47,866	65,866	101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	
		0	1	2	2A	5	6	
118	SUBTOTALS (sum of lines 1-117)		7,891,788	7,086,328	14,978,116	1,577,722	6,000,931	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		11,122	9,986	21,108	179	17,920	190
191	Research					691		191
192	Physicians' Private Offices		189,010		189,010	1,599	304,552	192
194	MARKETING		16,285		16,285	10,328	26,240	194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS					4,239		194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS							194.0
5								5
194.0	VACANT SPACE		63,404		63,404	536	102,163	194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		8,171,609	7,096,314	15,267,923	1,595,294	6,451,806	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	28,372						8
9	Housekeeping		271,362					9
10	Dietary	214	13,707	743,648				10
11	Cafeteria		5,180	230,095	499,760			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,059		6,401	75,270		13
14	Central Services & Supply	419	2,952		5,134		161,397	14
15	Pharmacy		3,651		14,428	226		15
16	Medical Records & Library		3,804		15,833			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				43,826			21
22	I&R Services-Other Prgm Costs Apprvd	34	4,427		14,952			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	8,647	67,282	220,390	144,654	35,313		30
31	Intensive Care Unit	1,136	5,931	20,758	18,092	6,880		31
40	Subprovider - IPF	1,257	11,068	36,089	14,547	3,520		40
41	Subprovider - IRF	1,080	5,217	15,662	7,044	1,502		41
43	Nursery	338	2,673		5,818	2,408		43
44	Skilled Nursing Facility	1,142	4,112	29,200	12,210	2,339		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,385	22,377		31,556	2,597		50
51	Recovery Room	559	2,078		3,205	1,307		51
52	Delivery Room & Labor Room	1,140	5,865		11,553	3,926		52
53	Anesthesiology	170	141		3,563	660		53
54	Radiology-Diagnostic	1,717	16,061		22,368	894		54
56	Radioisotope		1,530		1,410			56
56.01	ULTRA SOUND				4,578	3		56.01
56.02	MAMMOGRAPHY	454	3,536		4,105	169		56.02
57	CT Scan		1,449		4,248	180		57
58	MRI				2,792			58
59	Cardiac Catheterization	392	2,955		4,597	1,008		59
59.01	GASTRO INTESTINAL	1,210	5,463		9,822	1,597		59.01
60	Laboratory		14,511		207			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		839					63
65	Respiratory Therapy		1,658		8,155			65
66	Physical Therapy	473	6,312		19,314			66
66.01	TCU REHAB		1,896					66.01
67	Occupational Therapy							67
68	Speech Pathology		1,031		1,437			68
69	Electrocardiology	1,430			3,834	359		69
69.01	CARDIAC HEHAB	18	5,748		1,589	115		69.01
71	Medical Supplies Charged to Patients						54,260	71
72	Impl. Dev. Charged to Patients						107,137	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		231					74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	3,329	10,240		38,981	9,811		91
91.01	FAMILY PRACTICES	63	10,110			2		91.01
91.02	PSYCH DAY HOSPITAL		4,128		2,673	204		91.02
91.03	WOUND CARE				1,199	153		91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		2,822		11,553	97		101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8	9	10	11	13	14	
118	SUBTOTALS (sum of lines 1-117)	27,607	252,044	552,194	495,678	75,270	161,397	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		768					190
191	Research				344			191
192	Physicians' Private Offices	765	13,049					192
194	MARKETING		1,124		2,076			194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS				1,662			194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS			191,454				194.0
5								5
194.0	VACANT SPACE		4,377					194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	28,372	271,362	743,648	499,760	75,270	161,397	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	21	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy	261,882						15
16	Medical Records & Library		238,342					16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			98,193				21
22	I&R Services-Other Prgm Costs Apprvd				310,598			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		17,419			4,140,992		30
31	Intensive Care Unit		3,466			394,102		31
40	Subprovider - IPF		2,036			657,530		40
41	Subprovider - IRF		1,091			312,348		41
43	Nursery		1,028			160,865		43
44	Skilled Nursing Facility		565			278,072		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		22,742			1,298,768		50
51	Recovery Room		2,971			123,218		51
52	Delivery Room & Labor Room		2,666			346,389		52
53	Anesthesiology		8,135			28,569		53
54	Radiology-Diagnostic		9,803			970,868		54
56	Radioisotope		2,343			89,759		56
56.01	ULTRA SOUND		4,890			19,089		56.01
56.02	MAMMOGRAPHY		4,456			202,633		56.02
57	CT Scan		18,919			107,406		57
58	MRI		6,147			14,429		58
59	Cardiac Catheterization		9,434			191,918		59
59.01	GASTRO INTESTINAL		8,429			327,738		59.01
60	Laboratory		15,926			814,958		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		577			50,462		63
65	Respiratory Therapy		1,550			109,404		65
66	Physical Therapy		3,671			376,814		66
66.01	TCU REHAB		82			102,605		66.01
67	Occupational Therapy		821			6,553		67
68	Speech Pathology		402			58,661		68
69	Electrocardiology		5,320			18,639		69
69.01	CARDIAC HEHAB		451			303,598		69.01
71	Medical Supplies Charged to Patients		12,302			114,061		71
72	Impl. Dev. Charged to Patients		10,255			211,184		72
73	Drugs Charged to Patients	261,882	33,526			349,548		73
74	Renal Dialysis		199			17,972		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency		20,879			670,978		91
91.01	FAMILY PRACTICES		2,973			581,084		91.01
91.02	PSYCH DAY HOSPITAL		1,073			222,724		91.02
91.03	WOUND CARE		410			4,150		91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		1,385			207,171		101
	SPECIAL PURPOSE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		15	16	21	22	24	25	
118	SUBTOTALS (sum of lines 1-117)	261,882	238,342			13,885,259		118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen					39,975		190
191	Research					1,035		191
192	Physicians' Private Offices					508,975		192
194	MARKETING					56,053		194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS					5,901		194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS					191,454		194.0
5								5
194.0	VACANT SPACE					170,480		194.0
6								6
200	Cross Foot Adjustments			98,193	310,598	408,791		200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	261,882	238,342	98,193	310,598	15,267,923		202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	4,140,992					30
31	Intensive Care Unit	394,102					31
40	Subprovider - IPF	657,530					40
41	Subprovider - IRF	312,348					41
43	Nursery	160,865					43
44	Skilled Nursing Facility	278,072					44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,298,768					50
51	Recovery Room	123,218					51
52	Delivery Room & Labor Room	346,389					52
53	Anesthesiology	28,569					53
54	Radiology-Diagnostic	970,868					54
56	Radioisotope	89,759					56
56.01	ULTRA SOUND	19,089					56.01
56.02	MAMMOGRAPHY	202,633					56.02
57	CT Scan	107,406					57
58	MRI	14,429					58
59	Cardiac Catheterization	191,918					59
59.01	GASTRO INTESTINAL	327,738					59.01
60	Laboratory	814,958					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	50,462					63
65	Respiratory Therapy	109,404					65
66	Physical Therapy	376,814					66
66.01	TCU REHAB	102,605					66.01
67	Occupational Therapy	6,553					67
68	Speech Pathology	58,661					68
69	Electrocardiology	18,639					69
69.01	CARDIAC HEHAB	303,598					69.01
71	Medical Supplies Charged to Patients	114,061					71
72	Impl. Dev. Charged to Patients	211,184					72
73	Drugs Charged to Patients	349,548					73
74	Renal Dialysis	17,972					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	670,978					91
91.01	FAMILY PRACTICES	581,084					91.01
91.02	PSYCH DAY HOSPITAL	222,724					91.02
91.03	WOUND CARE	4,150					91.03
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency	207,171					101
	SPECIAL PURPOSE COST CENTERS						

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
118	SUBTOTALS (sum of lines 1-117)	13,885,259					118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen	39,975					190
191	Research	1,035					191
192	Physicians' Private Offices	508,975					192
194	MARKETING	56,053					194
194.0	MACNEAL SCHOOL						194.0
1							1
194.0	COMMUNITY RELATIONS	5,901					194.0
2							2
194.0	RETAIL PHARMACY						194.0
3							3
194.0	HOME DELIVERED MEALS						194.0
4							4
194.0	CATERED MEALS	191,454					194.0
5							5
194.0	VACANT SPACE	170,480					194.0
6							6
200	Cross Foot Adjustments	408,791					200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	15,267,923					202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	720,058						1
2	Cap Rel Costs-Mvble Equip		696,381					2
4	Employee Benefits Department			98,027,355				4
5	Administrative & General	74,066	74,066	9,986,005	-32,416,284	188,603,431		5
6	Maintenance & Repairs	293,163	293,163	1,574,272		16,247,377	352,829	6
7	Operation of Plant							7
8	Laundry & Linen Service	461	461	512,810		1,183,673	461	8
9	Housekeeping	6,026	6,026	2,139,567		3,709,833	6,026	9
10	Dietary	17,495	17,495	2,362,352		3,900,843	17,495	10
11	Cafeteria	6,611	6,611			142,393	6,611	11
12	Maintenance of Personnel							12
13	Nursing Administration	1,352	1,352	1,215,578		1,651,359	1,352	13
14	Central Services & Supply	3,768	3,768	362,879		334,986	3,768	14
15	Pharmacy	4,660	4,660	2,713,935		6,856,709	4,660	15
16	Medical Records & Library	4,855	4,855	1,892,757		2,997,862	4,855	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			5,258,502		6,427,851		21
22	I&R Services-Other Prgm Costs Apprvd	5,650	5,650	4,354,097		7,824,040	5,650	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	85,870	85,870	19,954,242		26,890,934	85,870	30
31	Intensive Care Unit	7,570	7,570	3,187,136		4,299,747	7,570	31
40	Subprovider - IPF	14,126	14,126	2,216,168		3,126,961	14,126	40
41	Subprovider - IRF	6,658	6,658	1,306,070		1,844,201	6,658	41
43	Nursery	3,411	3,411	1,114,517		1,508,337	3,411	43
44	Skilled Nursing Facility	5,248	5,248	1,705,363		2,305,849	5,248	44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,560	28,560	4,297,152		9,425,034	28,560	50
51	Recovery Room	2,652	2,652	664,391		884,780	2,652	51
52	Delivery Room & Labor Room	7,486	7,486	2,006,191		2,732,609	7,486	52
53	Anesthesiology	180	180	493,570		1,032,400	180	53
54	Radiology-Diagnostic	20,499	20,499	3,150,818		12,255,607	20,499	54
56	Radioisotope	1,953	1,953	289,833		791,955	1,953	56
56.01	ULTRA SOUND			886,883		1,137,160		56.01
56.02	MAMMOGRAPHY	4,513	4,513	723,253		1,204,035	4,513	56.02
57	CT Scan	1,850	1,850	723,631		1,056,297	1,850	57
58	MRI			426,562		649,126		58
59	Cardiac Catheterization	3,771	3,771	929,807		2,761,102	3,771	59
59.01	GASTRO INTESTINAL	6,972	6,972	1,369,466		2,785,463	6,972	59.01
60	Laboratory	18,521	18,521	15,088		5,523,784	18,521	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	1,071	1,071			756,014	1,071	63
65	Respiratory Therapy	2,116	2,116	1,153,144		1,628,161	2,116	65
66	Physical Therapy	8,056	8,056	2,348,606		3,099,559	8,056	66
66.01	TCU REHAB	2,420	2,420	359,967		502,676	2,420	66.01
67	Occupational Therapy			555,669		677,755		67
68	Speech Pathology	1,316	1,316	302,965		399,837	1,316	68
69	Electrocardiology			669,507		909,899		69
69.01	CARDIAC HEHAB	7,336	7,336	201,524		416,446	7,336	69.01
71	Medical Supplies Charged to Patients					5,615,860		71
72	Impl. Dev. Charged to Patients					11,089,107		72
73	Drugs Charged to Patients					6,401,073		73
74	Renal Dialysis	295	295			684,977	295	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	13,070	13,070	5,546,155		7,948,535	13,070	91
91.01	FAMILY PRACTICES	12,904	12,904	4,124,249		6,388,805	12,904	91.01
91.02	PSYCH DAY HOSPITAL	5,268	5,268	364,408		573,370	5,268	91.02
91.03	WOUND CARE			200,817		282,298		91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
101	Home Health Agency	3,602	3,602	3,509,040		5,659,203	3,602	101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	695,401	695,401	97,168,946	-32,416,284	186,525,882	328,172	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	980	980			21,108	980	190
191	Research			67,764		81,715		191
192	Physicians' Private Offices	16,655				189,010	16,655	192
194	MARKETING	1,435		496,439		1,221,144	1,435	194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS			294,206		501,168		194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS							194.0
5								5
194.0	VACANT SPACE	5,587				63,404	5,587	194.0
6								6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,171,609	7,096,314	21,798,643		32,416,284	19,039,895	202
203	Unit Cost Multiplier (Wkst. B, Part I)	11.348543	10.190275	0.222373		0.171875	53.963521	203
204	Cost to be allocated (Per Wkst. B, Part II)					1,595,294	6,451,806	204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.008458	18.285929	205

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	1,821,642						8
9	Housekeeping		346,342					9
10	Dietary	13,751	17,495	691,674				10
11	Cafeteria		6,611	214,014	108,833			11
12	Maintenance of Personnel							12
13	Nursing Administration		1,352		1,394	775,685		13
14	Central Services & Supply	26,875	3,768		1,118		16,704,967	14
15	Pharmacy		4,660		3,142	2,324		15
16	Medical Records & Library		4,855		3,448			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				9,544			21
22	I&R Services-Other Prgm Costs Apprvd	2,151	5,650		3,256			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	555,222	85,870	204,987	31,501	363,908		30
31	Intensive Care Unit	72,924	7,570	19,307	3,940	70,897		31
40	Subprovider - IPF	80,738	14,126	33,567	3,168	36,278		40
41	Subprovider - IRF	69,373	6,658	14,567	1,534	15,474		41
43	Nursery	21,723	3,411		1,267	24,813		43
44	Skilled Nursing Facility	73,297	5,248	27,159	2,659	24,104		44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	153,122	28,560		6,872	26,766		50
51	Recovery Room	35,905	2,652		698	13,472		51
52	Delivery Room & Labor Room	73,177	7,486		2,516	40,461		52
53	Anesthesiology	10,908	180		776	6,800		53
54	Radiology-Diagnostic	110,221	20,499		4,871	9,218		54
56	Radioisotope		1,953		307			56
56.01	ULTRA SOUND				997	30		56.01
56.02	MAMMOGRAPHY	29,179	4,513		894	1,746		56.02
57	CT Scan		1,850		925	1,854		57
58	MRI				608			58
59	Cardiac Catheterization	25,143	3,771		1,001	10,386		59
59.01	GASTRO INTESTINAL	77,658	6,972		2,139	16,460		59.01
60	Laboratory		18,521		45			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.		1,071					63
65	Respiratory Therapy		2,116		1,776			65
66	Physical Therapy	30,364	8,056		4,206			66
66.01	TCU REHAB		2,420					66.01
67	Occupational Therapy							67
68	Speech Pathology		1,316		313			68
69	Electrocardiology	91,833			835	3,697		69
69.01	CARDIAC HEHAB	1,148	7,336		346	1,188		69.01
71	Medical Supplies Charged to Patients						5,615,860	71
72	Impl. Dev. Charged to Patients						11,089,107	72
73	Drugs Charged to Patients							73
74	Renal Dialysis		295					74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	213,754	13,070		8,489	101,110		91
91.01	FAMILY PRACTICES	4,028	12,904			16		91.01
91.02	PSYCH DAY HOSPITAL		5,268		582	2,102		91.02
91.03	WOUND CARE				261	1,581		91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		3,602		2,516	1,000		101

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		8	9	10	11	13	14	
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,772,494	321,685	513,601	107,944	775,685	16,704,967	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		980					190
191	Research				75			191
192	Physicians' Private Offices	49,148	16,655					192
194	MARKETING		1,435		452			194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS				362			194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS			178,073				194.0
5								5
194.0	VACANT SPACE		5,587					194.0
6								6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,411,994	4,672,645	5,762,083	2,395,684	2,057,070	692,174	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.775122	13.491419	8.330634	22.012478	2.651940	0.041435	203
204	Cost to be allocated (Per Wkst. B, Part II)	28,372	271,362	743,648	499,760	75,270	161,397	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.015575	0.783509	1.075142	4.591990	0.097037	0.009662	205

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy	6,401,073					15
16	Medical Records & Library		1,322,520,179				16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd			10,466			21
22	I&R Services-Other Prgm Costs Apprvd				10,466		22
23	Paramed Ed Prgm-(specify)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		96,772,752	5,907	5,907		30
31	Intensive Care Unit		19,256,808				31
40	Subprovider - IPF		11,308,896	34	34		40
41	Subprovider - IRF		6,058,800				41
43	Nursery		5,712,978				43
44	Skilled Nursing Facility		3,139,598				44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		126,345,770	440	440		50
51	Recovery Room		16,503,739				51
52	Delivery Room & Labor Room		14,810,454				52
53	Anesthesiology		45,196,575				53
54	Radiology-Diagnostic		54,462,238				54
56	Radioisotope		13,018,923				56
56.01	ULTRA SOUND		27,166,350				56.01
56.02	MAMMOGRAPHY		24,758,253				56.02
57	CT Scan		105,107,658				57
58	MRI		34,149,665				58
59	Cardiac Catheterization		52,409,142				59
59.01	GASTRO INTESTINAL		46,826,136				59.01
60	Laboratory		88,480,014				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.		3,206,003				63
65	Respiratory Therapy		8,609,281				65
66	Physical Therapy		20,396,733				66
66.01	TCU REHAB		454,394				66.01
67	Occupational Therapy		4,560,425				67
68	Speech Pathology		2,234,370				68
69	Electrocardiology		29,557,872				69
69.01	CARDIAC HEHAB		2,504,151				69.01
71	Medical Supplies Charged to Patients		68,344,112				71
72	Impl. Dev. Charged to Patients		56,973,843				72
73	Drugs Charged to Patients	6,401,073	184,646,268				73
74	Renal Dialysis		1,103,005				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	Emergency		115,993,727	297	297		91
91.01	FAMILY PRACTICES		16,518,753	3,788	3,788		91.01
91.02	PSYCH DAY HOSPITAL		5,962,190				91.02
91.03	WOUND CARE		2,276,676				91.03
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		15	16	21	22			
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		7,693,627					101
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	6,401,073	1,322,520,179	10,466	10,466			118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
194	MARKETING							194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS							194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS							194.0
5								5
194.0	VACANT SPACE							194.0
6								6
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	8,424,872	3,916,513	7,742,725	9,623,258			202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.316166	0.002961	739.797917	919.478120			203
204	Cost to be allocated (Per Wkst. B, Part II)	261,882	238,342	98,193	310,598			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.040912	0.000180	9.382094	29.676858			205

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET		
DESCRIPTION		CODE	LINE NO.	AMOUNT
1		2	3	4

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
				Total Costs	RCE Dis- allowance	Total Costs	
				1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	41,388,292		41,388,292		41,388,292	30
31	Intensive Care Unit	6,098,528		6,098,528	28,914	6,127,442	31
40	Subprovider - IPF	5,158,921		5,158,921		5,158,921	40
41	Subprovider - IRF	2,878,156		2,878,156	38,625	2,916,781	41
43	Nursery	2,125,118		2,125,118		2,125,118	43
44	Skilled Nursing Facility	3,470,986		3,470,986		3,470,986	44
ANCILLARY SERVICE COST CENTERS							
50	Operating Room	13,686,525		13,686,525		13,686,525	50
51	Recovery Room	1,343,533		1,343,533		1,343,533	51
52	Delivery Room & Labor Room	3,970,502		3,970,502		3,970,502	52
53	Anesthesiology	1,399,382		1,399,382		1,399,382	53
54	Radiology-Diagnostic	16,123,165		16,123,165		16,123,165	54
56	Radioisotope	1,105,119		1,105,119		1,105,119	56
56.01	ULTRA SOUND	1,435,075		1,435,075		1,435,075	56.01
56.02	MAMMOGRAPHY	1,835,638		1,835,638		1,835,638	56.02
57	CT Scan	1,699,143		1,699,143		1,699,143	57
58	MRI	875,196		875,196		875,196	58
59	Cardiac Catheterization	3,714,287		3,714,287	28,693	3,742,980	59
59.01	GASTRO INTESTINAL	4,024,092		4,024,092		4,024,092	59.01
60	Laboratory	7,985,497		7,985,497		7,985,497	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.	967,691		967,691		967,691	63
65	Respiratory Therapy	2,115,322		2,115,322		2,115,322	65
66	Physical Therapy	4,352,228		4,352,228		4,352,228	66
66.01	TCU REHAB	753,659		753,659		753,659	66.01
67	Occupational Therapy	807,747		807,747		807,747	67
68	Speech Pathology	570,836		570,836		570,836	68
69	Electrocardiology	1,253,175		1,253,175		1,253,175	69
69.01	CARDIAC HEHAB	1,001,944		1,001,944		1,001,944	69.01
71	Medical Supplies Charged to Patients	7,016,146		7,016,146		7,016,146	71
72	Impl. Dev. Charged to Patients	13,623,228		13,623,228		13,623,228	72
73	Drugs Charged to Patients	16,473,398		16,473,398		16,473,398	73
74	Renal Dialysis	825,872		825,872		825,872	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	Emergency	11,160,469		11,160,469		11,160,469	91
91.01	FAMILY PRACTICES	8,409,395		8,409,395	259	8,409,654	91.01
91.02	PSYCH DAY HOSPITAL	1,063,310		1,063,310	1,607	1,064,917	91.02
91.03	WOUND CARE	347,497		347,497		347,497	91.03
92	Observation Beds (Non-Distinct Part)	3,646,080		3,646,080		3,646,080	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency	6,955,668		6,955,668		6,955,668	101
200	Subtotal (sum of lines 30 thru 199)	201,660,820		201,660,820	98,098	201,758,918	200
201	Less Observation Beds	3,646,080		3,646,080		3,646,080	201
202	Total (line 200 minus line 201)	198,014,740		198,014,740		198,112,838	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	75,918,800		75,918,800				30
31	Intensive Care Unit	19,256,808		19,256,808				31
40	Subprovider - IPF	11,308,896		11,308,896				40
41	Subprovider - IRF	6,058,800		6,058,800				41
43	Nursery	5,712,978		5,712,978				43
44	Skilled Nursing Facility	3,139,598		3,139,598				44
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	53,084,889	73,260,881	126,345,770	0.108326	0.108326	0.108326	50
51	Recovery Room	5,362,645	11,141,094	16,503,739	0.081408	0.081408	0.081408	51
52	Delivery Room & Labor Room	14,810,454		14,810,454	0.268088	0.268088	0.268088	52
53	Anesthesiology	16,888,392	28,308,183	45,196,575	0.030962	0.030962	0.030962	53
54	Radiology-Diagnostic	10,519,166	43,943,072	54,462,238	0.296043	0.296043	0.296043	54
56	Radioisotope	2,997,336	10,021,587	13,018,923	0.084886	0.084886	0.084886	56
56.01	ULTRA SOUND	5,745,876	21,420,474	27,166,350	0.052825	0.052825	0.052825	56.01
56.02	MAMMOGRAPHY	11,297	24,746,956	24,758,253	0.074142	0.074142	0.074142	56.02
57	CT Scan	32,734,744	72,372,914	105,107,658	0.016166	0.016166	0.016166	57
58	MRI	5,293,223	28,856,442	34,149,665	0.025628	0.025628	0.025628	58
59	Cardiac Catheterization	21,449,297	30,959,845	52,409,142	0.070871	0.070871	0.071418	59
59.01	GASTRO INTESTINAL	8,696,736	38,129,400	46,826,136	0.085937	0.085937	0.085937	59.01
60	Laboratory	44,422,962	44,057,052	88,480,014	0.090252	0.090252	0.090252	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	2,375,345	830,658	3,206,003	0.301837	0.301837	0.301837	63
65	Respiratory Therapy	7,441,585	1,167,696	8,609,281	0.245703	0.245703	0.245703	65
66	Physical Therapy	9,421,802	10,974,931	20,396,733	0.213379	0.213379	0.213379	66
66.01	TCU REHAB	454,394		454,394	1.658602	1.658602	1.658602	66.01
67	Occupational Therapy	3,676,522	883,903	4,560,425	0.177121	0.177121	0.177121	67
68	Speech Pathology	1,287,967	946,403	2,234,370	0.255480	0.255480	0.255480	68
69	Electrocardiology	12,644,390	16,913,482	29,557,872	0.042397	0.042397	0.042397	69
69.01	CARDIAC HEHAB		2,504,151	2,504,151	0.400113	0.400113	0.400113	69.01
71	Medical Supplies Charged to Patients	26,324,272	42,019,840	68,344,112	0.102659	0.102659	0.102659	71
72	Impl. Dev. Charged to Patients	31,463,524	25,510,319	56,973,843	0.239114	0.239114	0.239114	72
73	Drugs Charged to Patients	59,242,382	125,403,886	184,646,268	0.089216	0.089216	0.089216	73
74	Renal Dialysis	891,308	211,697	1,103,005	0.748747	0.748747	0.748747	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	26,455,103	89,538,624	115,993,727	0.096216	0.096216	0.096216	91
91.01	FAMILY PRACTICES		16,518,753	16,518,753	0.509082	0.509082	0.509097	91.01
91.02	PSYCH DAY HOSPITAL	1,536	5,960,654	5,962,190	0.178342	0.178342	0.178612	91.02
91.03	WOUND CARE	1,158	2,275,518	2,276,676	0.152633	0.152633	0.152633	91.03
92	Observation Beds (Non-Distinct Part)	3,216,619	17,637,333	20,853,952	0.174839	0.174839	0.174839	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
101	Home Health Agency		7,693,627	7,693,627				101
200	Subtotal (sum of lines 30 thru 199)	528,310,804	794,209,375	1,322,520,179				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	528,310,804	794,209,375	1,322,520,179				202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,140,992		4,140,992	49,129	84.29	11,040	930,562	30
31	Intensive Care Unit	394,102		394,102	4,220	93.39	1,425	133,081	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	657,530		657,530	7,323	89.79	2,753	247,192	40
41	Subprovider - IRF	312,348		312,348	3,178	98.28	1,632	160,393	41
42	Subprovider I								42
43	Nursery	160,865		160,865	3,454	46.57			43
44	Skilled Nursing Facility	278,072		278,072	5,925	46.93	3,693	173,312	44
45	Nursing Facility								45
200	Total (lines 30-199)	5,943,909		5,943,909	73,229		20,543	1,644,540	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0054

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,298,768	126,345,770	0.010279	16,677,777	171,431	50
51	Recovery Room	123,218	16,503,739	0.007466	1,290,076	9,632	51
52	Delivery Room & Labor Room	346,389	14,810,454	0.023388	15,562	364	52
53	Anesthesiology	28,569	45,196,575	0.000632	4,353,107	2,751	53
54	Radiology-Diagnostic	970,868	54,462,238	0.017826	3,498,514	62,365	54
56	Radioisotope	89,759	13,018,923	0.006895	936,185	6,455	56
56.01	ULTRA SOUND	19,089	27,166,350	0.000703	1,810,809	1,273	56.01
56.02	MAMMOGRAPHY	202,633	24,758,253	0.008184	1,309	11	56.02
57	CT Scan	107,406	105,107,658	0.001022	10,722,300	10,958	57
58	MRI	14,429	34,149,665	0.000423	1,711,802	724	58
59	Cardiac Catheterization	191,918	52,409,142	0.003662	6,138,586	22,480	59
59.01	GASTRO INTESTINAL	327,738	46,826,136	0.006999	2,491,868	17,441	59.01
60	Laboratory	814,958	88,480,014	0.009211	13,698,309	126,175	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	50,462	3,206,003	0.015740	732,483	11,529	63
65	Respiratory Therapy	109,404	8,609,281	0.012708	2,069,183	26,295	65
66	Physical Therapy	376,814	20,396,733	0.018474	2,108,053	38,944	66
66.01	TCU REHAB	102,605	454,394	0.225806			66.01
67	Occupational Therapy	6,553	4,560,425	0.001437	1,710,513	2,458	67
68	Speech Pathology	58,661	2,234,370	0.026254	578,660	15,192	68
69	Electrocardiology	18,639	29,557,872	0.000631	4,513,087	2,848	69
69.01	CARDIAC HEHAB	303,598	2,504,151	0.121238			69.01
71	Medical Supplies Charged to Pat	114,061	68,344,112	0.001669	6,923,780	11,556	71
72	Impl. Dev. Charged to Patients	211,184	56,973,843	0.003707	9,701,805	35,965	72
73	Drugs Charged to Patients	349,548	184,646,268	0.001893	15,355,746	29,068	73
74	Renal Dialysis	17,972	1,103,005	0.016294	439,906	7,168	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	670,978	115,993,727	0.005785	8,307,924	48,061	91
91.01	FAMILY PRACTICES	581,084	16,518,753	0.035177			91.01
91.02	PSYCH DAY HOSPITAL	222,724	5,962,190	0.037356			91.02
91.03	WOUND CARE	4,150	2,276,676	0.001823			91.03
92	Observation Beds (Non-Distinct	364,798	20,853,952	0.017493	1,122,020	19,627	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	8,098,977	1,193,430,672		116,909,364	680,771	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	49,129		11,040	30
31	Intensive Care Unit	4,220		1,425	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF	7,323		2,753	40
41	Subprovider - IRF	3,178		1,632	41
42	Subprovider I				42
43	Nursery	3,454			43
44	Skilled Nursing Facility	5,925		3,693	44
45	Nursing Facility				45
200	Total (lines 30-199)	73,229		20,543	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-0054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-0054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	126,345,770			16,677,777		17,758,076	50
51	Recovery Room	16,503,739			1,290,076		3,204,743	51
52	Delivery Room & Labor Room	14,810,454			15,562			52
53	Anesthesiology	45,196,575			4,353,107		5,760,587	53
54	Radiology-Diagnostic	54,462,238			3,498,514		4,562,545	54
56	Radioisotope	13,018,923			936,185		2,249,707	56
56.01	ULTRA SOUND	27,166,350			1,810,809		2,421,229	56.01
56.02	MAMMOGRAPHY	24,758,253			1,309			56.02
57	CT Scan	105,107,658			10,722,300		14,740,578	57
58	MRI	34,149,665			1,711,802		4,941,449	58
59	Cardiac Catheterization	52,409,142			6,138,586		6,276,671	59
59.01	GASTRO INTESTINAL	46,826,136			2,491,868		7,961,635	59.01
60	Laboratory	88,480,014			13,698,309		6,851,621	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	3,206,003			732,483		91,491	63
65	Respiratory Therapy	8,609,281			2,069,183		194,398	65
66	Physical Therapy	20,396,733			2,108,053		179,793	66
66.01	TCU REHAB	454,394						66.01
67	Occupational Therapy	4,560,425			1,710,513		142,350	67
68	Speech Pathology	2,234,370			578,660		137,286	68
69	Electrocardiology	29,557,872			4,513,087		3,564,867	69
69.01	CARDIAC HEHAB	2,504,151					1,336,630	69.01
71	Medical Supplies Charged to Pat	68,344,112			6,923,780		8,411,429	71
72	Impl. Dev. Charged to Patients	56,973,843			9,701,805		8,554,137	72
73	Drugs Charged to Patients	184,646,268			15,355,746		32,507,804	73
74	Renal Dialysis	1,103,005			439,906		96,534	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	115,993,727			8,307,924		8,777,183	91
91.01	FAMILY PRACTICES	16,518,753						91.01
91.02	PSYCH DAY HOSPITAL	5,962,190					729,262	91.02
91.03	WOUND CARE	2,276,676						91.03
92	Observation Beds (Non-Distinct	20,853,952			1,122,020		3,350,952	92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,193,430,672			116,909,364		144,802,957	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0054

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.108326	17,758,076			1,923,661		50	
51	Recovery Room	0.081408	3,204,743			260,892		51	
52	Delivery Room & Labor Room	0.268088						52	
53	Anesthesiology	0.030962	5,760,587			178,359		53	
54	Radiology-Diagnostic	0.296043	4,562,545			1,350,710		54	
56	Radioisotope	0.084886	2,249,707			190,969		56	
56.01	ULTRA SOUND	0.052825	2,421,229			127,901		56.01	
56.02	MAMMOGRAPHY	0.074142						56.02	
57	CT Scan	0.016166	14,740,578			238,296		57	
58	MRI	0.025628	4,941,449			126,639		58	
59	Cardiac Catheterization	0.070871	6,276,671			444,834		59	
59.01	GASTRO INTESTINAL	0.085937	7,961,635			684,199		59.01	
60	Laboratory	0.090252	6,851,621			618,372		60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.301837	91,491			27,615		63	
65	Respiratory Therapy	0.245703	194,398			47,764		65	
66	Physical Therapy	0.213379	179,793			38,364		66	
66.01	TCU REHAB	1.658602						66.01	
67	Occupational Therapy	0.177121	142,350			25,213		67	
68	Speech Pathology	0.255480	137,286			35,074		68	
69	Electrocardiology	0.042397	3,564,867			151,140		69	
69.01	CARDIAC HEHAB	0.400113	1,336,630			534,803		69.01	
71	Medical Supplies Charged to Pat	0.102659	8,411,429			863,509		71	
72	Impl. Dev. Charged to Patients	0.239114	8,554,137			2,045,414		72	
73	Drugs Charged to Patients	0.089216	32,507,804		81,713	2,900,216	7,290	73	
74	Renal Dialysis	0.748747	96,534			72,280		74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
91	Emergency	0.096216	8,777,183			844,505		91	
91.01	FAMILY PRACTICES	0.509082						91.01	
91.02	PSYCH DAY HOSPITAL	0.178342	729,262			130,058		91.02	
91.03	WOUND CARE	0.152633						91.03	
92	Observation Beds (Non-Distinct	0.174839	3,350,952			585,877		92	
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		144,802,957		81,713	14,446,664	7,290	200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)		144,802,957		81,713	14,446,664	7,290	202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S054

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,298,768	126,345,770	0.010279			50
51	Recovery Room	123,218	16,503,739	0.007466			51
52	Delivery Room & Labor Room	346,389	14,810,454	0.023388			52
53	Anesthesiology	28,569	45,196,575	0.000632			53
54	Radiology-Diagnostic	970,868	54,462,238	0.017826	21,736	387	54
56	Radioisotope	89,759	13,018,923	0.006895			56
56.01	ULTRA SOUND	19,089	27,166,350	0.000703	19,792	14	56.01
56.02	MAMMOGRAPHY	202,633	24,758,253	0.008184	1,309	11	56.02
57	CT Scan	107,406	105,107,658	0.001022	43,995	45	57
58	MRI	14,429	34,149,665	0.000423	6,300	3	58
59	Cardiac Catheterization	191,918	52,409,142	0.003662			59
59.01	GASTRO INTESTINAL	327,738	46,826,136	0.006999			59.01
60	Laboratory	814,958	88,480,014	0.009211	284,161	2,617	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	50,462	3,206,003	0.015740			63
65	Respiratory Therapy	109,404	8,609,281	0.012708	9,867	125	65
66	Physical Therapy	376,814	20,396,733	0.018474	81,996	1,515	66
66.01	TCU REHAB	102,605	454,394	0.225806			66.01
67	Occupational Therapy	6,553	4,560,425	0.001437			67
68	Speech Pathology	58,661	2,234,370	0.026254			68
69	Electrocardiology	18,639	29,557,872	0.000631	80,627	51	69
69.01	CARDIAC HEHAB	303,598	2,504,151	0.121238			69.01
71	Medical Supplies Charged to Pat	114,061	68,344,112	0.001669	357	1	71
72	Impl. Dev. Charged to Patients	211,184	56,973,843	0.003707			72
73	Drugs Charged to Patients	349,548	184,646,268	0.001893	676,666	1,281	73
74	Renal Dialysis	17,972	1,103,005	0.016294			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	670,978	115,993,727	0.005785			91
91.01	FAMILY PRACTICES	581,084	16,518,753	0.035177			91.01
91.02	PSYCH DAY HOSPITAL	222,724	5,962,190	0.037356	488	18	91.02
91.03	WOUND CARE	4,150	2,276,676	0.001823			91.03
92	Observation Beds (Non-Distinct		20,853,952				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,734,179	1,193,430,672		1,227,294	6,068	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-S054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-S054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	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	126,345,770							50
51	Recovery Room	16,503,739							51
52	Delivery Room & Labor Room	14,810,454							52
53	Anesthesiology	45,196,575							53
54	Radiology-Diagnostic	54,462,238			21,736		415		54
56	Radioisotope	13,018,923							56
56.01	ULTRA SOUND	27,166,350			19,792				56.01
56.02	MAMMOGRAPHY	24,758,253			1,309				56.02
57	CT Scan	105,107,658			43,995				57
58	MRI	34,149,665			6,300				58
59	Cardiac Catheterization	52,409,142							59
59.01	GASTRO INTESTINAL	46,826,136							59.01
60	Laboratory	88,480,014			284,161				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,206,003							63
65	Respiratory Therapy	8,609,281			9,867				65
66	Physical Therapy	20,396,733			81,996				66
66.01	TCU REHAB	454,394							66.01
67	Occupational Therapy	4,560,425							67
68	Speech Pathology	2,234,370							68
69	Electrocardiology	29,557,872			80,627		2,234		69
69.01	CARDIAC HEHAB	2,504,151							69.01
71	Medical Supplies Charged to Pat	68,344,112			357				71
72	Impl. Dev. Charged to Patients	56,973,843							72
73	Drugs Charged to Patients	184,646,268			676,666		1,847		73
74	Renal Dialysis	1,103,005							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	115,993,727							91
91.01	FAMILY PRACTICES	16,518,753							91.01
91.02	PSYCH DAY HOSPITAL	5,962,190			488				91.02
91.03	WOUND CARE	2,276,676							91.03
92	Observation Beds (Non-Distinct	20,853,952							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,193,430,672			1,227,294		4,496		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S054

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	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	0.108326					50	
51	Recovery Room	0.081408					51	
52	Delivery Room & Labor Room	0.268088					52	
53	Anesthesiology	0.030962					53	
54	Radiology-Diagnostic	0.296043	415			123	54	
56	Radioisotope	0.084886					56	
56.01	ULTRA SOUND	0.052825					56.01	
56.02	MAMMOGRAPHY	0.074142					56.02	
57	CT Scan	0.016166					57	
58	MRI	0.025628					58	
59	Cardiac Catheterization	0.070871					59	
59.01	GASTRO INTESTINAL	0.085937					59.01	
60	Laboratory	0.090252					60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30	
63	Blood Storing, Processing & Tra	0.301837					63	
65	Respiratory Therapy	0.245703					65	
66	Physical Therapy	0.213379					66	
66.01	TCU REHAB	1.658602					66.01	
67	Occupational Therapy	0.177121					67	
68	Speech Pathology	0.255480					68	
69	Electrocardiology	0.042397	2,234			95	69	
69.01	CARDIAC HEHAB	0.400113					69.01	
71	Medical Supplies Charged to Pat	0.102659					71	
72	Impl. Dev. Charged to Patients	0.239114					72	
73	Drugs Charged to Patients	0.089216	1,847			165	73	
74	Renal Dialysis	0.748747					74	
76.97	CARDIAC REHABILITATION						76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.096216					91	
91.01	FAMILY PRACTICES	0.509082					91.01	
91.02	PSYCH DAY HOSPITAL	0.178342					91.02	
91.03	WOUND CARE	0.152633					91.03	
92	Observation Beds (Non-Distinct	0.174839					92	
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99	
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		4,496			383	200	
201	Less PBP Clinic Lab. Services-Program Only Charges						201	
202	Net Charges (line 200 - line 201)		4,496			383	202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T054

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,298,768	126,345,770	0.010279	2,043	21	50
51	Recovery Room	123,218	16,503,739	0.007466			51
52	Delivery Room & Labor Room	346,389	14,810,454	0.023388			52
53	Anesthesiology	28,569	45,196,575	0.000632			53
54	Radiology-Diagnostic	970,868	54,462,238	0.017826	48,670	868	54
56	Radioisotope	89,759	13,018,923	0.006895	19,022	131	56
56.01	ULTRA SOUND	19,089	27,166,350	0.000703	27,746	20	56.01
56.02	MAMMOGRAPHY	202,633	24,758,253	0.008184			56.02
57	CT Scan	107,406	105,107,658	0.001022	63,801	65	57
58	MRI	14,429	34,149,665	0.000423	4,113	2	58
59	Cardiac Catheterization	191,918	52,409,142	0.003662			59
59.01	GASTRO INTESTINAL	327,738	46,826,136	0.006999			59.01
60	Laboratory	814,958	88,480,014	0.009211	199,702	1,839	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	50,462	3,206,003	0.015740	3,313	52	63
65	Respiratory Therapy	109,404	8,609,281	0.012708	61,359	780	65
66	Physical Therapy	376,814	20,396,733	0.018474	2,572,536	47,525	66
66.01	TCU REHAB	102,605	454,394	0.225806			66.01
67	Occupational Therapy	6,553	4,560,425	0.001437			67
68	Speech Pathology	58,661	2,234,370	0.026254			68
69	Electrocardiology	18,639	29,557,872	0.000631	12,857	8	69
69.01	CARDIAC HEHAB	303,598	2,504,151	0.121238			69.01
71	Medical Supplies Charged to Pat	114,061	68,344,112	0.001669	2,519	4	71
72	Impl. Dev. Charged to Patients	211,184	56,973,843	0.003707			72
73	Drugs Charged to Patients	349,548	184,646,268	0.001893	538,267	1,019	73
74	Renal Dialysis	17,972	1,103,005	0.016294	6,662	109	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	670,978	115,993,727	0.005785			91
91.01	FAMILY PRACTICES	581,084	16,518,753	0.035177			91.01
91.02	PSYCH DAY HOSPITAL	222,724	5,962,190	0.037356			91.02
91.03	WOUND CARE	4,150	2,276,676	0.001823			91.03
92	Observation Beds (Non-Distinct		20,853,952				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,734,179	1,193,430,672		3,562,610	52,443	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-T054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-T054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	126,345,770			2,043			50
51	Recovery Room	16,503,739						51
52	Delivery Room & Labor Room	14,810,454						52
53	Anesthesiology	45,196,575						53
54	Radiology-Diagnostic	54,462,238			48,670		852	54
56	Radioisotope	13,018,923			19,022			56
56.01	ULTRA SOUND	27,166,350			27,746			56.01
56.02	MAMMOGRAPHY	24,758,253						56.02
57	CT Scan	105,107,658			63,801		5,113	57
58	MRI	34,149,665			4,113			58
59	Cardiac Catheterization	52,409,142						59
59.01	GASTRO INTESTINAL	46,826,136						59.01
60	Laboratory	88,480,014			199,702			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	3,206,003			3,313			63
65	Respiratory Therapy	8,609,281			61,359			65
66	Physical Therapy	20,396,733			2,572,536			66
66.01	TCU REHAB	454,394						66.01
67	Occupational Therapy	4,560,425						67
68	Speech Pathology	2,234,370						68
69	Electrocardiology	29,557,872			12,857			69
69.01	CARDIAC HEHAB	2,504,151						69.01
71	Medical Supplies Charged to Pat	68,344,112			2,519			71
72	Impl. Dev. Charged to Patients	56,973,843						72
73	Drugs Charged to Patients	184,646,268			538,267		18	73
74	Renal Dialysis	1,103,005			6,662			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	115,993,727						91
91.01	FAMILY PRACTICES	16,518,753						91.01
91.02	PSYCH DAY HOSPITAL	5,962,190						91.02
91.03	WOUND CARE	2,276,676						91.03
92	Observation Beds (Non-Distinct	20,853,952						92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,193,430,672			3,562,610		5,983	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T054

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.108326						50
51	Recovery Room	0.081408						51
52	Delivery Room & Labor Room	0.268088						52
53	Anesthesiology	0.030962						53
54	Radiology-Diagnostic	0.296043	852			252		54
56	Radioisotope	0.084886						56
56.01	ULTRA SOUND	0.052825						56.01
56.02	MAMMOGRAPHY	0.074142						56.02
57	CT Scan	0.016166	5,113			83		57
58	MRI	0.025628						58
59	Cardiac Catheterization	0.070871						59
59.01	GASTRO INTESTINAL	0.085937						59.01
60	Laboratory	0.090252						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.301837						63
65	Respiratory Therapy	0.245703						65
66	Physical Therapy	0.213379						66
66.01	TCU REHAB	1.658602						66.01
67	Occupational Therapy	0.177121						67
68	Speech Pathology	0.255480						68
69	Electrocardiology	0.042397						69
69.01	CARDIAC HEHAB	0.400113						69.01
71	Medical Supplies Charged to Pat	0.102659						71
72	Impl. Dev. Charged to Patients	0.239114						72
73	Drugs Charged to Patients	0.089216	18			2		73
74	Renal Dialysis	0.748747						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.096216						91
91.01	FAMILY PRACTICES	0.509082						91.01
91.02	PSYCH DAY HOSPITAL	0.178342						91.02
91.03	WOUND CARE	0.152633						91.03
92	Observation Beds (Non-Distinct	0.174839						92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		5,983			337		200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)		5,983			337		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-5848

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-5848

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	7	8	9	10	11	12	13
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	126,345,770			8,377			50
51	Recovery Room	16,503,739						51
52	Delivery Room & Labor Room	14,810,454						52
53	Anesthesiology	45,196,575			1,145			53
54	Radiology-Diagnostic	54,462,238			83,341			54
56	Radioisotope	13,018,923						56
56.01	ULTRA SOUND	27,166,350			35,574			56.01
56.02	MAMMOGRAPHY	24,758,253						56.02
57	CT Scan	105,107,658			26,329			57
58	MRI	34,149,665						58
59	Cardiac Catheterization	52,409,142						59
59.01	GASTRO INTESTINAL	46,826,136						59.01
60	Laboratory	88,480,014			465,341			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	3,206,003			3,247			63
65	Respiratory Therapy	8,609,281			100,415			65
66	Physical Therapy	20,396,733			318,829			66
66.01	TCU REHAB	454,394			341,286			66.01
67	Occupational Therapy	4,560,425						67
68	Speech Pathology	2,234,370						68
69	Electrocardiology	29,557,872			27,727			69
69.01	CARDIAC HEHAB	2,504,151						69.01
71	Medical Supplies Charged to Pat	68,344,112			7,689			71
72	Impl. Dev. Charged to Patients	56,973,843						72
73	Drugs Charged to Patients	184,646,268			1,190,401			73
74	Renal Dialysis	1,103,005						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	115,993,727						91
91.01	FAMILY PRACTICES	16,518,753						91.01
91.02	PSYCH DAY HOSPITAL	5,962,190						91.02
91.03	WOUND CARE	2,276,676						91.03
92	Observation Beds (Non-Distinct	20,853,952						92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)	1,193,430,672			2,609,701			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5848

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.108326						50
51	Recovery Room	0.081408						51
52	Delivery Room & Labor Room	0.268088						52
53	Anesthesiology	0.030962						53
54	Radiology-Diagnostic	0.296043						54
56	Radioisotope	0.084886						56
56.01	ULTRA SOUND	0.052825						56.01
56.02	MAMMOGRAPHY	0.074142						56.02
57	CT Scan	0.016166						57
58	MRI	0.025628						58
59	Cardiac Catheterization	0.070871						59
59.01	GASTRO INTESTINAL	0.085937						59.01
60	Laboratory	0.090252						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.301837						63
65	Respiratory Therapy	0.245703						65
66	Physical Therapy	0.213379						66
66.01	TCU REHAB	1.658602						66.01
67	Occupational Therapy	0.177121						67
68	Speech Pathology	0.255480						68
69	Electrocardiology	0.042397						69
69.01	CARDIAC HEHAB	0.400113						69.01
71	Medical Supplies Charged to Pat	0.102659						71
72	Impl. Dev. Charged to Patients	0.239114						72
73	Drugs Charged to Patients	0.089216						73
74	Renal Dialysis	0.748747						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.096216						91
91.01	FAMILY PRACTICES	0.509082						91.01
91.02	PSYCH DAY HOSPITAL	0.178342						91.02
91.03	WOUND CARE	0.152633						91.03
92	Observation Beds (Non-Distinct	0.174839						92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	4,140,992		4,140,992	49,129	84.29	4,512	380,316	30
31	Intensive Care Unit	394,102		394,102	4,220	93.39	391	36,515	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF	657,530		657,530	7,323	89.79			40
41	Subprovider - IRF	312,348		312,348	3,178	98.28	171	16,806	41
42	Subprovider I								42
43	Nursery	160,865		160,865	3,454	46.57	1,435	66,828	43
44	Skilled Nursing Facility	278,072		278,072	5,925	46.93			44
45	Nursing Facility								45
200	Total (lines 30-199)	5,943,909		5,943,909	73,229		6,509	500,465	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0054

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	1,298,768	126,345,770	0.010279		50
51	Recovery Room	123,218	16,503,739	0.007466		51
52	Delivery Room & Labor Room	346,389	14,810,454	0.023388		52
53	Anesthesiology	28,569	45,196,575	0.000632		53
54	Radiology-Diagnostic	970,868	54,462,238	0.017826		54
56	Radioisotope	89,759	13,018,923	0.006895		56
56.01	ULTRA SOUND	19,089	27,166,350	0.000703		56.01
56.02	MAMMOGRAPHY	202,633	24,758,253	0.008184		56.02
57	CT Scan	107,406	105,107,658	0.001022		57
58	MRI	14,429	34,149,665	0.000423		58
59	Cardiac Catheterization	191,918	52,409,142	0.003662		59
59.01	GASTRO INTESTINAL	327,738	46,826,136	0.006999		59.01
60	Laboratory	814,958	88,480,014	0.009211		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	50,462	3,206,003	0.015740		63
65	Respiratory Therapy	109,404	8,609,281	0.012708		65
66	Physical Therapy	376,814	20,396,733	0.018474		66
66.01	TCU REHAB	102,605	454,394	0.225806		66.01
67	Occupational Therapy	6,553	4,560,425	0.001437		67
68	Speech Pathology	58,661	2,234,370	0.026254		68
69	Electrocardiology	18,639	29,557,872	0.000631		69
69.01	CARDIAC HEHAB	303,598	2,504,151	0.121238		69.01
71	Medical Supplies Charged to Pat	114,061	68,344,112	0.001669		71
72	Impl. Dev. Charged to Patients	211,184	56,973,843	0.003707		72
73	Drugs Charged to Patients	349,548	184,646,268	0.001893		73
74	Renal Dialysis	17,972	1,103,005	0.016294		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	Emergency	670,978	115,993,727	0.005785		91
91.01	FAMILY PRACTICES	581,084	16,518,753	0.035177		91.01
91.02	PSYCH DAY HOSPITAL	222,724	5,962,190	0.037356		91.02
91.03	WOUND CARE	4,150	2,276,676	0.001823		91.03
92	Observation Beds (Non-Distinct	364,798	20,853,952	0.017493		92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	8,098,977	1,193,430,672			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

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

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics (General Routine Care)	49,129		4,512	30
31	Intensive Care Unit	4,220		391	31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider - IPF	7,323			40
41	Subprovider - IRF	3,178		171	41
42	Subprovider I				42
43	Nursery	3,454		1,435	43
44	Skilled Nursing Facility	5,925			44
45	Nursing Facility				45
200	Total (lines 30-199)	73,229		6,509	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-0054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-0054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	126,345,770							50
51	Recovery Room	16,503,739							51
52	Delivery Room & Labor Room	14,810,454							52
53	Anesthesiology	45,196,575							53
54	Radiology-Diagnostic	54,462,238							54
56	Radioisotope	13,018,923							56
56.01	ULTRA SOUND	27,166,350							56.01
56.02	MAMMOGRAPHY	24,758,253							56.02
57	CT Scan	105,107,658							57
58	MRI	34,149,665							58
59	Cardiac Catheterization	52,409,142							59
59.01	GASTRO INTESTINAL	46,826,136							59.01
60	Laboratory	88,480,014							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,206,003							63
65	Respiratory Therapy	8,609,281							65
66	Physical Therapy	20,396,733							66
66.01	TCU REHAB	454,394							66.01
67	Occupational Therapy	4,560,425							67
68	Speech Pathology	2,234,370							68
69	Electrocardiology	29,557,872							69
69.01	CARDIAC HEHAB	2,504,151							69.01
71	Medical Supplies Charged to Pat	68,344,112							71
72	Impl. Dev. Charged to Patients	56,973,843							72
73	Drugs Charged to Patients	184,646,268							73
74	Renal Dialysis	1,103,005							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	115,993,727							91
91.01	FAMILY PRACTICES	16,518,753							91.01
91.02	PSYCH DAY HOSPITAL	5,962,190							91.02
91.03	WOUND CARE	2,276,676							91.03
92	Observation Beds (Non-Distinct	20,853,952							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,193,430,672							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0054

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.108326						50	
51	Recovery Room	0.081408						51	
52	Delivery Room & Labor Room	0.268088						52	
53	Anesthesiology	0.030962						53	
54	Radiology-Diagnostic	0.296043						54	
56	Radioisotope	0.084886						56	
56.01	ULTRA SOUND	0.052825						56.01	
56.02	MAMMOGRAPHY	0.074142						56.02	
57	CT Scan	0.016166						57	
58	MRI	0.025628						58	
59	Cardiac Catheterization	0.070871						59	
59.01	GASTRO INTESTINAL	0.085937						59.01	
60	Laboratory	0.090252						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.301837						63	
65	Respiratory Therapy	0.245703						65	
66	Physical Therapy	0.213379						66	
66.01	TCU REHAB	1.658602						66.01	
67	Occupational Therapy	0.177121						67	
68	Speech Pathology	0.255480						68	
69	Electrocardiology	0.042397						69	
69.01	CARDIAC HEHAB	0.400113						69.01	
71	Medical Supplies Charged to Pat	0.102659						71	
72	Impl. Dev. Charged to Patients	0.239114						72	
73	Drugs Charged to Patients	0.089216						73	
74	Renal Dialysis	0.748747						74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
91	Emergency	0.096216						91	
91.01	FAMILY PRACTICES	0.509082						91.01	
91.02	PSYCH DAY HOSPITAL	0.178342						91.02	
91.03	WOUND CARE	0.152633						91.03	
92	Observation Beds (Non-Distinct	0.174839						92	
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)							200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)							202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S054

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,298,768	126,345,770	0.010279			50
51	Recovery Room	123,218	16,503,739	0.007466			51
52	Delivery Room & Labor Room	346,389	14,810,454	0.023388			52
53	Anesthesiology	28,569	45,196,575	0.000632			53
54	Radiology-Diagnostic	970,868	54,462,238	0.017826	21,736	387	54
56	Radioisotope	89,759	13,018,923	0.006895			56
56.01	ULTRA SOUND	19,089	27,166,350	0.000703	19,792	14	56.01
56.02	MAMMOGRAPHY	202,633	24,758,253	0.008184	1,309	11	56.02
57	CT Scan	107,406	105,107,658	0.001022	43,995	45	57
58	MRI	14,429	34,149,665	0.000423	6,300	3	58
59	Cardiac Catheterization	191,918	52,409,142	0.003662			59
59.01	GASTRO INTESTINAL	327,738	46,826,136	0.006999			59.01
60	Laboratory	814,958	88,480,014	0.009211	284,161	2,617	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	50,462	3,206,003	0.015740			63
65	Respiratory Therapy	109,404	8,609,281	0.012708	9,867	125	65
66	Physical Therapy	376,814	20,396,733	0.018474	81,996	1,515	66
66.01	TCU REHAB	102,605	454,394	0.225806			66.01
67	Occupational Therapy	6,553	4,560,425	0.001437			67
68	Speech Pathology	58,661	2,234,370	0.026254			68
69	Electrocardiology	18,639	29,557,872	0.000631	80,627	51	69
69.01	CARDIAC HEHAB	303,598	2,504,151	0.121238			69.01
71	Medical Supplies Charged to Pat	114,061	68,344,112	0.001669	357	1	71
72	Impl. Dev. Charged to Patients	211,184	56,973,843	0.003707			72
73	Drugs Charged to Patients	349,548	184,646,268	0.001893	676,666	1,281	73
74	Renal Dialysis	17,972	1,103,005	0.016294			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	670,978	115,993,727	0.005785			91
91.01	FAMILY PRACTICES	581,084	16,518,753	0.035177			91.01
91.02	PSYCH DAY HOSPITAL	222,724	5,962,190	0.037356	488	18	91.02
91.03	WOUND CARE	4,150	2,276,676	0.001823			91.03
92	Observation Beds (Non-Distinct		20,853,952				92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	7,734,179	1,193,430,672		1,227,294	6,068	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-S054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-S054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	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	126,345,770							50
51	Recovery Room	16,503,739							51
52	Delivery Room & Labor Room	14,810,454							52
53	Anesthesiology	45,196,575							53
54	Radiology-Diagnostic	54,462,238			21,736				54
56	Radioisotope	13,018,923							56
56.01	ULTRA SOUND	27,166,350			19,792				56.01
56.02	MAMMOGRAPHY	24,758,253			1,309				56.02
57	CT Scan	105,107,658			43,995				57
58	MRI	34,149,665			6,300				58
59	Cardiac Catheterization	52,409,142							59
59.01	GASTRO INTESTINAL	46,826,136							59.01
60	Laboratory	88,480,014			284,161				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,206,003							63
65	Respiratory Therapy	8,609,281			9,867				65
66	Physical Therapy	20,396,733			81,996				66
66.01	TCU REHAB	454,394							66.01
67	Occupational Therapy	4,560,425							67
68	Speech Pathology	2,234,370							68
69	Electrocardiology	29,557,872			80,627				69
69.01	CARDIAC HEHAB	2,504,151							69.01
71	Medical Supplies Charged to Pat	68,344,112			357				71
72	Impl. Dev. Charged to Patients	56,973,843							72
73	Drugs Charged to Patients	184,646,268			676,666				73
74	Renal Dialysis	1,103,005							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	115,993,727							91
91.01	FAMILY PRACTICES	16,518,753							91.01
91.02	PSYCH DAY HOSPITAL	5,962,190			488				91.02
91.03	WOUND CARE	2,276,676							91.03
92	Observation Beds (Non-Distinct	20,853,952							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,193,430,672			1,227,294				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S054

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.108326						50	
51	Recovery Room	0.081408						51	
52	Delivery Room & Labor Room	0.268088						52	
53	Anesthesiology	0.030962						53	
54	Radiology-Diagnostic	0.296043						54	
56	Radioisotope	0.084886						56	
56.01	ULTRA SOUND	0.052825						56.01	
56.02	MAMMOGRAPHY	0.074142						56.02	
57	CT Scan	0.016166						57	
58	MRI	0.025628						58	
59	Cardiac Catheterization	0.070871						59	
59.01	GASTRO INTESTINAL	0.085937						59.01	
60	Laboratory	0.090252						60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
63	Blood Storing, Processing & Tra	0.301837						63	
65	Respiratory Therapy	0.245703						65	
66	Physical Therapy	0.213379						66	
66.01	TCU REHAB	1.658602						66.01	
67	Occupational Therapy	0.177121						67	
68	Speech Pathology	0.255480						68	
69	Electrocardiology	0.042397						69	
69.01	CARDIAC HEHAB	0.400113						69.01	
71	Medical Supplies Charged to Pat	0.102659						71	
72	Impl. Dev. Charged to Patients	0.239114						72	
73	Drugs Charged to Patients	0.089216						73	
74	Renal Dialysis	0.748747						74	
76.97	CARDIAC REHABILITATION							76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
91	Emergency	0.096216						91	
91.01	FAMILY PRACTICES	0.509082						91.01	
91.02	PSYCH DAY HOSPITAL	0.178342						91.02	
91.03	WOUND CARE	0.152633						91.03	
92	Observation Beds (Non-Distinct	0.174839						92	
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)							200	
201	Less PBP Clinic Lab. Services-Program Only Charges							201	
202	Net Charges (line 200 - line 201)							202	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-T054

**WORKSHEET D
PART II**

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)
1	2	3	4	5		
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	1,298,768	126,345,770	0.010279		50
51	Recovery Room	123,218	16,503,739	0.007466		51
52	Delivery Room & Labor Room	346,389	14,810,454	0.023388		52
53	Anesthesiology	28,569	45,196,575	0.000632		53
54	Radiology-Diagnostic	970,868	54,462,238	0.017826		54
56	Radioisotope	89,759	13,018,923	0.006895		56
56.01	ULTRA SOUND	19,089	27,166,350	0.000703		56.01
56.02	MAMMOGRAPHY	202,633	24,758,253	0.008184		56.02
57	CT Scan	107,406	105,107,658	0.001022		57
58	MRI	14,429	34,149,665	0.000423		58
59	Cardiac Catheterization	191,918	52,409,142	0.003662		59
59.01	GASTRO INTESTINAL	327,738	46,826,136	0.006999		59.01
60	Laboratory	814,958	88,480,014	0.009211		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63	Blood Storing, Processing & Tra	50,462	3,206,003	0.015740		63
65	Respiratory Therapy	109,404	8,609,281	0.012708		65
66	Physical Therapy	376,814	20,396,733	0.018474		66
66.01	TCU REHAB	102,605	454,394	0.225806		66.01
67	Occupational Therapy	6,553	4,560,425	0.001437		67
68	Speech Pathology	58,661	2,234,370	0.026254		68
69	Electrocardiology	18,639	29,557,872	0.000631		69
69.01	CARDIAC HEHAB	303,598	2,504,151	0.121238		69.01
71	Medical Supplies Charged to Pat	114,061	68,344,112	0.001669		71
72	Impl. Dev. Charged to Patients	211,184	56,973,843	0.003707		72
73	Drugs Charged to Patients	349,548	184,646,268	0.001893		73
74	Renal Dialysis	17,972	1,103,005	0.016294		74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
91	Emergency	670,978	115,993,727	0.005785		91
91.01	FAMILY PRACTICES	581,084	16,518,753	0.035177		91.01
91.02	PSYCH DAY HOSPITAL	222,724	5,962,190	0.037356		91.02
91.03	WOUND CARE	4,150	2,276,676	0.001823		91.03
92	Observation Beds (Non-Distinct		20,853,952			92
93.99	PARTIAL HOSPITALIZATION PROGRAM					93.99
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	7,734,179	1,193,430,672			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-T054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-T054

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	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	126,345,770							50
51	Recovery Room	16,503,739							51
52	Delivery Room & Labor Room	14,810,454							52
53	Anesthesiology	45,196,575							53
54	Radiology-Diagnostic	54,462,238							54
56	Radioisotope	13,018,923							56
56.01	ULTRA SOUND	27,166,350							56.01
56.02	MAMMOGRAPHY	24,758,253							56.02
57	CT Scan	105,107,658							57
58	MRI	34,149,665							58
59	Cardiac Catheterization	52,409,142							59
59.01	GASTRO INTESTINAL	46,826,136							59.01
60	Laboratory	88,480,014							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,206,003							63
65	Respiratory Therapy	8,609,281							65
66	Physical Therapy	20,396,733							66
66.01	TCU REHAB	454,394							66.01
67	Occupational Therapy	4,560,425							67
68	Speech Pathology	2,234,370							68
69	Electrocardiology	29,557,872							69
69.01	CARDIAC HEHAB	2,504,151							69.01
71	Medical Supplies Charged to Pat	68,344,112							71
72	Impl. Dev. Charged to Patients	56,973,843							72
73	Drugs Charged to Patients	184,646,268							73
74	Renal Dialysis	1,103,005							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency	115,993,727							91
91.01	FAMILY PRACTICES	16,518,753							91.01
91.02	PSYCH DAY HOSPITAL	5,962,190							91.02
91.03	WOUND CARE	2,276,676							91.03
92	Observation Beds (Non-Distinct	20,853,952							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,193,430,672							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-T054

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.108326						50
51	Recovery Room	0.081408						51
52	Delivery Room & Labor Room	0.268088						52
53	Anesthesiology	0.030962						53
54	Radiology-Diagnostic	0.296043						54
56	Radioisotope	0.084886						56
56.01	ULTRA SOUND	0.052825						56.01
56.02	MAMMOGRAPHY	0.074142						56.02
57	CT Scan	0.016166						57
58	MRI	0.025628						58
59	Cardiac Catheterization	0.070871						59
59.01	GASTRO INTESTINAL	0.085937						59.01
60	Laboratory	0.090252						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.301837						63
65	Respiratory Therapy	0.245703						65
66	Physical Therapy	0.213379						66
66.01	TCU REHAB	1.658602						66.01
67	Occupational Therapy	0.177121						67
68	Speech Pathology	0.255480						68
69	Electrocardiology	0.042397						69
69.01	CARDIAC HEHAB	0.400113						69.01
71	Medical Supplies Charged to Pat	0.102659						71
72	Impl. Dev. Charged to Patients	0.239114						72
73	Drugs Charged to Patients	0.089216						73
74	Renal Dialysis	0.748747						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	Emergency	0.096216						91
91.01	FAMILY PRACTICES	0.509082						91.01
91.02	PSYCH DAY HOSPITAL	0.178342						91.02
91.03	WOUND CARE	0.152633						91.03
92	Observation Beds (Non-Distinct	0.174839						92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-5848

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	1	2A	2	3A	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
56	Radioisotope								56
56.01	ULTRA SOUND								56.01
56.02	MAMMOGRAPHY								56.02
57	CT Scan								57
58	MRI								58
59	Cardiac Catheterization								59
59.01	GASTRO INTESTINAL								59.01
60	Laboratory								60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra								63
65	Respiratory Therapy								65
66	Physical Therapy								66
66.01	TCU REHAB								66.01
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
69.01	CARDIAC HEHAB								69.01
71	Medical Supplies Charged to Pat								71
72	Impl. Dev. Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
91	Emergency								91
91.01	FAMILY PRACTICES								91.01
91.02	PSYCH DAY HOSPITAL								91.02
91.03	WOUND CARE								91.03
92	Observation Beds (Non-Distinct								92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)								200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

COMPONENT CCN: 14-5848

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	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	126,345,770							50
51	Recovery Room	16,503,739							51
52	Delivery Room & Labor Room	14,810,454							52
53	Anesthesiology	45,196,575							53
54	Radiology-Diagnostic	54,462,238							54
56	Radioisotope	13,018,923							56
56.01	ULTRA SOUND	27,166,350							56.01
56.02	MAMMOGRAPHY	24,758,253							56.02
57	CT Scan	105,107,658							57
58	MRI	34,149,665							58
59	Cardiac Catheterization	52,409,142							59
59.01	GASTRO INTESTINAL	46,826,136							59.01
60	Laboratory	88,480,014							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63	Blood Storing, Processing & Tra	3,206,003							63
65	Respiratory Therapy	8,609,281							65
66	Physical Therapy	20,396,733							66
66.01	TCU REHAB	454,394							66.01
67	Occupational Therapy	4,560,425							67
68	Speech Pathology	2,234,370							68
69	Electrocardiology	29,557,872							69
69.01	CARDIAC HEHAB	2,504,151							69.01
71	Medical Supplies Charged to Pat	68,344,112							71
72	Impl. Dev. Charged to Patients	56,973,843							72
73	Drugs Charged to Patients	184,646,268							73
74	Renal Dialysis	1,103,005							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	Emergency	115,993,727							91
91.01	FAMILY PRACTICES	16,518,753							91.01
91.02	PSYCH DAY HOSPITAL	5,962,190							91.02
91.03	WOUND CARE	2,276,676							91.03
92	Observation Beds (Non-Distinct	20,853,952							92
93.99	PARTIAL HOSPITALIZATION PROGRAM								93.99
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,193,430,672							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-5848

**WORKSHEET D
PART V**

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost		
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.108326						50
51	Recovery Room	0.081408						51
52	Delivery Room & Labor Room	0.268088						52
53	Anesthesiology	0.030962						53
54	Radiology-Diagnostic	0.296043						54
56	Radioisotope	0.084886						56
56.01	ULTRA SOUND	0.052825						56.01
56.02	MAMMOGRAPHY	0.074142						56.02
57	CT Scan	0.016166						57
58	MRI	0.025628						58
59	Cardiac Catheterization	0.070871						59
59.01	GASTRO INTESTINAL	0.085937						59.01
60	Laboratory	0.090252						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Tra	0.301837						63
65	Respiratory Therapy	0.245703						65
66	Physical Therapy	0.213379						66
66.01	TCU REHAB	1.658602						66.01
67	Occupational Therapy	0.177121						67
68	Speech Pathology	0.255480						68
69	Electrocardiology	0.042397						69
69.01	CARDIAC HEHAB	0.400113						69.01
71	Medical Supplies Charged to Pat	0.102659						71
72	Impl. Dev. Charged to Patients	0.239114						72
73	Drugs Charged to Patients	0.089216						73
74	Renal Dialysis	0.748747						74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	0.096216						91
91.01	FAMILY PRACTICES	0.509082						91.01
91.02	PSYCH DAY HOSPITAL	0.178342						91.02
91.03	WOUND CARE	0.152633						91.03
92	Observation Beds (Non-Distinct	0.174839						92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,129	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,129	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)	44,801	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)	11,040	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	41,388,292	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)	41,388,292	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)	41,388,292	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						842.44	38
39	Program general inpatient routine service cost (line 9 x line 38)						9,300,538	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						9,300,538	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)							42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	6,127,442	4,220	1,452.00	1,425	2,069,100		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						12,914,565	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						24,284,203	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,063,643	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						680,771	51
52	Total Program excludable cost (sum of lines 50 and 51)						1,744,414	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						22,539,789	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,328	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					842.44	88
89	Observation bed cost (line 87 x line 88) (see instructions)					3,646,080	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	4,140,992	41,388,292	0.100052	3,646,080	364,798	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,323	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,323	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	7,323	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)	2,753	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)	5,158,921	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)	5,158,921	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)	5,158,921	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	704.48	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,939,433	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)	1,939,433	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	117,927	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,057,360	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	247,192	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,068	51
52	Total Program excludable cost (sum of lines 50 and 51)	253,260	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,804,100	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,178	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,178	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)	3,178	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)	1,632	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,916,781	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,916,781	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,916,781	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	917.80	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,497,850	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)	1,497,850	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	655,685	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	2,153,535	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	160,393	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	52,443	51
52	Total Program excludable cost (sum of lines 50 and 51)	212,836	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)	1,940,699	53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,925	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,925	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)	5,925	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,693	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)	3,470,986	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)	3,470,986	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)	3,470,986	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

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

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,470,986	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	585.82	71
72	Program routine service cost (line 9 x line 71)	2,163,433	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	2,163,433	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	2,163,433	83
84	Program inpatient ancillary services (see instructions)	837,827	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	3,001,260	86

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	49,129	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,129	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)	44,801	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)	4,512	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,454	15
16	Nursery days (title V or XIX only)	1,435	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)	41,388,292	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)	41,388,292	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)	41,388,292	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						842.44	38
39	Program general inpatient routine service cost (line 9 x line 38)						3,801,089	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						3,801,089	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	2,125,118	3,454	615.26	1,435	882,898		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	6,098,528	4,220	1,445.15	391	565,054		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						5,249,041	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						483,659	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						483,659	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0054

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					4,328	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,323	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,323	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	7,323	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	5,158,921	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)	5,158,921	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)	5,158,921	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S054

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	704.48	38
39	Program general inpatient routine service cost (line 9 x line 38)		39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)		41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	117,927	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	117,927	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,068	51
52	Total Program excludable cost (sum of lines 50 and 51)	6,068	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,178	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,178	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)	3,178	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)	171	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	2,878,156	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,878,156	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,878,156	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-T054

**WORKSHEET D-1
PART II**

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	Adjusted general inpatient routine service cost per diem (see instructions)	905.65	38
39	Program general inpatient routine service cost (line 9 x line 38)	154,866	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)	154,866	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	154,866	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	16,806	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)	16,806	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

**WORKSHEET D-1
PART I**

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,925	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,925	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)	5,925	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	3,470,986	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)	3,470,986	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)	3,470,986	37

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-5848

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

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

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

70	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)	3,470,986	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	585.82	71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26)	278,072	75
76	Per diem capital-related costs (line 75 ÷ line 2)	46.93	76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)		86

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0054

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		17,158,980		30
31	Intensive Care Unit		6,427,595		31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326	16,677,777	1,806,637	50
51	Recovery Room	0.081408	1,290,076	105,023	51
52	Delivery Room & Labor Room	0.268088	15,562	4,172	52
53	Anesthesiology	0.030962	4,353,107	134,781	53
54	Radiology-Diagnostic	0.296043	3,498,514	1,035,711	54
56	Radioisotope	0.084886	936,185	79,469	56
56.01	ULTRA SOUND	0.052825	1,810,809	95,656	56.01
56.02	MAMMOGRAPHY	0.074142	1,309	97	56.02
57	CT Scan	0.016166	10,722,300	173,337	57
58	MRI	0.025628	1,711,802	43,870	58
59	Cardiac Catheterization	0.071418	6,138,586	438,406	59
59.01	GASTRO INTESTINAL	0.085937	2,491,868	214,144	59.01
60	Laboratory	0.090252	13,698,309	1,236,300	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837	732,483	221,090	63
65	Respiratory Therapy	0.245703	2,069,183	508,404	65
66	Physical Therapy	0.213379	2,108,053	449,814	66
66.01	TCU REHAB	1.658602			66.01
67	Occupational Therapy	0.177121	1,710,513	302,968	67
68	Speech Pathology	0.255480	578,660	147,836	68
69	Electrocardiology	0.042397	4,513,087	191,341	69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659	6,923,780	710,788	71
72	Impl. Dev. Charged to Patients	0.239114	9,701,805	2,319,837	72
73	Drugs Charged to Patients	0.089216	15,355,746	1,369,978	73
74	Renal Dialysis	0.748747	439,906	329,378	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216	8,307,924	799,355	91
91.01	FAMILY PRACTICES	0.509097			91.01
91.02	PSYCH DAY HOSPITAL	0.178612			91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839	1,122,020	196,173	92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		116,909,364	12,914,565	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		116,909,364		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S054

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		4,252,366		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326			50
51	Recovery Room	0.081408			51
52	Delivery Room & Labor Room	0.268088			52
53	Anesthesiology	0.030962			53
54	Radiology-Diagnostic	0.296043	21,736	6,435	54
56	Radioisotope	0.084886			56
56.01	ULTRA SOUND	0.052825	19,792	1,046	56.01
56.02	MAMMOGRAPHY	0.074142	1,309	97	56.02
57	CT Scan	0.016166	43,995	711	57
58	MRI	0.025628	6,300	161	58
59	Cardiac Catheterization	0.071418			59
59.01	GASTRO INTESTINAL	0.085937			59.01
60	Laboratory	0.090252	284,161	25,646	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837			63
65	Respiratory Therapy	0.245703	9,867	2,424	65
66	Physical Therapy	0.213379	81,996	17,496	66
66.01	TCU REHAB	1.658602			66.01
67	Occupational Therapy	0.177121			67
68	Speech Pathology	0.255480			68
69	Electrocardiology	0.042397	80,627	3,418	69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659	357	37	71
72	Impl. Dev. Charged to Patients	0.239114			72
73	Drugs Charged to Patients	0.089216	676,666	60,369	73
74	Renal Dialysis	0.748747			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216			91
91.01	FAMILY PRACTICES	0.509097			91.01
91.02	PSYCH DAY HOSPITAL	0.178612	488	87	91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,227,294	117,927	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,227,294		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T054

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF		1,893,327		41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326	2,043	221	50
51	Recovery Room	0.081408			51
52	Delivery Room & Labor Room	0.268088			52
53	Anesthesiology	0.030962			53
54	Radiology-Diagnostic	0.296043	48,670	14,408	54
56	Radioisotope	0.084886	19,022	1,615	56
56.01	ULTRA SOUND	0.052825	27,746	1,466	56.01
56.02	MAMMOGRAPHY	0.074142			56.02
57	CT Scan	0.016166	63,801	1,031	57
58	MRI	0.025628	4,113	105	58
59	Cardiac Catheterization	0.071418			59
59.01	GASTRO INTESTINAL	0.085937			59.01
60	Laboratory	0.090252	199,702	18,024	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837	3,313	1,000	63
65	Respiratory Therapy	0.245703	61,359	15,076	65
66	Physical Therapy	0.213379	2,572,536	548,925	66
66.01	TCU REHAB	1.658602			66.01
67	Occupational Therapy	0.177121			67
68	Speech Pathology	0.255480			68
69	Electrocardiology	0.042397	12,857	545	69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659	2,519	259	71
72	Impl. Dev. Charged to Patients	0.239114			72
73	Drugs Charged to Patients	0.089216	538,267	48,022	73
74	Renal Dialysis	0.748747	6,662	4,988	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216			91
91.01	FAMILY PRACTICES	0.509097			91.01
91.02	PSYCH DAY HOSPITAL	0.178612			91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		3,562,610	655,685	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		3,562,610		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5848

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326	8,377	907	50
51	Recovery Room	0.081408			51
52	Delivery Room & Labor Room	0.268088			52
53	Anesthesiology	0.030962	1,145	35	53
54	Radiology-Diagnostic	0.296043	83,341	24,673	54
56	Radioisotope	0.084886			56
56.01	ULTRA SOUND	0.052825	35,574	1,879	56.01
56.02	MAMMOGRAPHY	0.074142			56.02
57	CT Scan	0.016166	26,329	426	57
58	MRI	0.025628			58
59	Cardiac Catheterization	0.070871			59
59.01	GASTRO INTESTINAL	0.085937			59.01
60	Laboratory	0.090252	465,341	41,998	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837	3,247	980	63
65	Respiratory Therapy	0.245703	100,415	24,672	65
66	Physical Therapy	0.213379	318,829	68,031	66
66.01	TCU REHAB	1.658602	341,286	566,058	66.01
67	Occupational Therapy	0.177121			67
68	Speech Pathology	0.255480			68
69	Electrocardiology	0.042397	27,727	1,176	69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659	7,689	789	71
72	Impl. Dev. Charged to Patients	0.239114			72
73	Drugs Charged to Patients	0.089216	1,190,401	106,203	73
74	Renal Dialysis	0.748747			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216			91
91.01	FAMILY PRACTICES	0.509082			91.01
91.02	PSYCH DAY HOSPITAL	0.178342			91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		2,609,701	837,827	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,609,701		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0054

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326			50
51	Recovery Room	0.081408			51
52	Delivery Room & Labor Room	0.268088			52
53	Anesthesiology	0.030962			53
54	Radiology-Diagnostic	0.296043			54
56	Radioisotope	0.084886			56
56.01	ULTRA SOUND	0.052825			56.01
56.02	MAMMOGRAPHY	0.074142			56.02
57	CT Scan	0.016166			57
58	MRI	0.025628			58
59	Cardiac Catheterization	0.070871			59
59.01	GASTRO INTESTINAL	0.085937			59.01
60	Laboratory	0.090252			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837			63
65	Respiratory Therapy	0.245703			65
66	Physical Therapy	0.213379			66
66.01	TCU REHAB	1.658602			66.01
67	Occupational Therapy	0.177121			67
68	Speech Pathology	0.255480			68
69	Electrocardiology	0.042397			69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659			71
72	Impl. Dev. Charged to Patients	0.239114			72
73	Drugs Charged to Patients	0.089216			73
74	Renal Dialysis	0.748747			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216			91
91.01	FAMILY PRACTICES	0.509082			91.01
91.02	PSYCH DAY HOSPITAL	0.178342			91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S054

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF		4,252,366		40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326			50
51	Recovery Room	0.081408			51
52	Delivery Room & Labor Room	0.268088			52
53	Anesthesiology	0.030962			53
54	Radiology-Diagnostic	0.296043	21,736	6,435	54
56	Radioisotope	0.084886			56
56.01	ULTRA SOUND	0.052825	19,792	1,046	56.01
56.02	MAMMOGRAPHY	0.074142	1,309	97	56.02
57	CT Scan	0.016166	43,995	711	57
58	MRI	0.025628	6,300	161	58
59	Cardiac Catheterization	0.070871			59
59.01	GASTRO INTESTINAL	0.085937			59.01
60	Laboratory	0.090252	284,161	25,646	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837			63
65	Respiratory Therapy	0.245703	9,867	2,424	65
66	Physical Therapy	0.213379	81,996	17,496	66
66.01	TCU REHAB	1.658602			66.01
67	Occupational Therapy	0.177121			67
68	Speech Pathology	0.255480			68
69	Electrocardiology	0.042397	80,627	3,418	69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659	357	37	71
72	Impl. Dev. Charged to Patients	0.239114			72
73	Drugs Charged to Patients	0.089216	676,666	60,369	73
74	Renal Dialysis	0.748747			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216			91
91.01	FAMILY PRACTICES	0.509082			91.01
91.02	PSYCH DAY HOSPITAL	0.178342	488	87	91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		1,227,294	117,927	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		1,227,294		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-T054

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326			50
51	Recovery Room	0.081408			51
52	Delivery Room & Labor Room	0.268088			52
53	Anesthesiology	0.030962			53
54	Radiology-Diagnostic	0.296043			54
56	Radioisotope	0.084886			56
56.01	ULTRA SOUND	0.052825			56.01
56.02	MAMMOGRAPHY	0.074142			56.02
57	CT Scan	0.016166			57
58	MRI	0.025628			58
59	Cardiac Catheterization	0.070871			59
59.01	GASTRO INTESTINAL	0.085937			59.01
60	Laboratory	0.090252			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837			63
65	Respiratory Therapy	0.245703			65
66	Physical Therapy	0.213379			66
66.01	TCU REHAB	1.658602			66.01
67	Occupational Therapy	0.177121			67
68	Speech Pathology	0.255480			68
69	Electrocardiology	0.042397			69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659			71
72	Impl. Dev. Charged to Patients	0.239114			72
73	Drugs Charged to Patients	0.089216			73
74	Renal Dialysis	0.748747			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216			91
91.01	FAMILY PRACTICES	0.509082			91.01
91.02	PSYCH DAY HOSPITAL	0.178342			91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-5848

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
40	Subprovider - IPF				40
41	Subprovider - IRF				41
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.108326			50
51	Recovery Room	0.081408			51
52	Delivery Room & Labor Room	0.268088			52
53	Anesthesiology	0.030962			53
54	Radiology-Diagnostic	0.296043			54
56	Radioisotope	0.084886			56
56.01	ULTRA SOUND	0.052825			56.01
56.02	MAMMOGRAPHY	0.074142			56.02
57	CT Scan	0.016166			57
58	MRI	0.025628			58
59	Cardiac Catheterization	0.070871			59
59.01	GASTRO INTESTINAL	0.085937			59.01
60	Laboratory	0.090252			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63	Blood Storing, Processing & Trans.	0.301837			63
65	Respiratory Therapy	0.245703			65
66	Physical Therapy	0.213379			66
66.01	TCU REHAB	1.658602			66.01
67	Occupational Therapy	0.177121			67
68	Speech Pathology	0.255480			68
69	Electrocardiology	0.042397			69
69.01	CARDIAC HEHAB	0.400113			69.01
71	Medical Supplies Charged to Patients	0.102659			71
72	Impl. Dev. Charged to Patients	0.239114			72
73	Drugs Charged to Patients	0.089216			73
74	Renal Dialysis	0.748747			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
91	Emergency	0.096216			91
91.01	FAMILY PRACTICES	0.509082			91.01
91.02	PSYCH DAY HOSPITAL	0.178342			91.02
91.03	WOUND CARE	0.152633			91.03
92	Observation Beds (Non-Distinct Part)	0.174839			92
93.99	PARTIAL HOSPITALIZATION PROGRAM				93.99
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)				1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	25,729,505			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	131,306			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	14,514,007			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	252.14			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	60.12			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	34.87			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.32			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	95.31			9
10	FTE count for allopathic and osteopathic programs in the current year from your records	104.29			10
11	FTE count for residents in dental and podiatric programs	0.37			11
12	Current year allowable FTE (see instructions)	95.68			12
13	Total allowable FTE count for the prior year	95.86			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero	96.54			14
15	Sum of lines 12 through 14 divided by 3	96.03			15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count	96.03			18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.380860			19
20	Prior year resident to bed ratio (see instructions)	0.389263			20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.380860			21
22	IME payment adjustment (see instructions)	4,849,703			22
22.01	IME payment adjustment - Managed Care (see instructions)	2,735,716			22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)	8.98			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)	4,849,703			29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	2,735,716			29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0530			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.3870			31
32	Sum of lines 30 and 31	0.4400			32
33	Allowable disproportionate share percentage (see instructions)	0.2552			33
34	Disproportionate share adjustment (see instructions)	1,641,543			34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,344,607	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			3,344,607	35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,344,607			36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	35,696,664			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)	38,432,380			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,745,857			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)	4,290,019			52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	4,143			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	45,472,399			59
60	Primary payer payments	51,681			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	45,420,718			61
62	Deductibles billed to program beneficiaries	2,637,964			62
63	Coinsurance billed to program beneficiaries	73,801			63
64	Allowable bad debts (see instructions)	1,341,142			64
65	Adjusted reimbursable bad debts (see instructions)	871,742			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	846,619			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	43,580,695			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-148,451			70.93
70.94	HRR adjustment amount (see instructions)	-277,923			70.94
71	Amount due provider (see instructions)	43,154,321			71
71.01	Sequestration adjustment (see instructions)	863,086			71.01
71.02	Demonstration payment adjustment amount after sequestration				71.02
72	Interim payments	41,792,798			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	498,437			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	332,771			75
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96
HSP Bonus Payment Amount			Prior to 10/1	On or After 10/1	
100	HSP bonus amount (see instructions)				100
HVBP Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102
HRR Adjustment for HSP Bonus Payment			Prior to 10/1	On or After 10/1	
103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0054

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	7,290			1
2	Medical and other services reimbursed under OPPS (see instructions)	14,446,664			2
3	OPPS payments	16,895,068			3
4	Outlier payment (see instructions)	24,768			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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)	7,290			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	81,713			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)	81,713			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)	81,713			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	74,423			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) (see instructions)	7,290			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, 4.01, 8 and 9)	16,919,836			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	3,082,630			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)	13,844,496			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	1,912,496			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	15,756,992			30
31	Primary payer payments	23,276			31
32	Subtotal (line 30 minus line 31)	15,733,716			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)	856,753			34
35	Adjusted reimbursable bad debts (see instructions)	556,889			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	587,120			36
37	Subtotal (see instructions)	16,290,605			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)	16,290,605			40
40.01	Sequestration adjustment (see instructions)	325,812			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	15,865,593			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	99,200			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S054

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	383			2
3	OPPS payments	375			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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) (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, 4.01, 8 and 9)	375			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	69			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)	306			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)	306			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	306			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)	306			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)	306			40
40.01	Sequestration adjustment (see instructions)	6			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	300			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T054

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)	337			2
3	OPPS payments	230			3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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) (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, 4.01, 8 and 9)	230			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	46			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)	184			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)	184			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	184			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)	184			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)	184			40
40.01	Sequestration adjustment (see instructions)	4			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	180			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5848

**WORKSHEET E
PART B**

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	OPPS payments				3
4	Outlier payment (see instructions)				4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of lines 3, 4, and 4.01, 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) (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, 4.01, 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
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0054

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B			
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4		
1	Total interim payments paid to provider		41,907,797		15,712,369	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	05/04/2017	177,543	05/04/2017	225,852	3.01
		.02					3.02
	Program	.03					3.03
	to	.04					3.04
	Provider	.05					3.05
		.06					3.06
		.07					3.07
		.08					3.08
		.09					3.09
		.10					3.10
		.50	09/28/2017	292,542	09/28/2017	72,628	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		-114,999		153,224	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)			41,792,798		15,865,593	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		498,437		99,200	6.01
		.02					6.02
7	Total Medicare program liability (see instructions)			42,291,235		15,964,793	7
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-S054

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		2,032,200		300	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,032,200		300	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	31			6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		2,032,231		300	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-T054

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		2,228,403		180	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
		.01				3.01
		.02				3.02
	Program	.03				3.03
	to	.04				3.04
	Provider	.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.10				3.10
		.50				3.50
		.51				3.51
	Provider	.52				3.52
	to	.53				3.53
	Program	.54				3.54
		.55				3.55
		.56				3.56
		.57				3.57
		.58				3.58
		.59				3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,228,403		180	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	35,227			6.01
		.02				6.02
7	Total Medicare program liability (see instructions)		2,263,630		180	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-5848

**WORKSHEET E-1
PART I**

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		1,666,199		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				
		.01			3.01
		.02			3.02
	Program	.03			3.03
	to	.04			3.04
	Provider	.05			3.05
		.06			3.06
		.07			3.07
		.08			3.08
		.09			3.09
		.10			3.10
		.50			3.50
		.51			3.51
	Provider	.52			3.52
	to	.53			3.53
	Program	.54			3.54
		.55			3.55
		.56			3.56
		.57			3.57
		.58			3.58
		.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99			3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,666,199		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)		1,666,199		7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S054

**WORKSHEET E-3
PART II**

Check Hospital
Applicable Subprovider IPF
Box:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	Net Federal IPF PPS payment (excluding outlier, ECT, and medical education payments)	2,446,408	1
2	Net IPF PPS Outlier payment		2
3	Net IPF PPS ECT payment		3
4	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004 (see instructions)		4
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2) (see instructions)		4.01
5	New teaching program adjustment (see instructions)		5
6	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)		6
7	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)		7
8	Intern and resident count for IPF PPS medical education adjustment (see instructions)		8
9	Average daily census (see instructions)	20.063014	9
10	Teaching adjustment factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$		10
11	Teaching adjustment (line 1 multiplied by line 10)		11
12	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,446,408	12
13	Nursing and allied health managed care payment (see instructions)		13
14	Organ acquisition DO NOT USE THIS LINE		14
15	Cost of physicians' services in a teaching hospital (see instructions)		15
16	Subtotal (see instructions)	2,446,408	16
17	Primary payer payments	30,753	17
18	Subtotal (line 16 less line 17)	2,415,655	18
19	Deductibles	257,516	19
20	Subtotal (line 18 minus line 19)	2,158,139	20
21	Coinsurance	84,434	21
22	Subtotal (line 20 minus line 21)	2,073,705	22
23	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23
24	Adjusted reimbursable bad debts (see instructions)		24
25	Allowable bad debts for dual eligible beneficiaries (see instructions)		25
26	Subtotal (sum of lines 22 and 24)	2,073,705	26
27	Direct graduate medical education payments (from Wkst. E-4, line 49) (for freestanding IPF only)		27
28	Other pass through costs (see instructions)		28
29	Outlier payments reconciliation		29
30	Other adjustments (specify) (see instructions)		30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		30.50
31	Total amount payable to the provider (see instructions)	2,073,705	31
31.01	Sequestration adjustment (see instructions)	41,474	31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments	2,032,200	32
33	Tentative settlement (for contractor use only)		33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	31	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

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T054

**WORKSHEET E-3
PART III**

Check Hospital
Applicable Subprovider IRF
Box:

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

		1	1.01	
1	Net Federal PPS payment (see instructions)	2,294,939		1
2	Medicare SSI ratio (IRF PPS only) (see instructions)			2
3	Inpatient Rehabilitation LIP payments (see instructions)	38,555		3
4	Outlier payments	7,420		4
5	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			5
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) OR (2)			5.01
6	New teaching program adjustment (see instructions)			6
7	Current year unweighted FTE count of I&R excluding FTEs in the new program growth period of a 'new teaching program' (see instructions)			7
8	Current year unweighted I&R FTE count for residents within the new program growth period of a 'new teaching program' (see instructions)			8
9	Intern and resident count for IRF PPS medical education adjustment (see instructions)			9
10	Average daily census (see instructions)	8,706,849		10
11	Teaching Adjustment Factor (see instructions)			11
12	Teaching Adjustment (see instructions)			12
13	Total PPS Payment (see instructions)	2,340,914		13
14	Nursing and allied health managed care payments (see instructions)			14
15	Organ acquisition DO NOT USE THIS LINE			15
16	Cost of physicians' services in a teaching hospital (see instructions)			16
17	Subtotal (see instructions)	2,340,914		17
18	Primary payer payments			18
19	Subtotal (line 17 less line 18)	2,340,914		19
20	Deductibles	22,204		20
21	Subtotal (line 19 minus line 20)	2,318,710		21
22	Coinsurance	8,883		22
23	Subtotal (line 21 minus line 22)	2,309,827		23
24	Allowable bad debts (exclude bad debts for professional services) (see instructions)			24
25	Adjusted reimbursable bad debts (see instructions)			25
26	Allowable bad debts for dual eligible beneficiaries (see instructions)			26
27	Subtotal (sum of lines 23 and 25)	2,309,827		27
28	Direct graduate medical education payments (from Wkst. E-4, line 49) (For free standing IRF only)			28
29	Other pass through costs (see instructions)			29
30	Outlier payments reconciliation			30
31	Other adjustments (specify) (see instructions)			31
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			31.50
32	Total amount payable to the provider (see instructions)	2,309,827		32
32.01	Sequestration adjustment (see instructions)	46,197		32.01
32.02	Demonstration payment adjustment amount after sequestration			32.02
33	Interim payments	2,228,403		33
34	Tentative settlement (for contractor use only)			34
35	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33 and 34)	35,227		35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			36

TO BE COMPLETED BY CONTRACTOR

50	Original outlier amount from Wkst. E-3, Pt. III, line 4 (see instructions)	7,420		50
51	Outlier reconciliation adjustment amount (see instructions)			51
52	The rate used to calculate the Time Value of Money (see instructions)			52
53	Time Value of Money (see instructions)			53

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART VI**

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

PROSPECTIVE PAYMENT AMOUNT (see instructions)			
1	Resource Utilization Group (RUGS) payment	1,795,718	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1-3)	1,795,718	4
COMPUTATION OF NET COST OF COVERED SERVICES			
5	Medical and other services. Do not use this line. (see instructions)		5
6	Deductibles		6
7	Coinsurance	95,515	7
8	Allowable bad debts (see instructions)		8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		9
10	Adjusted reimbursable bad debts (see instructions)		10
11	Utilization review		11
12	Subtotal (sum of lines 4 and 5, minus lines 6 and 7, plus lines 10 and 11) (see instructions)	1,700,203	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		14.50
15	Subtotal (see instructions)	1,700,203	15
15.01	Sequestration adjustment (see instructions)	34,004	15.01
15.02	Demonstration payment adjustment amount after sequestration		15.02
16	Interim payments	1,666,199	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16 and 17)		18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		19

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0054

**WORKSHEET E-3
PART VII**

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	5,249,041		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	5,249,041		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	5,249,041		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	5,249,041		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)	5,249,041		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S054

**WORKSHEET E-3
PART VII**

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	117,927		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	117,927		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	117,927		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges	1,227,294		9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)	1,227,294		12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)	1,227,294		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,109,367		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)	117,927		21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)	117,927		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	117,927		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	117,927		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	117,927		38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)	117,927		40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)	117,927		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-T054

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	154,866		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	154,866		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	154,866		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a cahрге basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	154,866		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)	154,866		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-5848

WORKSHEET E-3
PART VII

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

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

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			62.07	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)				2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			35.88	4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.32	4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4.01 and 4.02 plus applicable subscripts)			98.27	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			104.29	6
7	Enter the lesser of line 5 or line 6			98.27	7
		Primary Care 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	79.65	23.68	103.33	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	75.05	22.31	97.36	9
10	Weighted dental and podiatric resident FTE count for the current year		0.31		10
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.37		10.01
11	Total weighted FTE count	75.05	22.62		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	75.69	21.78		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	74.44	22.81		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	75.06	22.40		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	75.06	22.40		17
18	Per resident amount	153,320.38	152,092.96		18
19	Approved amount for resident costs	11,508,228	3,406,882	14,915,110	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)			6.02	21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)			14,915,110	25
COMPUTATION OF PROGRAM PATIENT LOAD					
		Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	16,850	9,414		26
27	Total inpatient days (see instructions)	59,958	59,958		27
28	Ratio of inpatient days to total inpatient days	0.281030	0.157010		28
29	Program direct GME amount	4,191,593	2,341,821		29
30	Reduction for direct GME payments for Medicare Advantage		330,899		30
31	Net Program direct GME amount			6,202,515	31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)					
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)				32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,103,005	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)			32,454,249	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				38
39	Cost of physicians' services in a teaching hospital (see instructions)				39
40	Primary payer payments (see instructions)			82,434	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			32,371,815	41
Part B Reasonable Cost					
42	Reasonable cost (see instructions)			14,454,674	42
43	Primary payer payments (see instructions)			23,276	43
44	Total Part B reasonable cost (line 42 minus line 43)			14,431,398	44
45	Total reasonable cost (sum of lines 41 and 44)			46,803,213	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.691658	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.308342	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	Total program GME payment (line 31)			6,202,515	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			4,290,019	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			1,912,496	50

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		Primary Care	Other	Total
		1	2	3
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00 8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00 9
10	Weighted dental and podiatric resident FTE count for the current year		0.00	10
10.01	Unweighted dental and podiatric resident FTE count for the current year			10.01
11	Total weighted FTE count	0.00	0.00	11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	14
15	Adjustment for residents in initial years of new programs	0.00	0.00	15
15.01	Unweighted adjustment for residents in initial years of new programs			15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16
16.01	Unweighted adjustment for residents displaced by program or hospital closure			16.01
17	Adjusted rolling average FTE count	0.00	0.00	17
18	Per resident amount	0.00	0.00	18
19	Approved amount for resident costs			19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			20
21	Direct GME FTE unweighted resident count over cap (see instructions)			21
22	Allowable additional direct GME FTE resident count (see instructions)			22
23	Enter the locality adjustment national average per resident amount (see instructions)			23
24	Multiply line 22 times line 23			24
25	Total direct GME amount (sum of lines 19 and 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
		Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	5,328	13,882	26
27	Total inpatient days (see instructions)	59,958	59,958	27
28	Ratio of inpatient days to total inpatient days	0.088862	0.231529	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
Part A Reasonable Cost				
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
Part B Reasonable Cost				
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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	-2,783,095				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	51,393,257				4
5	Other receivables	4,359,800				5
6	Allowances for uncollectible notes and accounts receivable	-10,443,380				6
7	Inventory	4,632,849				7
8	Prepaid expenses	1,092,064				8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)	48,251,495				11
FIXED ASSETS						
12	Land	6,377,656				12
13	Land improvements	930,000				13
14	Accumulated depreciation					14
15	Buildings	104,087,767				15
16	Accumulated depreciation					16
17	Leasehold improvements	95,300				17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	47,956,363				23
24	Accumulated depreciation	-54,784,415				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable	1,036,894				29
30	Total fixed assets (sum of lines 12-29)	105,699,565				30
OTHER ASSETS						
31	Investments	1,285,320				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	79,682,302				34
35	Total other assets (sum of lines 31-34)	80,967,622				35
36	Total assets (sum of lines 11, 30 and 35)	234,918,682				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	11,702,600				37
38	Salaries, wages and fees payable	14,682,823				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	-151,971				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	1,263,425				44
45	Total current liabilities (sum of lines 37 thru 44)	27,496,877				45
LONG TERM LIABILITIES						
46	Mortgage payable	201,235,198				46
47	Notes payable	1,177,278				47
48	Unsecured loans					48
49	Other long term liabilities	2,825,671				49
50	Total long term liabilities (sum of lines 46 thru 49)	205,238,147				50
51	Total liabilities (sum of lines 45 and 50)	232,735,024				51
CAPITAL ACCOUNTS						
52	General fund balance	2,183,658				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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets					
	(Omit Cents)	1	2	3	4	
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	2,183,658				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	234,918,682				60

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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		-19,012,617		
2	Net income (loss) (from Worksheet G-3, line 29)		37,561,648		
3	Total (sum of line 1 and line 2)		18,549,031		
4	Additions (credit adjustments) (specify)				
5	RECONCILING ITEM	423,607			
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)		423,607		
11	Subtotal (line 3 plus line 10)		18,972,638		
12	Deductions (debit adjustments) (specify)				
13	PERIOD 13 RETAINING EARNINGS	16,788,976			
14	RECONCILING ITEM	4			
15					
16					
17					
18	Total deductions (sum of lines 12-17)		16,788,980		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,183,658		

		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	RECONCILING ITEM				
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)				
12	Deductions (debit adjustments) (specify)				
13	PERIOD 13 RETAINING EARNINGS				
14	RECONCILING ITEM				
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

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	81,631,778		81,631,778	1
2	Subprovider IPF	11,308,896		11,308,896	2
3	Subprovider IRF	6,058,800		6,058,800	3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility	3,139,598		3,139,598	7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	102,139,072		102,139,072	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	19,256,808		19,256,808	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,256,808		19,256,808	16
17	Total inpatient routine care services (sum of lines 10 and 16)	121,395,880		121,395,880	17
18	Ancillary services	377,240,509	654,584,867	1,031,825,376	18
19	Outpatient services	29,674,416	131,930,883	161,605,299	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		7,693,627	7,693,627	22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	DIETARY		66,750	66,750	27
27.01	COMMUNITY RELATIONS	1,786		1,786	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	528,312,591	794,276,127	1,322,588,718	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		227,600,065	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		227,600,065	43

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,322,588,718	1
2	Less contractual allowances and discounts on patients' accounts	1,064,885,728	2
3	Net patient revenues (line 1 minus line 2)	257,702,990	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	227,600,065	4
5	Net income from service to patients (line 3 minus line 4)	30,102,925	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	-25,135	7
8	Revenues from telephone and other miscellaneous communication services	227,886	8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	573,407	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		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines	17,196	21
22	Rental of hosptial space	566,623	22
23	Governmental appropriations		23
24	Other (OTHER OPERATING REVENUE)	6,184,828	24
25	Total other income (sum of lines 6-24)	7,544,805	25
26	Total (line 5 plus line 25)	37,647,730	26
27	Other expenses (CASH OVER/SHORT)	86,082	27
28	Total other expenses (sum of line 27 and subscripts)	86,082	28
29	Net income (or loss) for the period (line 26 minus line 28)	37,561,648	29

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPOR- TATION (see ins- tructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	
		1	2	3	4	5	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	979,582	199,508		7,426	550,367	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,388,653	282,821		156,165		6
7	Physical Therapy	922,177	187,816				7
8	Occupational Therapy	175,795	35,803				8
9	Speech Pathology	8,177	1,665				9
10	Medical Social Services	18,932	3,856				10
11	Home Health Aide	15,725	3,203				11
12	Supplies (see instructions)					98,597	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	3,509,041	714,672		163,591	648,964	24

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

WORKSHEET H

	COST CENTER DESCRIPTIONS (omit cents)	TOTAL (sum of cols. 1 thru 5)	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENT S	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		6	7	8	9	10	
	GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs and Fixtures						1
2	Capital Related-Movable Equipment						2
3	Plant Operation & Maintenance						3
4	Transportation (see instructions)						4
5	Administrative and General	1,736,883	-222,665	1,514,218	-12,298	1,501,920	5
	HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,827,639		1,827,639		1,827,639	6
7	Physical Therapy	1,109,993		1,109,993		1,109,993	7
8	Occupational Therapy	211,598		211,598		211,598	8
9	Speech Pathology	9,842		9,842		9,842	9
10	Medical Social Services	22,788		22,788		22,788	10
11	Home Health Aide	18,928		18,928		18,928	11
12	Supplies (see instructions)	98,597		98,597		98,597	12
13	Drugs						13
14	DME						14
	HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services						15
16	Respiratory Therapy						16
17	Private Duty Nursing						17
18	Clinic						18
19	Health Promotion Activities						19
20	Day Care Program						20
21	Home Delivered Meals Program						21
22	Homemaker Service						22
23	All Others						23
23.50	Telemedicine						23.50
24	Total (sum of lines 1-23)	5,036,268	-222,665	4,813,603	-12,298	4,801,305	24

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

**WORKSHEET H-1
PART I**

		CAPITAL RELATED COSTS				
		NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINTENANCE	
		0	1	2	3	
GENERAL SERVICE COST CENTERS						
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General	1,501,920				5
HHA REIMBURSABLE SERVICES						
6	Skilled Nursing Care	1,827,639				6
7	Physical Therapy	1,109,993				7
8	Occupational Therapy	211,598				8
9	Speech Pathology	9,842				9
10	Medical Social Services	22,788				10
11	Home Health Aide	18,928				11
12	Supplies (see instructions)	98,597				12
13	Drugs					13
14	DME					14
HHA NONREIMBURSABLE SERVICES						
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)	4,801,305				24

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA CCN: 14-7285

**WORKSHEET H-1
PART I**

		TRANSPORT- ATION	SUBTOTAL (cols. 0-4)	ADMINI- STRATIVE & GENERAL	TOTAL (col. 4A + 5)	
		4	4A	5	6	
	GENERAL SERVICE COST CENTERS					
1	Capital Related-Bldgs. and Fixtures					1
2	Capital Related-Movable Equipment					2
3	Plant Operation & Maintenance					3
4	Transportation (see instructions)					4
5	Administrative and General		1,501,920	1,501,920		5
	HHA REIMBURSABLE SERVICES					
6	Skilled Nursing Care		1,827,639	831,964	2,659,603	6
7	Physical Therapy		1,109,993	505,282	1,615,275	7
8	Occupational Therapy		211,598	96,322	307,920	8
9	Speech Pathology		9,842	4,480	14,322	9
10	Medical Social Services		22,788	10,373	33,161	10
11	Home Health Aide		18,928	8,616	27,544	11
12	Supplies (see instructions)		98,597	44,883	143,480	12
13	Drugs					13
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	Home Dialysis Aide Services					15
16	Respiratory Therapy					16
17	Private Duty Nursing					17
18	Clinic					18
19	Health Promotion Activities					19
20	Day Care Program					20
21	Home Delivered Means Program					21
22	Homemaker Service					22
23	All Others					23
23.50	Telemedicine					23.50
24	Totals (sum of lines 1-23)		4,801,305		4,801,305	24

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

COST ALLOCATION - HHA STATISTICAL BASIS

HHA CCN: 14-7285

**WORKSHEET H-1
PART II**

		CAPITAL RELATED COSTS						
		BLDGS. & FIXTURES (Square Feet)	MOVABLE EQUIPMENT (Dollar Value)	PLANT OPERATION & MAINTENANCE (Square Feet)	TRANSPORTATION (Mileage)	RECONCILIATION	ADMINISTRATIVE & GENERAL (Accum. Cost)	
		1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS								
1	Capital Related-Bldgs. and Fixtures							1
2	Capital Related-Movable Equipment							2
3	Plant Operation & Maintenance							3
4	Transportation (see instructions)							4
5	Administrative and General					-1,501,920	6,598,770	5
HHA REIMBURSABLE SERVICES								
6	Skilled Nursing Care					1,827,639	3,655,278	6
7	Physical Therapy					1,109,993	2,219,986	7
8	Occupational Therapy					211,598	423,196	8
9	Speech Pathology					9,842	19,684	9
10	Medical Social Services					22,788	45,576	10
11	Home Health Aide					18,928	37,856	11
12	Supplies (see instructions)					98,597	197,194	12
13	Drugs							13
14	DME							14
HHA NONREIMBURSABLE SERVICES								
15	Home Dialysis Aide Services							15
16	Respiratory Therapy							16
17	Private Duty Nursing							17
18	Clinic							18
19	Health Promotion Activities							19
20	Day Care Program							20
21	Home Delivered Means Program							21
22	Homemaker Service							22
23	All Others							23
23.50	Telemedicine							23.50
24	Totals (sum of lines 1-23)					1,797,465	6,598,770	24
25	Cost To Be Allocated (per Worksheet H-1, Part I)						1,501,920	25
26	Unit Cost Multiplier						0.227606	26

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	HHA TRIAL BALANCE(1)	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	SUBTOTAL (cols.0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	
1	Administrative and General	0	40,877	36,705	780,316	857,898	147,451	1
2	Skilled Nursing Care	2,659,603				2,659,603	457,119	2
3	Physical Therapy	1,615,275				1,615,275	277,625	3
4	Occupational Therapy	307,920				307,920	52,924	4
5	Speech Pathology	14,322				14,322	2,462	5
6	Medical Social Services	33,161				33,161	5,700	6
7	Home Health Aide	27,544				27,544	4,734	7
8	Supplies	143,480				143,480	24,661	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	4,801,305	40,877	36,705	780,316	5,659,203	972,676	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
1	Administrative and General	194,377			48,596		55,383	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)	194,377			48,596		55,383	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
1	Administrative and General		2,652			22,781		1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)		2,652			22,781		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL (sum of col.4A-23)	
		19	20	21	22	23	24	
1	Administrative and General						1,329,138	1
2	Skilled Nursing Care						3,116,722	2
3	Physical Therapy						1,892,900	3
4	Occupational Therapy						360,844	4
5	Speech Pathology						16,784	5
6	Medical Social Services						38,861	6
7	Home Health Aide						32,278	7
8	Supplies						168,141	8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
20	Totals (sum of lines 1-19)(2)						6,955,668	20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA CCN: 14-7285

**WORKSHEET H-2
PART I**

	HHA COST CENTER (omit cents)	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (cols 23 +/- 24) 26	ALLOCATED HHA A&G (see PtII) 27	TOTAL HHA COSTS 28		
1	Administrative and General		1,329,138				1
2	Skilled Nursing Care		3,116,722	736,254	3,852,976		2
3	Physical Therapy		1,892,900	447,154	2,340,054		3
4	Occupational Therapy		360,844	85,241	446,085		4
5	Speech Pathology		16,784	3,965	20,749		5
6	Medical Social Services		38,861	9,180	48,041		6
7	Home Health Aide		32,278	7,625	39,903		7
8	Supplies		168,141	39,719	207,860		8
9	Drugs						9
10	DME						10
11	Home Dialysis Aide Services						11
12	Respiratory Therapy						12
13	Private Duty Nursing						13
14	Clinic						14
15	Health Promotion Activities						15
16	Day Care Program						16
17	Home Delivered Meals Program						17
18	Homemaker Service						18
19	All Others						19
20	Totals (sum of lines 1-19)(2)		6,955,668	1,329,138	6,955,668		20
21	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.236227			21

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

	HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		1	2	4	4A	5	6	
1	Administrative and General	3,602	3,602	3,509,040		857,898	3,602	1
2	Skilled Nursing Care					2,659,603		2
3	Physical Therapy					1,615,275		3
4	Occupational Therapy					307,920		4
5	Speech Pathology					14,322		5
6	Medical Social Services					33,161		6
7	Home Health Aide					27,544		7
8	Supplies					143,480		8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	3,602	3,602	3,509,040		5,659,203	3,602	20
21	Total cost to be allocated	40,877	36,705	780,316		972,676	194,377	21
22	Unit Cost Multiplier	11.348418		0.222373		0.171875		22
22	Unit Cost Multiplier		10.190172				53.963631	22

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

	HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	
		7	8	9	10	11	12	
1	Administrative and General			3,602		2,516		1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)			3,602		2,516		20
21	Total cost to be allocated			48,596		55,383		21
22	Unit Cost Multiplier			13.491394		22.012321		22
22	Unit Cost Multiplier							22

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

	HHA COST CENTER	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY GROSS CHAR GES	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	
		13	14	15	16	17	19	
1	Administrative and General	1,000			7,693.627			1
2	Skilled Nursing Care							2
3	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
6	Medical Social Services							6
7	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Home Dialysis Aide Services							11
12	Respiratory Therapy							12
13	Private Duty Nursing							13
14	Clinic							14
15	Health Promotion Activities							15
16	Day Care Program							16
17	Home Delivered Meals Program							17
18	Homemaker Service							18
19	All Others							19
19.50	Telemedicine							19.50
20	Totals (sum of lines 1-19)	1,000			7,693.627			20
21	Total cost to be allocated	2,652			22,781			21
22	Unit Cost Multiplier	2.652000						22
22	Unit Cost Multiplier				0.002961			22

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA CCN: 14-7285

**WORKSHEET H-2
PART II**

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7285

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

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation							
	Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA COSTS (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
			1	2	3	4	5
1	Skilled Nursing Care	2	3,852,976		3,852,976	18,700	206.04
2	Physical Therapy	3	2,340,054		2,340,054	12,052	194.16
3	Occupational Therapy	4	446,085		446,085	3,973	112.28
4	Speech Pathology	5	20,749		20,749	446	46.52
5	Medical Social Services	6	48,041		48,041	255	188.40
6	Home Health Aide	7	39,903		39,903	574	69.52
7	Total (sum of lines 1-6)		6,747,808		6,747,808	36,000	

Limitation Cost Comoputation		Program Visits			
		CBSA No.	Part A	PART B	
Patient Services				Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1	2	3	4
8	Skilled Nursing Care	16974		1,339	
9	Physical Therapy	16974		1,030	
10	Occupational Therapy	16974		338	
11	Speech Pathology	16974		21	
12	Medical Social Services	16974		22	
13	Home Health Aide	16974		24	
14	Total (sum of lines 8-13)			2,774	

Supplies and Drugs Cost Computations							
	Other Patient Services	From Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
			1	2	3	4	5
15	Cost of Medical Supplies	8	207,860		207,860	209,136	0.993899
16	Cost of Drugs	9					

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

		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charges (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated
			1	2	3	4
1	Physical Therapy	66	0.213379			col. 2, line 2
1.01	TCU REHAB	66.01	1.658602			col. 2, line 2
2	Occupational Therapy	67	0.177121			col. 2, line 3
3	Speech Pathology	68	0.255480			col. 2, line 4
4	Medical Supplies Charged to Pat	71	0.102659			col. 2, line 15
5	Drugs Charged to Patients	73	0.089216			col. 2, line 16

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CCN: 14-7285

WORKSHEET H-3
PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

Cost Per Visit Computation		Program Visits			Cost of Services				
		Part B			Part B				
	Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols 9-10)	
		6	7	8	9	10	11	12	
1	Skilled Nursing Care		1,339			275,888		275,888	1
2	Physical Therapy		1,030			199,985		199,985	2
3	Occupational Therapy		338			37,951		37,951	3
4	Speech Pathology		21			977		977	4
5	Medical Social Services		22			4,145		4,145	5
6	Home Health Aide		24			1,668		1,668	6
7	Total (sum of lines 1-6)		2,774			520,614		520,614	7

Supplies and Drugs Cost Computations		Program Covered Charges			Cost of Services			
		Part B			Part B			
	Other Patient Services	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6	7	8	9	10	11	
15	Cost of Medical Supplies		10,058			9,997		15
16	Cost of Drugs							16

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

HHA CCN: 14-7285

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

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

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

	Description	Part A 1	Part B		
			Not Subject to Deductibles & Coinsurance 2	Subject to Deductibles & Coinsurance 3	
	Reasonable Cost of Part A & Part B Services				
1	Reasonable cost of services (see instructions)				1
2	Total charges				2
	Customary Charges				
3	Amount actually collected from patients liable for payment for services on a charge basis (from your records)				3
4	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)				4
5	Ratio of line 3 to line 4 (not to exceed 1.000000)				5
6	Total customary charges (see instructions)				6
7	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)				7
8	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)				8
9	Primary payer amounts				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	Description	Part A Services 1	Part B Services 2	
10	Total reasonable cost (see instructions)			10
11	Total PPS Reimbursement - Full Episodes without Outliers		513,275	11
12	Total PPS Reimbursement - Full Episodes with Outliers			12
13	Total PPS Reimbursement - LUPA Episodes		16,789	13
14	Total PPS Reimbursement - PEP Episodes		14,290	14
15	Total PPS Outlier Reimbursement - Full Episodes with Outliers			15
16	Total PPS Outlier Reimbursement - PSP Episodes			16
17	Total Other Payments			17
18	DME Payments			18
19	Oxygen Payments			19
20	Prosthetic and Orthotic Payments			20
21	Part B deductibles billed to Medicare patients (exclude coinsurance)			21
22	Subtotal (sum of lines 10 thru 20 minus line 21)		544,354	22
23	Excess reasonable cost (from line 8)			23
24	Subtotal (line 22 minus line 23)		544,354	24
25	Coinsurance billed to program patients (from your records)			25
26	Net cost (line 24 minus line 25)		544,354	26
27	Reimbursable bad debts (from your records)			27
28	Reimbursable bad debts for dual eligible (see instructions)			28
29	Total costs - current cost reporting period (line 26 plus line 27)		544,354	29
30	Other adjustments (see instructions) (specify)			30
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			30.50
31	Subtotal (see instructions)		544,354	31
31.01	Sequestration adjustment (see instructions)		10,887	31.01
31.02	Demonstration payment adjustment amount after sequestration			31.02
32	Interim payments (see instructions)		533,467	32
33	Tentative settlement (for contractor use only)			33
34	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			34
35	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115-2			35

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	--------------------------------	--	--

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

HHa CCN: 14-7285

WORKSHEET H-5

	DESCRIPTION	Part A		Part B	
		mm/dd/yyyy 1	Amount 2	mm/dd/yyyy 3	Amount 4
1	Total interim payments paid to provider				533,467
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. H-4, Part II, column as appropriate, line 32)				533,467
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	.01			5.01
		.02			5.02
	Program	.03			5.03
	To	.04			5.04
	Provider	.05			5.05
		.06			5.06
		.07			5.07
		.08			5.08
		.09			5.09
		.10			5.10
		.50			5.50
		.51			5.51
	Provider	.52			5.52
	To	.53			5.53
	Program	.54			5.54
		.55			5.55
		.56			5.56
		.57			5.57
		.58			5.58
		.59			5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determine net settlement amount (balance due) based on the cost report (see instructions)	.01			6.01
		.02			6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)				533,467
8	Name of Contractor	Contractor Number		NPR Date: Month, Day, Year	
					8

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0054

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT		
1	Capital DRG other than outlier	2,082,534	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	8,158	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)	135.50	3
4	Number of interns & residents (see instructions)	96.03	4
5	Indirect medical education percentage (see instructions)	22.14	5
6	Indirect medical education adjustment (see instructions)	461,073	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0530	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.3870	8
9	Sum of lines 7 and 8	0.4400	9
10	Allowable disproportionate share percentage (see instructions)	0.0932	10
11	Disproportionate share adjustment (see instructions)	194,092	11
12	Total prospective capital payments (see instructions)	2,745,857	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
40	Subprovider - IPF						40
41	Subprovider - IRF						41
43	Nursery						43
44	Skilled Nursing Facility						44
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
56	Radioisotope						56
56.01	ULTRA SOUND						56.01
56.02	MAMMOGRAPHY						56.02
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
59.01	GASTRO INTESTINAL						59.01
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Trans.						63
65	Respiratory Therapy						65
66	Physical Therapy						66
66.01	TCU REHAB						66.01
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
69.01	CARDIAC HEHAB						69.01
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency						91
91.01	FAMILY PRACTICES						91.01
91.02	PSYCH DAY HOSPITAL						91.02
91.03	WOUND CARE						91.03
92	Observation Beds (Non-Distinct Part)						92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
101	Home Health Agency						101

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	In Lieu of Form CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	SPECIAL PURPOSE COST CENTERS							
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	MARKETING							194
194.0	MACNEAL SCHOOL							194.0
1								1
194.0	COMMUNITY RELATIONS							194.0
2								2
194.0	RETAIL PHARMACY							194.0
3								3
194.0	HOME DELIVERED MEALS							194.0
4								4
194.0	CATERED MEALS							194.0
5								5
194.0	VACANT SPACE							194.0
6								6
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 97 - UTILIZATION STATISTICS - HOSPITAL

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
30	Adults & Pediatrics	22.47		9.18				31.65	30
31	Intensive Care Unit	33.77		9.27				43.04	31
43	Nursery			41.55				41.55	43
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	13.20	14.06					27.26	50
51	Recovery Room	7.82	19.42					27.24	51
52	Delivery Room & Labor Room	0.11						0.11	52
53	Anesthesiology	9.63	12.75					22.38	53
54	Radiology-Diagnostic	6.42	8.38					14.80	54
56	Radioisotope	7.19	17.28					24.47	56
56.01	ULTRA SOUND	6.67	8.91					15.58	56.01
56.02	MAMMOGRAPHY	0.01						0.01	56.02
57	CT Scan	10.20	14.02					24.22	57
58	MRI	5.01	14.47					19.48	58
59	Cardiac Catheterization	11.71	11.98					23.69	59
59.01	GASTRO INTESTINAL	5.32	17.00					22.32	59.01
60	Laboratory	15.48	7.74					23.22	60
63	Blood Storing, Processing & Tra	22.85	2.85					25.70	63
65	Respiratory Therapy	24.03	2.26					26.29	65
66	Physical Therapy	10.34	0.88					11.22	66
67	Occupational Therapy	37.51	3.12					40.63	67
68	Speech Pathology	25.90	6.14					32.04	68
69	Electrocardiology	15.27	12.06					27.33	69
69.01	CARDIAC HEHAB		53.38					53.38	69.01
71	Medical Supplies Charged to Pat	10.13	12.31					22.44	71
72	Impl. Dev. Charged to Patients	17.03	15.01					32.04	72
73	Drugs Charged to Patients	8.32	17.65					25.97	73
74	Renal Dialysis	39.88	8.75					48.63	74
91	Emergency	7.16	7.57					14.73	91
91.02	PSYCH DAY HOSPITAL		12.23					12.23	91.02
92	Observation Beds (Non-Distinct	5.38	16.07					21.45	92
200	TOTAL CHARGES	9.80	12.14					21.94	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IPF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
40	Subprovider - IPF	37.59						37.59	40
	UTILIZATION PERCENTAGES BASED ON CHARGES								
54	Radiology-Diagnostic	0.04		0.04				0.08	54
56.01	ULTRA SOUND	0.07		0.07				0.14	56.01
56.02	MAMMOGRAPHY	0.01		0.01				0.02	56.02
57	CT Scan	0.04		0.04				0.08	57
58	MRI	0.02		0.02				0.04	58
60	Laboratory	0.32		0.32				0.64	60
65	Respiratory Therapy	0.11		0.11				0.22	65
66	Physical Therapy	0.40		0.40				0.80	66
69	Electrocardiology	0.27	0.01	0.27				0.55	69
73	Drugs Charged to Patients	0.37		0.37				0.74	73
91.02	PSYCH DAY HOSPITAL	0.01		0.01				0.02	91.02
200	TOTAL CHARGES	0.10		0.10				0.20	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 97 - UTILIZATION STATISTICS - SUBPROVIDER-IRF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
41	Subprovider - IRF	51.35		5.38				56.73	41
	UTILIZATION PERCENTAGES BASED ON CHARGES								
54	Radiology-Diagnostic	0.09						0.09	54
56	Radioisotope	0.15						0.15	56
56.01	ULTRA SOUND	0.10						0.10	56.01
57	CT Scan	0.06						0.06	57
58	MRI	0.01						0.01	58
60	Laboratory	0.23						0.23	60
63	Blood Storing, Processing & Tra	0.10						0.10	63
65	Respiratory Therapy	0.71						0.71	65
66	Physical Therapy	12.61						12.61	66
69	Electrocardiology	0.04						0.04	69
73	Drugs Charged to Patients	0.29						0.29	73
74	Renal Dialysis	0.60						0.60	74
200	TOTAL CHARGES	0.30						0.30	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 97 - UTILIZATION STATISTICS - SNF / NF

	COST CENTERS	TITLE XVIII		TITLE XIX		TITLE V		TOTAL THIRD PARTY UTIL	
		PART A	PART B	INPATIENT	OUTPAT- IENT	INPATIENT	OUTPAT- IENT		
		1	2	3	4	5	6	7	
	UTILIZATION PERCENTAGES BASED ON DAYS								
44	Skilled Nursing Facility	62.33						62.33	44
	UTILIZATION PERCENTAGES BASED ON CHARGES								
50	Operating Room	0.01						0.01	50
54	Radiology-Diagnostic	0.15						0.15	54
56.01	ULTRA SOUND	0.13						0.13	56.01
57	CT Scan	0.03						0.03	57
60	Laboratory	0.53						0.53	60
63	Blood Storing, Processing & Tra	0.10						0.10	63
65	Respiratory Therapy	1.17						1.17	65
66	Physical Therapy	1.56						1.56	66
66.01	TCU REHAB	75.11						75.11	66.01
69	Electrocardiology	0.09						0.09	69
71	Medical Supplies Charged to Pat	0.01						0.01	71
73	Drugs Charged to Patients	0.64						0.64	73
200	TOTAL CHARGES	0.22						0.22	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt	8,171,609	3.70	-8,171,609	-7.82			1
2	Cap Rel Costs-Mvble Equip	7,096,314	3.21	-7,096,314	-6.79			2
3	Other Cap Rel Costs							3
4	Employee Benefits Department	21,798,643	9.86	-21,798,643	-20.85			4
5	Administrative & General	28,600,372	12.94	-28,600,372	-27.35			5
6	Maintenance & Repairs	9,582,915	4.34	-9,582,915	-9.17			6
7	Operation of Plant							7
8	Laundry & Linen Service	1,059,708	0.48	-1,059,708	-1.01			8
9	Housekeeping	3,104,258	1.40	-3,104,258	-2.97			9
10	Dietary	2,998,698	1.36	-2,998,698	-2.87			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration	1,351,927	0.61	-1,351,927	-1.29			13
14	Central Services & Supply	173,134	0.08	-173,134	-0.17			14
15	Pharmacy	6,152,832	2.78	-6,152,832	-5.88			15
16	Medical Records & Library	2,472,393	1.12	-2,472,393	-2.36			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	5,258,502	2.38	-5,258,502	-5.03			21
22	I&R Services-Other Prgm Costs Apprvd	6,734,112	3.05	-6,734,112	-6.44			22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	20,604,108	9.32	30,585,528	29.25	51,189,636	23.16	30
31	Intensive Care Unit	3,427,966	1.55	2,670,562	2.55	6,098,528	2.76	31
40	Subprovider - IPF	2,329,887	1.05	2,885,449	2.76	5,215,336	2.36	40
41	Subprovider - IRF	1,410,360	0.64	1,467,796	1.40	2,878,156	1.30	41
43	Nursery	1,187,030	0.54	938,088	0.90	2,125,118	0.96	43
44	Skilled Nursing Facility	1,813,586	0.82	1,657,400	1.59	3,470,986	1.57	44
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	7,854,315	3.55	6,562,291	6.28	14,416,606	6.52	50
51	Recovery Room	679,916	0.31	663,617	0.63	1,343,533	0.61	51
52	Delivery Room & Labor Room	2,125,247	0.96	1,845,255	1.76	3,970,502	1.80	52
53	Anesthesiology	918,766	0.42	480,616	0.46	1,399,382	0.63	53
54	Radiology-Diagnostic	11,113,426	5.03	5,009,739	4.79	16,123,165	7.29	54
56	Radioisotope	685,438	0.31	419,681	0.40	1,105,119	0.50	56
56.01	ULTRA SOUND	939,941	0.43	495,134	0.47	1,435,075	0.65	56.01
56.02	MAMMOGRAPHY	945,998	0.43	889,640	0.85	1,835,638	0.83	56.02
57	CT Scan	855,534	0.39	843,609	0.81	1,699,143	0.77	57
58	MRI	554,270	0.25	320,926	0.31	875,196	0.40	58
59	Cardiac Catheterization	2,473,115	1.12	1,241,172	1.19	3,714,287	1.68	59
59.01	GASTRO INTESTINAL	2,330,762	1.05	1,693,330	1.62	4,024,092	1.82	59.01
60	Laboratory	5,121,509	2.32	2,863,988	2.74	7,985,497	3.61	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	Blood Storing, Processing & Trans.	732,946	0.33	234,745	0.22	967,691	0.44	63
65	Respiratory Therapy	1,326,156	0.60	789,166	0.75	2,115,322	0.96	65
66	Physical Therapy	2,403,775	1.09	1,948,453	1.86	4,352,228	1.97	66
66.01	TCU REHAB	370,506	0.17	383,153	0.37	753,659	0.34	66.01
67	Occupational Therapy	554,189	0.25	253,558	0.24	807,747	0.37	67
68	Speech Pathology	304,121	0.14	266,715	0.26	570,836	0.26	68
69	Electrocardiology	761,019	0.34	492,156	0.47	1,253,175	0.57	69
69.01	CARDIAC HEHAB	213,624	0.10	788,320	0.75	1,001,944	0.45	69.01
71	Medical Supplies Charged to Patients	5,615,860	2.54	1,400,286	1.34	7,016,146	3.17	71
72	Impl. Dev. Charged to Patients	11,089,107	5.02	2,534,121	2.42	13,623,228	6.16	72
73	Drugs Charged to Patients	6,401,073	2.90	10,072,325	9.63	16,473,398	7.45	73
74	Renal Dialysis	678,623	0.31	147,249	0.14	825,872	0.37	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
91	Emergency	6,433,708	2.91	5,219,566	4.99	11,653,274	5.27	91
91.01	FAMILY PRACTICES	5,193,746	2.35	9,500,987	9.09	14,694,733	6.65	91.01
91.02	PSYCH DAY HOSPITAL	378,869	0.17	684,441	0.65	1,063,310	0.48	91.02
91.03	WOUND CARE	237,642	0.11	109,855	0.11	347,497	0.16	91.03
92	Observation Beds (Non-Distinct Part)							92
93.99	PARTIAL HOSPITALIZATION PROGRAM							93.99
OTHER REIMBURSABLE COST CENTERS								
101	Home Health Agency	4,801,305	2.17	2,154,363	2.06	6,955,668	3.15	101
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen			90,842	0.09	90,842	0.04	190

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 98 - COST ALLOCATION SUMMARY

	COST CENTERS	DIRECT COSTS		ALLOCATED OVERHEAD		TOTAL COSTS		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
		1	2	3	4	5	6	
191	Research	66,646	0.03	30,765	0.03	97,411	0.04	191
192	Physicians' Private Offices			1,383,054	1.32	1,383,054	0.63	192
194	MARKETING	1,094,464	0.50	443,312	0.42	1,537,776	0.70	194
194.01	MACNEAL SCHOOL							194.01
194.02	COMMUNITY RELATIONS	435,745	0.20	159,530	0.15	595,275	0.27	194.02
194.03	RETAIL PHARMACY							194.03
194.04	HOME DELIVERED MEALS							194.04
194.05	CATERED MEALS			1,483,461	1.42	1,483,461	0.67	194.05
194.06	VACANT SPACE			451,173	0.43	451,173	0.20	194.06
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL	221,019,715	100.00			221,019,715	100.00	202

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	TOTAL CHARGES	RATIO OF CAPITAL COSTS TO CHARGES	INPATIENT PROGRAM CHARGES	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,298,768	126,345,770	0.010279	16,677,777	171,431	50
51	Recovery Room	123,218	16,503,739	0.007466	1,290,076	9,632	51
52	Delivery Room & Labor Room	346,389	14,810,454	0.023388	15,562	364	52
53	Anesthesiology	28,569	45,196,575	0.000632	4,353,107	2,751	53
54	Radiology-Diagnostic	970,868	54,462,238	0.017826	3,498,514	62,365	54
56	Radioisotope	89,759	13,018,923	0.006895	936,185	6,455	56
56.01	ULTRA SOUND	19,089	27,166,350	0.000703	1,810,809	1,273	56.01
56.02	MAMMOGRAPHY	202,633	24,758,253	0.008184	1,309	11	56.02
57	CT Scan	107,406	105,107,658	0.001022	10,722,300	10,958	57
58	MRI	14,429	34,149,665	0.000423	1,711,802	724	58
59	Cardiac Catheterization	191,918	52,409,142	0.003662	6,138,586	22,480	59
59.01	GASTRO INTESTINAL	327,738	46,826,136	0.006999	2,491,868	17,441	59.01
60	Laboratory	814,958	88,480,014	0.009211	13,698,309	126,175	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63	Blood Storing, Processing & Tra	50,462	3,206,003	0.015740	732,483	11,529	63
65	Respiratory Therapy	109,404	8,609,281	0.012708	2,069,183	26,295	65
66	Physical Therapy	376,814	20,396,733	0.018474	2,108,053	38,944	66
66.01	TCU REHAB	102,605	454,394	0.225806			66.01
67	Occupational Therapy	6,553	4,560,425	0.001437	1,710,513	2,458	67
68	Speech Pathology	58,661	2,234,370	0.026254	578,660	15,192	68
69	Electrocardiology	18,639	29,557,872	0.000631	4,513,087	2,848	69
69.01	CARDIAC HEHAB	303,598	2,504,151	0.121238			69.01
71	Medical Supplies Charged to Pat	114,061	68,344,112	0.001669	6,923,780	11,556	71
72	Impl. Dev. Charged to Patients	211,184	56,973,843	0.003707	9,701,805	35,965	72
73	Drugs Charged to Patients	349,548	184,646,268	0.001893	15,355,746	29,068	73
74	Renal Dialysis	17,972	1,103,005	0.016294	439,906	7,168	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	Emergency	670,978	115,993,727	0.005785	8,307,924	48,061	91
91.01	FAMILY PRACTICES	581,084	16,518,753	0.035177			91.01
91.02	PSYCH DAY HOSPITAL	222,724	5,962,190	0.037356			91.02
91.03	WOUND CARE	4,150	2,276,676	0.001823			91.03
92	Observation Beds (Non-Distinct)	364,798	20,853,952	0.017493	1,122,020	19,627	92
93.99	PARTIAL HOSPITALIZATION PROGRAM						93.99
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	8,098,977	1,193,430,672		116,909,364	680,771	200

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

REPORT 99 - APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS	SWING-BED ADJUST-MENT AMOUNT	REDUCED CAPITAL RELATED COST	TOTAL PATIENT DAYS	PER DIEM	INPATIENT PROGRAM DAYS	MEDICARE INPATIENT PPS CAPITAL COSTS	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	4,140,992		4,140,992	49,129	84.29	11,040	930,562	30
31	Intensive Care Unit	394,102		394,102	4,220	93.39	1,425	133,081	31
200	TOTAL	4,535,094		4,535,094	53,349		12,465	1,063,643	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,063,643
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	680,771
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	1,744,414
MEDICARE DISCHARGES (Worksheet S-3, Part I, line 14, column 13)	2,833
MEDICARE PATIENT DAYS (Worksheet S-3, Part I, line 14, column 6 - Worksheet S-3, Part I, line 5, column 6)	12,465
PER DISCHARGE CAPITAL COSTS	615.75

KPMG LLP Compu-Max 2552-10

MACNEAL HOSPITAL Provider CCN: 14-0054	Non CMS worksheet CMS-2552-10	Period : From: 10/01/2016 To: 09/30/2017	Run Date: 02/26/2018 Run Time: 14:39 Version: 2018.01 (02/22/2018)
---	---	--	--

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (Title XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (Worksheet D-1, Part II, line 53)	22,539,789
2. HOSPITAL PART A TITLE XVIII CHARGES (sum of inpatient charges and ancillary charges on Worksheet D-3 for hospital Title XVIII component)	140,495,939
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.160

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 40 + Worksheet D, Part IV, column 11, line 200))	2,057,360
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 40, column 2 plus Worksheet D-3, line 202, column 2) (see CR 5619)	5,479,660
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.375

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (Worksheet D-1, Part II, line 49 - (Worksheet D, Part III, column 9, line 41 + Worksheet D, Part IV, column 11, line 200))	2,153,535
2. TOTAL MEDICARE CHARGES (Worksheet D-3, line 41, column 2 plus Worksheet D-3, line 202, column 2)	5,455,937
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.395

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (Worksheet D, Part I, lines 30-35, column 7 + Worksheet D, Part II, line 200, column 5)	1,744,414
2. RATIO OF COST TO CHARGES (line II-1 / line I-2)	0.012

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (Title XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, columns 2, 2.01, 2.02 x column 1 less lines 61, 66-68, 74, 94, 95 & 96)	14,275,733
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (Worksheet D, Part V, line 202, columns 2, 2.01, & 2.02 less lines 61, 66-68, 74, 94, 95 & 96)	144,246,994
3. RATIO OF COST TO CHARGES (line 1 / line 2)	0.099