

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY**WORKSHEET S
PARTS I, II & III****PART I - COST REPORT STATUS**

Provider use only		1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☐ Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 01/25/2019 Time: 11:42	
Contractor use only	5. ☐ 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. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. ☐ 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 ANN & ROBERT H. LURIE CHILDREN'S HOS (14-3300) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 09/01/2017 and ending 08/31/2018, 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.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
Chief Financial 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		-109,625	79,932		18,914,745	1
2	SUBPROVIDER - IPF					680,841	2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-109,625	79,932		19,595,586	200

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

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

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

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

Hospital and Hospital Health Care Complex Address:

1	Street: 225 EAST CHICAGO AVENUE	P.O. Box:		1
2	City: CHICAGO	State: IL	ZIP Code: 60611-2605	County: COOK COUNTY

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	
3	Hospital	ANN & ROBERT H. LURIE CHILDREN'S HOS	14-3300	16974	7	07 / 01 / 1973	N	T	O	3
4	Subprovider - IPF	LCH PSYCH	14-S300	16974	4	07 / 01 / 1973	N	N	O	4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2017	To: 08 / 31 / 2018	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information

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

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

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N		37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	38

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

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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
		V	XVIII	XIX
	Prospective Payment System (PPS)-Capital	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	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	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		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)	N			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						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							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						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							67

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			71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 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)				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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter 'Y' for yes and 'N' for no.	N		87

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

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97
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	Y	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
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.	Physical	Occupational Speech Respiratory	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
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.	1	2	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-L, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118
		Premiums	Paid Losses	Self Insurance
118.01	List amounts of malpractice premiums and paid losses:			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	Y		121
122	Does the cost report contain state health 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.	Y		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date in column 2.	01 / 01 / 1980		126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date in column 2.	03 / 23 / 2009		127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date in column 2.	10 / 26 / 2000		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

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	N		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:	Contractor's Name:	Contractor's Number:	141
142	Street:	P.O. Box:		142
143	City:	State:	ZIP Code:	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	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			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

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

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

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N			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)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0	171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

COMPLETED BY ALL HOSPITALS

		Y/N	Date	
Provider Organization and Operation		1	2	
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1
		Y/N	Date	V/I
		1	2	3
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N		2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		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		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.	Y		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts		N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N	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	
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)	N		N		16
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		17
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		18
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		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE**WORKSHEET S-2
PART II**

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

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

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

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

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

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

	Y/N	Date	
	1	2	
Home Office Costs			
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: PREM	Last name: TUTEJA	Title: DIRECTOR OF THIRD PARTY
42	Employer: ANN & ROBERT H. LURIE CHILDREN'S HOS		
43	Phone number: 312-227-7134	E-mail Address: PTUTEJA@LURIECHILDRENS.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA
**WORKSHEET S-3
PART I**

		Inpatient Days / Outpatient Visits / Trips								
	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	156	54,780			354	10,519	39,748	1
2	HMO and other (see instructions)							23,929		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)		156	54,780			354	10,519	39,748	7
8	Intensive Care Unit	31	40	14,600			10	3,888	12,614	8
9	Coronary Care Unit	32	44	13,812			41	2,122	12,559	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATOLOGY	35	60	16,220				4,025	15,118	12
13	Nursery	43								13
14	Total (see instructions)		300	99,412			405	20,554	80,039	14
15	CAH Visits									15
16	Subprovider - IPF	40	12	4,380				716	3,384	16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		312							27
28	Observation Bed Days								7,757	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33
33.01	LTCH site neutral days and discharges									33.01

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					61	1,805	11,289	1
2	HMO and other (see instructions)								2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	NEONATOLOGY								12
13	Nursery								13
14	Total (see instructions)	244.49	4,146.01			61	1,805	11,289	14
15	CAH Visits								15
16	Subprovider - IPF						78	579	16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	244.49	4,146.01						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

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		43,229,629	43,229,629		43,229,629	-1,309,873	41,919,756	1
1.01	00101	CAP REL COSTS-INT EXP		18,256,511	18,256,511		18,256,511		18,256,511	1.01
2	00200	Cap Rel Costs-Mvble Equip		23,569,913	23,569,913		23,569,913		23,569,913	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department		35,577,612	35,577,612	-31,163,100	4,414,512		4,414,512	4
4.01	00401	EMPLOYEE BENEFITS FTE BASED	5,873,751	6,673,794	12,547,545	38,087,967	50,635,512	-1,230	50,634,282	4.01
5.01	00590	ADMINISTRATION & GENERAL	49,054,548	77,120,525	126,175,073	-1,153,636	125,021,437	-31,035,046	93,986,391	5.01
5.02	00591	ADMIN & GENERAL CHCRC	3,856,313	1,351,561	5,207,874	222,305	5,430,179		5,430,179	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	16,396,961	49,124,072	65,521,033	-2,696,671	62,824,362	-8,640,755	54,183,607	5.03
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	9,927,363	25,629,063	35,556,426	-94,080	35,462,346	-105,172	35,357,174	7
8	00800	Laundry & Linen Service		1,371,721	1,371,721		1,371,721		1,371,721	8
9	00900	Housekeeping	4,340,086	3,791,806	8,131,892	-37	8,131,855	-120,000	8,011,855	9
10	01000	Dietary	2,145,479	3,446,930	5,592,409	-4,620,897	971,512		971,512	10
11	01100	Cafeteria				4,620,897	4,620,897	-2,225,662	2,395,235	11
12	01200	Maintenance of Personnel								12
12.01	01201	VOLUNTEERS	155,108	60,315	215,423		215,423		215,423	12.01
13	01300	Nursing Administration	8,908,411	2,075,678	10,984,089	-1,015	10,983,074	-750	10,982,324	13
14	01400	Central Services & Supply	799,861	762,146	1,562,007	-39,845	1,522,162		1,522,162	14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	2,537,300	1,831,057	4,368,357		4,368,357	-157,221	4,211,136	16
17	01700	Social Service	1,837,060	1,103,275	2,940,335	4,045,298	6,985,633		6,985,633	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	4,521,797	1,114,408	5,636,205	11,648,347	17,284,552		17,284,552	21
22	02200	I&R Services-Other Prgm Costs Apprvd	9,540,525	3,074,141	12,614,666	-6,833,283	5,781,383		5,781,383	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	34,771,096	6,284,139	41,055,235	-168,227	40,887,008	-182,106	40,704,902	30
31	03100	Intensive Care Unit	13,347,155	5,115,660	18,462,815	-1,475,638	16,987,177	-385,326	16,601,851	31
32	03200	Coronary Care Unit	12,266,274	4,439,924	16,706,198	-385,574	16,320,624	-252,987	16,067,637	32
35	02060	NEONATOLOGY	15,134,479	3,491,956	18,626,435	-601,930	18,024,505	-393,100	17,631,405	35
40	04000	Subprovider - IPF	2,300,877	186,641	2,487,518	61,397	2,548,915	-6,880	2,542,035	40
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	15,177,923	23,775,134	38,953,057	-12,688,239	26,264,818	-1,406,176	24,858,642	50
51	05100	Recovery Room	2,326,038	298,378	2,624,416	-31,435	2,592,981		2,592,981	51
53	05300	Anesthesiology	1,513,110	3,724,989	5,238,099	-87,290	5,150,809	-1,625,903	3,524,906	53
54	05400	Radiology-Diagnostic	3,054,491	893,928	3,948,419	128,800	4,077,219	-9,393	4,067,826	54
57	05700	CT Scan	502,561	123,072	625,633	160,281	785,914		785,914	57
58	05800	MRI	1,422,496	403,498	1,825,994	532,241	2,358,235		2,358,235	58
59	05900	Cardiac Catheterization	3,391,802	3,227,843	6,619,645	-2,363,468	4,256,177	-2,274	4,253,903	59
60	06000	Laboratory	13,035,124	21,860,046	34,895,170	820,198	35,715,368	-991,694	34,723,674	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	6,967,937	5,760,129	12,728,066	2,115	12,730,181	-39,003	12,691,178	65
66	06600	Physical Therapy	3,172,388	799,474	3,971,862	-137,245	3,834,617	-57,598	3,777,019	66
67	06700	Occupational Therapy	1,039,129	93,507	1,132,636	67,392	1,200,028	-66,958	1,133,070	67
68	06800	Speech Pathology	2,617,625	1,224,706	3,842,331	11,026	3,853,357	-77,153	3,776,204	68
69	06900	Electrocardiology	1,417,260	357,024	1,774,284	909,990	2,684,274		2,684,274	69
70	07000	Electroencephalography	1,663,862	417,803	2,081,665	744,263	2,825,928		2,825,928	70
71	07100	Medical Supplies Charged to Patients				12,638,335	12,638,335		12,638,335	71
72	07200	Impl. Dev. Charged to Patients				9,929,516	9,929,516		9,929,516	72
73	07300	Drugs Charged to Patients	9,498,285	36,439,725	45,938,010	-234,507	45,703,503	-180,905	45,522,598	73
73.01	07301	OUTPATIENT PHARMACY								73.01
74	07400	Renal Dialysis		1,106,089	1,106,089		1,106,089		1,106,089	74
76	03550	PSYCHIATRY	4,669,771	1,361,429	6,031,200	-210,898	5,820,302	-45,396	5,774,906	76
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	Clinic	18,013,852	3,118,586	21,132,438	129,697	21,262,135	-677,565	20,584,570	90
90.01	09001	OFFSITE CLINICS	9,401,209	6,167,647	15,568,856	-1,430,890	14,137,966	-1,670,963	12,467,003	90.01
91	09100	Emergency	10,671,056	4,027,329	14,698,385	-88,009	14,610,376	-1,528,875	13,081,501	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,366,831	246,166	1,612,997	-29,489	1,583,508		1,583,508	92.01
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	347,015	874,288	1,221,303	-213,453	1,007,850		1,007,850	105

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES**WORKSHEET A**

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
106	10600	Heart Acquisition	564,025	1,739,491	2,303,516	-249,899	2,053,617	-50,000	2,003,617	106
107	10700	Liver Acquisition	470,797	764,892	1,235,689	-382,212	853,477		853,477	107
110	11000	Intestinal Acquisition	162,657	118,840	281,497	-151,331	130,166		130,166	110
118		SUBTOTALS (sum of lines 1-117)	310,181,688	437,606,490	747,788,178	17,227,767	765,015,945	-53,245,964	711,769,981	118
		NONREIMBURSABLE COST CENTERS								
191	19100	Research	10,357,521	4,142,392	14,499,913	22,197,160	36,697,073	-1,973,317	34,723,756	191
191.01	19101	OSA				13,953,331	13,953,331		13,953,331	191.01
192	19200	Physicians' Private Offices	3,078,233	1,636,077	4,714,310	53,257	4,767,567	-763,051	4,004,516	192
192.01	19201	OFFSITE FACILITIES								192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES								193.01
193.02	19302	NON-REIMBURSABLE CLINICS								193.02
194	07950	ENDOWMENTS & OTHER SERVICES	36,560,136	37,215,240	73,775,376	-53,920,448	19,854,928		19,854,928	194
194.01	07951	NON-REIMBURSABLE CLINICS	11,226,383	3,127,083	14,353,466	488,933	14,842,399	-1,271,674	13,570,725	194.01
194.02	07952	KOHL HOUSE		125	125		125		125	194.02
200		TOTAL (sum of lines 118-199)	371,403,961	483,727,407	855,131,368		855,131,368	-57,254,006	797,877,362	200

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	APPORTION PHYSICIAN TO IP PSYCH	A	Subprovider - IPF	40	61,397		1
500	Total reclassifications				61,397		500
	Code Letter - A						
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Adults & Pediatrics	30	248,134	32,560	1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	457,725	57,472	2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Clinic	90	636,388	86,078	3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Coronary Care Unit	32	564,994	89,767	4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					5
6	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					6
7	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					7
8	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Adults & Pediatrics	30		5,925	8
9	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Clinic	90		23,151	9
10	APPORT BLDG RENT EXP TRANSPLANT ADM	B	NON-REIMBURSABLE CLINICS	194.01		16,818	10
11	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Coronary Care Unit	32		21,656	11
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Heart Acquisition	106		34,019	12
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		17,620	13
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		14,769	14
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		22,427	15
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		5,206	16
17	APPORT BLDG RENT EXP TRANSPLANT ADM	B					17
500	Total reclassifications				1,907,241	427,468	500
	Code Letter - B						
1	APPORTION REHAB ADMIN	C					1
2	APPORTION REHAB ADMIN	C	Physical Therapy	66	138	13	2
3	APPORTION REHAB ADMIN	C	Physical Therapy	66	3,417	310	3
4	APPORTION REHAB ADMIN	C	Speech Pathology	68	75,941	6,893	4
5	APPORTION REHAB ADMIN	C	Speech Pathology	68	51,858	4,707	5
6	APPORTION REHAB ADMIN	C	Physical Therapy	66	69,753	6,331	6
7	APPORTION REHAB ADMIN	C	Occupational Therapy	67	33,853	3,073	7
8	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	52	5	8
9	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	22,771	2,067	9
10	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	34,710	3,150	10
11	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	21,870	1,985	11
12	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	8,291	753	12
13	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	9,592	871	13
14	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	16,907	1,535	14
15	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	22,027	1,999	15
16	APPORTION REHAB ADMIN	C	Speech Pathology	68	50,798	4,611	16
17	APPORTION REHAB ADMIN	C	Physical Therapy	66	53,965	4,898	17
18	APPORTION REHAB ADMIN	C	Occupational Therapy	67	28,358	2,574	18
19	APPORTION REHAB ADMIN	C	Speech Pathology	68	12,823	1,164	19
20	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	9,073	824	20
21	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	10,177	924	21
22	APPORTION RENAB ADMIN	C	Physicians' Private Offices	192	6,132	557	22
23	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	10,744	975	23
24	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	5,611	509	24
25	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	3,606	327	25
26	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	12,259	1,113	26
27	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	5,906	536	27
28	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	6,503	590	28
500	Total reclassifications				587,135	53,294	500
	Code Letter - C						
1	RECLASS RESIDENT SAL & OTHER EXP	D	I&R Services-Salary & Fringes	21	8,913,152	2,735,195	1
2	RECLASS RESIDENT SAL & OTHER EXP	D					2
500	Total reclassifications				8,913,152	2,735,195	500
	Code Letter - D						
1	RECLASS DIETARY TO CAFETERIA	E	Cafeteria	11	1,772,767	2,848,130	1
500	Total reclassifications				1,772,767	2,848,130	500
	Code Letter - E						
1	RECALSS SPEC NUTR	F					1
500	Total reclassifications						500
	Code Letter - F						
1	RECLASS SPEC PURP FNDS	G	Laboratory	60	110,523	94,597	1
2	RECLASS SPEC PURP FNDS	G	Anesthesiology	53	144,633	1,957	2
3	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30	5,286	196,793	3
4	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30		15,273	4
5	RECLASS SPEC PURP FNDS	G	Operating Room	50	275,223	25,957	5
6	RECLASS SPEC PURP FNDS	G	Operating Room	50	176,383	92,402	6
7	RECLASS SPEC PURP FNDS	G	Electrocardiology	69	555,227	427,979	7
8	RECLASS SPEC PURP FNDS	G	Social Service	17	2,622,571	1,484,563	8

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
9	RECLASS SPEC PURP FNDS	G	Emergency	91	43,537	77,148	9
10	RECLASS SPEC PURP FNDS	G	Laboratory	60	4,167	340	10
11	RECLASS SPEC PURP FNDS	G	Operating Room	50		33,420	11
12	RECLASS SPEC PURP FNDS	G	Operating Room	50		8,529	12
13	RECLASS SPEC PURP FNDS	G	ADMIN & GEN PATIENT RELATED	5.03		336,851	13
14	RECLASS SPEC PURP FNDS	G	Radiology-Diagnostic	54	74,256		14
15	RECLASS SPEC PURP FNDS	G	Laboratory	60	15,782	9,695	15
16	RECLASS SPEC PURP FNDS	G	Laboratory	60	24,449	5,052	16
17	RECLASS SPEC PURP FNDS	G	Laboratory	60		308,056	17
18	RECLASS SPEC PURP FNDS	G	Operating Room	50	30,306	7,551	18
19	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35		17,185	19
20	RECLASS SPEC PURP FNDS	G	Laboratory	60	543,743	242,804	20
21	RECLASS SPEC PURP FNDS	G	Electroencephalography	70	568,440	212,349	21
22	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	48,359	100,193	22
23	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	194.01	82,948	17,112	23
24	RECLASS SPEC PURP FNDS	G	Clinic	90		220	24
25	RECLASS SPEC PURP FNDS	G	Operating Room	50	361,615	72,569	25
26	RECLASS SPEC PURP FNDS	G	Operating Room	50	124,981	112,604	26
27	RECLASS SPEC PURP FNDS	G	Physical Therapy	66	39,875	37,157	27
28	RECLASS SPEC PURP FNDS	G	Operating Room	50	154,043	24,360	28
29	RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		6,924,867	29
30	RECLASS SPEC PURP FNDS	G	Research	191	11,459,097	10,738,063	30
31	RECLASS SPEC PURP FNDS	G	Drugs Charged to Patients	73		13,600	31
32	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	194.01	154,798	86,982	32
33	RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	87,576	6,836	33
34	RECLASS SPEC PURP FNDS	G	OSA	191.01	7,283,323	6,670,008	34
35	RECLASS SPEC PURP FNDS	G	Laboratory	60	1,429	7,494	35
36	RECLASS SPEC PURP FNDS	G	I&R Services-Other Prgm Costs	22	53,593	91,734	36
37	RECLASS SPEC PURP FNDS	G	Intensive Care Unit	31		136,070	37
38	RECLASS SPEC PURP FNDS	G	Respiratory Therapy	65	1,387	69,210	38
39	RECLASS SPEC PURP FNDS	G	Clinic	90		7,818	39
40	RECLASS SPEC PURP FNDS	G	Operating Room	50	41,866	38,372	40
41	RECLASS SPEC PURP FNDS	G	Operating Room	50	30,807	40,988	41
42	RECLASS SPEC PURP FNDS	G	Clinic	90		5,467	42
500	Total reclassifications				25,120,223	28,800,225	500
	Code Letter - G						
1	SPACE RECOV	H	ADMINISTRATION & GENERAL	5.01		397,400	1
2	SPACE RECOV	H					2
3	SPACE RECOV	H					3
4	SPACE RECOV	H					4
5	SPACE RECOV	H					5
6	SPACE RECOV	H					6
7	SPACE RECOV	H					7
8	SPACE RECOV	H					8
9	SPACE RECOV	H					9
10	SPACE RECOV	H					10
11	SPACE RECOV	H					11
12	SPACE RECOV	H					12
13	SPACE RECOV	H					13
14	SPACE RECOV	H					14
15	SPACE RECOV	H					15
16	SPACE RECOV	H					16
17	SPACE RECOV	H					17
18	SPACE RECOV	H					18
19	SPACE RECOV	H					19
20	SPACE RECOV	H					20
21	SPACE RECOV	H					21
22	SPACE RECOV	H					22
500	Total reclassifications					397,400	500
	Code Letter - H						
1	FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	4.01		31,163,100	1
500	Total reclassifications					31,163,100	500
	Code Letter - I						
1	SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	69,713		1
500	Total reclassifications				69,713		500
	Code Letter - J						
1	RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		152,592	1
500	Total reclassifications					152,592	500
	Code Letter - K						
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R Services-Other Prgm Costs	22		4,669,737	1
2							2

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
500	Total reclassifications					4,669,737
	Code Letter - L					
1	CENTRAL SUPPLY CHARGED TO PATIENT	M				
2						
3						
4						
5						
6						
7						
8						
9						
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12						
13						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33			Medical Supplies Charged to P	71		12,638,335
500	Total reclassifications					12,638,335
	Code Letter - M					
1	IMPLANTS CHARGED TO PATIENTS	N	Impl. Dev. Charged to Patient	72		9,929,516
2						
3						
500	Total reclassifications					9,929,516
	Code Letter - N					
1	APPORTION IMAGING ADMINISTRATION	O	OFFSITE CLINICS	90.01	9,511	1,154
2			OFFSITE CLINICS	90.01	9,540	1,157
3			OFFSITE CLINICS	90.01	10,565	1,282
4			OFFSITE CLINICS	90.01	13,529	1,642
5			Radiology-Diagnostic	54	12,833	1,557
6			Radiology-Diagnostic	54	154,984	18,804
7			Radiology-Diagnostic	54	186,785	22,663
8			CT Scan	57	143,162	17,370
9			MRI	58	454,560	55,152
10			Cardiac Catheterization	59	82,090	9,960
11			OFFSITE CLINICS	90.01	4,430	537
12			Radiology-Diagnostic	54	18,515	2,246
13			Radiology-Diagnostic	54	28,951	3,513
14			Radiology-Diagnostic	54	49,643	6,023
15			MRI	58	44,672	5,420
16			OFFSITE CLINICS	90.01	46,948	5,696
17			Physicians' Private Offices	192	5,138	623

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES				
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
18			Physicians' Private Offices	192	5,252	637
19			Physicians' Private Offices	192	1,848	224
20			Cardiac Catheterization	59	82,715	10,036
21			Clinic	90	3,461	420
500	Total reclassifications				1,369,132	166,116
	Code Letter - O					
	GRAND TOTAL (Increases)				39,800,760	93,981,108

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

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	76	61,397			1
500	Total reclassifications				61,397			500
	Code letter - A							
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMIN & GEN PATIENT RELATED	5.03	670,010	177,092		1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Heart Acquisition	106	226,614	39,657		2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Kidney Acquisition	105	211,230	7,686		3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Liver Acquisition	107	358,406	27,887		4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Intestinal Acquisition	110	138,350	13,555		5
6	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Social Service	17	61,836			6
7	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Drugs Charged to Patients	73	240,795			7
8	APPORT BLDG RENT EXP TRANSPLANT ADM	B						8
9	APPORT BLDG RENT EXP TRANSPLANT ADM	B						9
10	APPORT BLDG RENT EXP TRANSPLANT ADM	B						10
11	APPORT BLDG RENT EXP TRANSPLANT ADM	B						11
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Heart Acquisition	106		17,647		12
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		12,157		13
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		14,769		14
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		18,346		15
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		4,632		16
17	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Operation of Plant	7		94,040		17
500	Total reclassifications				1,907,241	427,468		500
	Code letter - B							
1	APPORTION REHAB ADMIN	C	ADMIN & GEN PATIENT RELATED	5.03	587,135	53,294		1
2	APPORTION REHAB ADMIN	C						2
3	APPORTION REHAB ADMIN	C						3
4	APPORTION REHAB ADMIN	C						4
5	APPORTION REHAB ADMIN	C						5
6	APPORTION REHAB ADMIN	C						6
7	APPORTION REHAB ADMIN	C						7
8	APPORTION REHAB ADMIN	C						8
9	APPORTION REHAB ADMIN	C						9
10	APPORTION REHAB ADMIN	C						10
11	APPORTION REHAB ADMIN	C						11
12	APPORTION REHAB ADMIN	C						12
13	APPORTION REHAB ADMIN	C						13
14	APPORTION REHAB ADMIN	C						14
15	APPORTION REHAB ADMIN	C						15
16	APPORTION REHAB ADMIN	C						16
17	APPORTION REHAB ADMIN	C						17
18	APPORTION REHAB ADMIN	C						18
19	APPORTION REHAB ADMIN	C						19
20	APPORTION REHAB ADMIN	C						20
21	APPORTION REHAB ADMIN	C						21
22	APPORTION RENAB ADMIN	C						22
23	APPORTION REHAB ADMIN	C						23
24	APPORTION REHAB ADMIN	C						24
25	APPORTION REHAB ADMIN	C						25
26	APPORTION REHAB ADMIN	C						26
27	APPORTION REHAB ADMIN	C						27
28	APPORTION REHAB ADMIN	C						28
500	Total reclassifications				587,135	53,294		500
	Code letter - C							
1	RECLASS RESIDENT SAL & OTHER EXP	D					10	1
2	RECLASS RESIDENT SAL & OTHER EXP	D	I&R Services-Other Prgm Costs	22	8,913,152	2,735,195		2
500	Total reclassifications				8,913,152	2,735,195		500
	Code letter - D							
1	RECLASS DIETARY TO CAFETERIA	E	Dietary	10	1,772,767	2,848,130		1
500	Total reclassifications				1,772,767	2,848,130		500
	Code letter - E							
1	RECALSS SPEC NUTR	F						1
500	Total reclassifications							500
	Code letter - F							
1	RECLASS SPEC PURP FNDS	G	ENDOWMENTS & OTHER SERVICES	194	25,120,223	28,800,225		1
2	RECLASS SPEC PURP FNDS	G						2
3	RECLASS SPEC PURP FNDS	G						3
4	RECLASS SPEC PURP FNDS	G						4
5	RECLASS SPEC PURP FNDS	G						5
6	RECLASS SPEC PURP FNDS	G						6
7	RECLASS SPEC PURP FNDS	G						7

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RECLASSIFICATIONS**WORKSHEET A-6**

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
8	RECLASS SPEC PURP FNDS	G						8
9	RECLASS SPEC PURP FNDS	G						9
10	RECLASS SPEC PURP FNDS	G						10
11	RECLASS SPEC PURP FNDS	G						11
12	RECLASS SPEC PURP FNDS	G						12
13	RECLASS SPEC PURP FNDS	G						13
14	RECLASS SPEC PURP FNDS	G						14
15	RECLASS SPEC PURP FNDS	G						15
16	RECLASS SPEC PURP FNDS	G						16
17	RECLASS SPEC PURP FNDS	G						17
18	RECLASS SPEC PURP FNDS	G						18
19	RECLASS SPEC PURP FNDS	G						19
20	RECLASS SPEC PURP FNDS	G						20
21	RECLASS SPEC PURP FNDS	G						21
22	RECLASS SPEC PURP FNDS	G						22
23	RECLASS SPEC PURP FNDS	G						23
24	RECLASS SPEC PURP FNDS	G						24
25	RECLASS SPEC PURP FNDS	G						25
26	RECLASS SPEC PURP FNDS	G						26
27	RECLASS SPEC PURP FNDS	G						27
28	RECLASS SPEC PURP FNDS	G						28
29	RECLASS SPEC PURP FNDS	G						29
30	RECLASS SPEC PURP FNDS	G						30
31	RECLASS SPEC PURP FNDS	G						31
32	RECLASS SPEC PURP FNDS	G						32
33	RECLASS SPEC PURP FNDS	G						33
34	RECLASS SPEC PURP FNDS	G						34
35	RECLASS SPEC PURP FNDS	G						35
36	RECLASS SPEC PURP FNDS	G						36
37	RECLASS SPEC PURP FNDS	G						37
38	RECLASS SPEC PURP FNDS	G						38
39	RECLASS SPEC PURP FNDS	G						39
40	RECLASS SPEC PURP FNDS	G						40
41	RECLASS SPEC PURP FNDS	G						41
42	RECLASS SPEC PURP FNDS	G						42
500	Total reclassifications				25,120,223	28,800,225		500
	Code letter - G							
1	SPACE RECOV	H						1
2	SPACE RECOV	H	Laboratory	60		17,632		2
3	SPACE RECOV	H	Intensive Care Unit	31		2,205		3
4	SPACE RECOV	H	NEONATOLOGY	35		11,658		4
5	SPACE RECOV	H	Electrocardiology	69		46,980		5
6	SPACE RECOV	H	Clinic	90		13,572		6
7	SPACE RECOV	H	Laboratory	60		13,386		7
8	SPACE RECOV	H	Operating Room	50		16,704		8
9	SPACE RECOV	H	Laboratory	60		18,444		9
10	SPACE RECOV	H	Laboratory	60		19,024		10
11	SPACE RECOV	H	Laboratory	60		65,656		11
12	SPACE RECOV	H	Clinic	90		38,745		12
13	SPACE RECOV	H	Laboratory	60		17,516		13
14	SPACE RECOV	H	Operating Room	50		7,959		14
15	SPACE RECOV	H	Operating Room	50		21,338		15
16	SPACE RECOV	H	Electroencephalography	70		26,332		16
17	SPACE RECOV	H	Operating Room	50		6,207		17
18	SPACE RECOV	H	Operating Room	50		14,113		18
19	SPACE RECOV	H	Operating Room	50		7,390		19
20	SPACE RECOV	H	Operating Room	50		7,671		20
21	SPACE RECOV	H	Operating Room	50		7,248		21
22	SPACE RECOV	H	Operating Room	50		17,620		22
500	Total reclassifications					397,400		500
	Code letter - H							
1	FRINGE BENEFITS FOR FTE ALLOC	I	Employee Benefits Department	4		31,163,100		1
500	Total reclassifications					31,163,100		500
	Code letter - I							
1	SID RESEARCH ADMINISTRATION	J	Laboratory	60	69,713			1
500	Total reclassifications				69,713			500
	Code letter - J							
1	RECLASS RESEARCH RENT	K	NON-REIMBURSABLE CLINICS	194.01		152,592		1
500	Total reclassifications					152,592		500
	Code letter - K							

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER		
		1	6	7	8	9	10	
1	TEACHING PORTION-PRACTICE PLAN ADMN	L						1
2			ADMINISTRATION & GENERAL	5.01		1,551,036		2
3			Intensive Care Unit	31		579,576		3
4			Coronary Care Unit	32		185,464		4
5			NEONATOLOGY	35		394,112		5
6			Operating Room	50		544,215		6
7			Anesthesiology	53		67,577		7
8			Radiology-Diagnostic	54		445,511		8
9			Laboratory	60		324,590		9
10			Respiratory Therapy	65		10,349		10
11			Electrocardiology	69		25,433		11
12			Electroencephalography	70		4,611		12
13			PSYCHIATRY	76		243,911		13
14			Clinic	90		33,069		14
15			Emergency	91		69,405		15
16			NON-REIMBURSABLE CLINICS	194.01		190,878		16
500	Total reclassifications					4,669,737		500
	Code letter - L							
1	CENTRAL SUPPLY CHARGED TO PATIENT	M						1
2			ADMIN & GEN PATIENT RELATED	5.03		10,743		2
3			Operation of Plant	7		40		3
4			Housekeeping	9		37		4
5			Nursing Administration	13		1,015		5
6			Central Services & Supply	14		39,845		6
7			Adults & Pediatrics	30		672,198		7
8			Intensive Care Unit	31		1,029,927		8
9			Coronary Care Unit	32		876,527		9
10			NEONATOLOGY	35		361,897		10
11			Operating Room	50		4,762,438		11
12			Recovery Room	51		31,435		12
13			Anesthesiology	53		166,303		13
14			Radiology-Diagnostic	54		6,462		14
15			CT Scan	57		251		15
16			MRI	58		27,563		16
17			Cardiac Catheterization	59		2,545,455		17
18			Laboratory	60		1,972		18
19			Respiratory Therapy	65		58,133		19
20			Physical Therapy	66		353,102		20
21			Occupational Therapy	67		466		21
22			Speech Pathology	68		197,769		22
23			Electrocardiology	69		803		23
24			Electroencephalography	70		5,583		24
25			Drugs Charged to Patients	73		7,312		25
26			PSYCHIATRY	76		2		26
27			Clinic	90		547,920		27
28			OFFSITE CLINICS	90.01		699,289		28
29			Emergency	91		139,289		29
30			OBSERVATION BEDS-DISTINCT	92.01		29,489		30
31			Physicians' Private Offices	192		23,618		31
32			NON-REIMBURSABLE CLINICS	194.01		41,452		32
33								33
500	Total reclassifications					12,638,335		500
	Code letter - M							
1	IMPLANTS CHARGED TO PATIENTS	N	Operating Room	50		8,927,312		1
2			Cardiac Catheterization	59		2,814		2
3			OFFSITE CLINICS	90.01		999,390		3
500	Total reclassifications					9,929,516		500
	Code letter - N							
1	APPORTION IMAGING ADMINISTRATION	O	ADMIN & GEN PATIENT RELATED	5.03	1,369,132	166,116		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
15								15
16								16
17								17
18								18
19								19
20								20
21								21
500	Total reclassifications				1,369,132	166,116		500
	Code letter - O							
	GRAND TOTAL (Decreases)				39,800,760	93,981,108		

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

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RECONCILIATION OF CAPITAL COST CENTERS**WORKSHEET A-7
PARTS I, II & III****PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES**

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	34,812,506					34,812,506		1
2	Land Improvements	231,356					231,356		2
3	Buildings and Fixtures	906,226,841	55,800,836		55,800,836		962,027,677		3
4	Building Improvements	17,166,395				103,950	17,062,445		4
5	Fixed Equipment	21,900,834	6,048,813		6,048,813		27,949,647		5
6	Movable Equipment	292,349,424	25,343,729		25,343,729	259,749	317,433,404		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,272,687,356	87,193,378		87,193,378	363,699	1,359,517,035		8
9	Reconciling Items	-12,964,222	-40,143,761		-40,143,761		-53,107,983		9
10	Total (line 7 minus line 9)	1,285,651,578	127,337,139		127,337,139	363,699	1,412,625,018		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	42,431,933			797,696			43,229,629	1
1.01	CAP REL COSTS-INT EXP			18,256,511				18,256,511	1.01
2	Cap Rel Costs-Mvble Equip	23,569,913						23,569,913	2
3	Total (sum of lines 1-2)	66,001,846		18,256,511	797,696			85,056,053	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				0.000000					1
1.01	CAP REL COSTS-INT EXP				0.000000					1.01
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					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	40,702,871		419,189	797,696			41,919,756	1
1.01	CAP REL COSTS-INT EXP			18,256,511				18,256,511	1.01
2	Cap Rel Costs-Mvble Equip	23,569,913						23,569,913	2
3	Total (sum of lines 1-2)	64,272,784		18,675,700	797,696			83,746,180	3

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

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ADJUSTMENTS TO EXPENSES**WORKSHEET A-8**

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)	B	-3,717,000	ADMIN & GEN PATIENT RELATED	5.03	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)	B	-3,347,187	ADMINISTRATION & GENERAL	5.01	9
10	Provider-based physician adjustment	Wkst A-8-2	-5,605,525			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1				12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-2,195,640	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing and allied health education (tuition, fees, books, etc.)					19
20	Vending machines	B	-30,022	Cafeteria	11	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	-1,729,062	Cap Rel Costs-Bldg & Fixt	1	9 26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	MISCELLANEOUS INCOME	B	-1,230	EMPLOYEE BENEFITS FTE BASED	4.01	33.01
33.02	MISCELLANEOUS INCOME	B	-436,622	ADMINISTRATION & GENERAL	5.01	33.02
33.03	MISCELLANEOUS INCOME	B	-4,757,566	ADMIN & GEN PATIENT RELATED	5.03	33.03
33.04	MISCELLANEOUS INCOME	B	-1,700	Operation of Plant	7	33.04
33.05	MISCELLANEOUS INCOME	B	-120,000	Housekeeping	9	33.05
33.06	MISCELLANEOUS INCOME	B	-750	Nursing Administration	13	33.06
33.07	MISCELLANEOUS INCOME	B	-157,221	Medical Records & Library	16	33.07
33.08	MISCELLANEOUS INCOME	B	-452,618	Operating Room	50	33.08
33.09	MISCELLANEOUS INCOME	B	-9,393	Radiology-Diagnostic	54	33.09
33.10	MISCELLANEOUS INCOME	B	-2,274	Cardiac Catheterization	59	33.10
33.11	MISCELLANEOUS INCOME	B	-136,528	Laboratory	60	33.11
33.12	MISCELLANEOUS INCOME	B	-57,598	Physical Therapy	66	33.12
33.13	MISCELLANEOUS INCOME	B	-66,958	Occupational Therapy	67	33.13
33.14	MISCELLANEOUS INCOME	B	-77,153	Speech Pathology	68	33.14
33.15	MISCELLANEOUS INCOME	B	-20,883	Drugs Charged to Patients	73	33.15
33.16	MISCELLANEOUS INCOME	B	-3,500	PSYCHIATRY	76	33.16
33.17	MISCELLANEOUS INCOME	B	-17,384	Clinic	90	33.17
33.18	MISCELLANEOUS INCOME	B	-3,260	Physicians' Private Offices	192	33.18
33.19	MISCELLANEOUS INCOME	B	-11,217	NON-REIMBURSABLE CLINICS	194.01	33.19
33.20	VENDOR REBATES	B	-2,244,209	ADMINISTRATION & GENERAL	5.01	33.20
33.21	VENDOR REBATES	B	-74,718	Drugs Charged to Patients	73	33.21
33.22	VENDOR REBATES	B	-4,950	ADMIN & GEN PATIENT RELATED	5.03	33.22
34						34
35	ADVERTISING	A	-3,201,614	ADMINISTRATION & GENERAL	5.01	35
36	TRANSPORT CONTRACT REVENUE	B	-448,875	Emergency	91	36
37						37
37.01	SPECIMEN REVENUE NON PATIENT	B	-6,880	Subprovider - IPF	40	37.01
37.02	SPECIMEN REVENUE NON PATIENT	B	-346,578	Laboratory	60	37.02
38						14 38
38.01	ADD LOSS ON ADV REFUNDING	A	419,189	Cap Rel Costs-Bldg & Fixt	1	11 38.01
39						39
40						40

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ADJUSTMENTS TO EXPENSES**WORKSHEET A-8**

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE#		
		1	2	3	4	5	
41	NON-PATIENT CARE COSTS	A	-905,972	ADMINISTRATION & GENERAL	5.01		41
42							42
42.01	RENTAL INCOME PROPERTIES	B	-538,884	ADMINISTRATION & GENERAL	5.01		42.01
42.02	RENTAL INCOME PROPERTIES	B	-96,706	ADMIN & GEN PATIENT RELATED	5.03		42.02
42.03	RENTAL INCOME PROPERTIES	B	-103,437	Operation of Plant	7		42.03
42.04	RENTAL INCOME PROPERTIES	B	-85,304	Drugs Charged to Patients	73		42.04
42.05	RENTAL INCOME PROPERTIES	B	-1,551,178	OFFSITE CLINICS	90.01		42.05
42.06	RENTAL INCOME PROPERTIES	B	-759,791	Physicians' Private Offices	192		42.06
43							43
44	STATE ASSESSMENT TAX	A	-20,179,685	ADMINISTRATION & GENERAL	5.01		44
45							45
45.01	DISCOUNT ACCOUNTS PAYABLE	B	-64,533	ADMIN & GEN PATIENT RELATED	5.03		45.01
45.02	CONTRACT REVENUE-VALET	B	-180,873	ADMINISTRATION & GENERAL	5.01		45.02
45.03	SHUTTLE BUS SERVICE	B	-35	Operation of Plant	7		45.03
46							46
47	RECHARGE CENTER OFFSET	A	-1,973,317	Research	191		47
48							48
49							49
49.01	CLINIC SPACE RECOVERY	B	-1,700	Operating Room	50		49.01
49.02	CLINIC SPACE RECOVERY	B	-16,044	Anesthesiology	53		49.02
49.03	CLINIC SPACE RECOVERY	B	-660,181	Clinic	90		49.03
49.04	CLINIC SPACE RECOVERY	B	-8,983	OFFSITE CLINICS	90.01		49.04
49.05	CLINIC SPACE RECOVERY	B	-1,260,457	NON-REIMBURSABLE CLINICS	194.01		49.05
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-57,254,006				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripits thereof.

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1								1
2								2
3								3
4								4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12							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			
	1	2	3	Name	Percentage of Ownership	Type of Business	
6				4	5	6	6
7							7
8							8
9							9
10							10

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

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

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	31	Intensive Care Unit PEDIATRICIAN	790,586		790,586	177,200	4,757	405,260	20,263	1
2	35	NEONATOLOGY PEDIATRICIAN	717,598	180,000	537,598	177,200	3,809	324,498	16,225	2
3	50	Operating Room SURGEON	1,779,558	279,000	1,500,558	208,000	8,277	827,700	41,385	3
4	53	Anesthesiology ANESTHESIOLOGIS	2,181,099		2,181,099	200,300	5,932	571,240	28,562	4
5	54	Radiology-Diagnostic RADIOLOGIST	104,485		104,485	225,300	2,119	229,524	11,476	5
6	60	Laboratory PATHOLOGIST	2,182,130		2,182,129	215,700	16,138	1,673,542	83,677	6
7	65	Respiratory Therapy PEDIATRICIAN	134,651		134,651	140,600	1,415	95,648	4,782	7
8	69	Electrocardiology PEDIATRICIAN	74,567		74,567	140,600	1,805	122,011	6,101	8
9	70	Electroencephalogram PEDIATRICIAN	10,389		10,389	140,600	490	33,122	1,656	9
10	76	PSYCHIATRY PSYCHIATRIST	557,261	41,896	515,365	154,100	7,080	524,533	26,227	10
11	90	Clinic PEDIATRICIAN	21,931		21,931	140,600	812	54,888	2,744	11
12	90.01	OFFSITE CLINICS PEDIATRICIAN	110,802	110,802		140,600				12
13	91	Emergency PEDIATRICIAN	1,220,595	1,080,000	140,595	140,600	10,148	685,966	34,298	13
14										14
15	107	Liver Acquisition	10,200		10,200	208,000	1,089	108,900	5,445	15
16	30	Adults & Pediatrics PEDIATRICIAN	182,106	182,106		177,200				16
17	106	Heart Acquisition AGGREGATE	50,000	50,000		208,000				17
18	32	Coronary Care Unit PEDIATRICIAN	252,987	252,987		177,200	940	80,081	4,004	18
19										19
20										20
200		TOTAL	10,380,945	2,176,791	8,204,153		64,811	5,736,913	286,845	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	31	Intensive Care Unit PEDIATRICIAN					405,260	385,326	385,326	1
2	35	NEONATOLOGY PEDIATRICIAN					324,498	213,100	393,100	2
3	50	Operating Room SURGEON					827,700	672,858	951,858	3
4	53	Anesthesiology ANESTHESIOLOGIS					571,240	1,609,859	1,609,859	4
5	54	Radiology-Diagnostic RADIOLOGIST					229,524			5
6	60	Laboratory PATHOLOGIST					1,673,542	508,587	508,588	6
7	65	Respiratory Therapy PEDIATRICIAN					95,648	39,003	39,003	7
8	69	Electrocardiology PEDIATRICIAN					122,011			8
9	70	Electroencephalograp PEDIATRICIAN					33,122			9
10	76	PSYCHIATRY PSYCHIATRIST					524,533		41,896	10
11	90	Clinic PEDIATRICIAN					54,888			11
12	90.01	OFFSITE CLINICS PEDIATRICIAN							110,802	12
13	91	Emergency PEDIATRICIAN					685,966		1,080,000	13
14										14
15	107	Liver Acquisition					108,900			15
16	30	Adults & Pediatrics PEDIATRICIAN							182,106	16
17	106	Heart Acquisition AGGREGATE							50,000	17
18	32	Coronary Care Unit PEDIATRICIAN					80,081		252,987	18
19										19
20										20
200		TOTAL					5,736,913	3,428,733	5,605,525	200

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	41,919,756	41,919,756					1
1.01	CAP REL COSTS-INT EXP	18,256,511		18,256,511				1.01
2	Cap Rel Costs-Mvble Equip	23,569,913			23,569,913			2
4	Employee Benefits Department	4,414,512				4,414,512		4
4.01	EMPLOYEE BENEFITS FTE BASED	50,634,282	47,179	24,884	153,837	69,815	50,929,997	4.01
5.01	ADMINISTRATION & GENERAL	93,986,391	1,746,830	904,556	10,012,786	583,069	4,637,541	5.01
5.02	ADMIN & GENERAL CHCRC	5,430,179	534,035		75,992	46,665	418,755	5.02
5.03	ADMIN & GEN PATIENT RELATED	54,183,607	3,558	209,334	113,834	163,678	2,993,376	5.03
6	Maintenance & Repairs							6
7	Operation of Plant	35,357,174	976,345	500,998	3,949,861	117,997	1,720,870	7
8	Laundry & Linen Service	1,371,721	114,736	56,520				8
9	Housekeeping	8,011,855	349,384	174,579	30,586	51,586	1,529,981	9
10	Dietary	971,512	120,281	349,232	23,003	4,430	129,175	10
11	Cafeteria	2,395,235	572,018		109,412	21,071	614,391	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	215,423	79,710	37,046	1,805	1,844	31,482	12.01
13	Nursing Administration	10,982,324	55,635	29,320	261,535	105,885	782,668	13
14	Central Services & Supply	1,522,162	276,975	146,088	11,218	9,507	252,103	14
15	Pharmacy							15
16	Medical Records & Library	4,211,136	158,866	83,792	158,279	30,158	538,560	16
17	Social Service	6,985,633	875,240	434,389	382	52,272	701,715	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	17,284,552			974	159,688	3,623	21
22	I&R Services-Other Prgm Costs Apprvd	5,781,383	59,378	31,318		8,094	57,466	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	40,704,902	5,921,886	3,123,441	988,423	416,301	5,468,931	30
31	Intensive Care Unit	16,601,851	1,852,093	976,869	252,193	158,644	2,031,688	31
32	Coronary Care Unit	16,067,637	2,074,681	1,094,270	418,227	152,512	1,848,920	32
35	NEONATOLOGY	17,631,405	3,717,356	1,960,684	580,205	180,463	2,185,723	35
40	Subprovider - IPF	2,542,035	514,627	271,435		28,078	440,743	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	24,858,642	3,763,704	1,954,664	1,971,059	194,611	2,356,124	50
51	Recovery Room	2,592,981	458,437	241,798	88,570	27,647	319,688	51
53	Anesthesiology	3,524,906	363,247	191,591	247,871	19,704	293,079	53
54	Radiology-Diagnostic	4,067,826	934,295	347,111	668,908	42,557	572,790	54
57	CT Scan	785,914	156,186	60,955	38,553	7,675	96,943	57
58	MRI	2,358,235	516,337	179,722	318,631	22,842	289,956	58
59	Cardiac Catheterization	4,253,903	726,309	324,616	600,107	42,274	461,855	59
60	Laboratory	34,723,674	1,884,948	592,687	602,179	162,428	2,437,076	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	12,691,178	238,068	113,551	214,536	82,837	1,061,005	65
66	Physical Therapy	3,777,019	571,926	98,050	13,476	39,694	523,069	66
67	Occupational Therapy	1,133,070	29,989		2,580	13,091	155,659	67
68	Speech Pathology	3,776,204	275,681	98,099	76,047	33,388	443,991	68
69	Electrocardiology	2,684,274	78,647	32,976	77,168	23,445	412,259	69
70	Electroencephalography	2,825,928	393,098	160,858	88,045	26,533	380,028	70
71	Medical Supplies Charged to Patients	12,638,335						71
72	Impl. Dev. Charged to Patients	9,929,516						72
73	Drugs Charged to Patients	45,522,598	542,814	283,280	52,692	110,035	1,278,003	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,106,089	14,001	7,385	1,508			74
76	PSYCHIATRY	5,774,906	1,038,542	371,679	46,900	55,816	782,668	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	20,584,570	2,906,993	1,315,035	309,067	221,718	2,146,621	90
90.01	OFFSITE CLINICS	12,467,003	841,092	60,687	374,854	114,629	2,277,669	90.01
91	Emergency	13,081,501	1,454,421	767,120	448,988	127,354	1,495,127	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,583,508	260,617	137,460		16,246	207,629	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,007,850			164	1,614	18,239	105
106	Heart Acquisition	2,003,617			202	4,010	42,350	106
107	Liver Acquisition	853,477			177	1,336	18,239	107

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
110	Intestinal Acquisition	130,166			38	289	2,873	110
118	SUBTOTALS (sum of lines 1-117)	711,769,981	37,500,165	17,748,079	23,384,872	3,753,530	44,460,651	118
	NONREIMBURSABLE COST CENTERS							
191	Research	34,723,756	2,975,659	143,846	16,258	259,312	2,368,491	191
191.01	OSA	13,953,331	160,021	61,662	952	86,570	1,080,744	191.01
192	Physicians' Private Offices	4,004,516	3,928		57,355	37,422	520,196	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	19,854,928				135,975	669,984	194
194.01	NON-REIMBURSABLE CLINICS	13,570,725	1,279,983	302,924	110,476	141,703	1,829,931	194.01
194.02	KOHL HOUSE	125						194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	797,877,362	41,919,756	18,256,511	23,569,913	4,414,512	50,929,997	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	111,871,173	111,871,173					5.01
5.02	ADMIN & GENERAL CHCRC	6,505,626	1,060,911	7,566,537				5.02
5.03	ADMIN & GEN PATIENT RELATED	57,667,387	9,404,191		67,071,578			5.03
6	Maintenance & Repairs							6
7	Operation of Plant	42,623,245	6,950,828		5,050,863	54,624,936		7
8	Laundry & Linen Service	1,542,977	251,623		182,843	148,141	2,125,584	8
9	Housekeeping	10,147,971	1,654,891		1,202,537	451,104		9
10	Dietary	1,597,633	260,536		189,320	155,300		10
11	Cafeteria	3,712,127	605,359		439,888	738,555		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	367,310	59,899		43,526	102,917		12.01
13	Nursing Administration	12,217,367	1,992,359		1,447,760	71,773		13
14	Central Services & Supply	2,218,053	361,711		262,840	357,614		14
15	Pharmacy							15
16	Medical Records & Library	5,180,791	844,863		613,925	205,118		16
17	Social Service	9,049,631	1,475,778		1,072,383	1,130,057		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	17,448,837	2,845,487		2,067,691			21
22	I&R Services-Other Prgm Costs Apprvd	5,937,639	968,286		703,611	76,666		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	56,623,884	9,233,997		6,710,101	7,645,978	894,666	30
31	Intensive Care Unit	21,873,338	3,567,016		2,591,995	2,391,311	185,303	31
32	Coronary Care Unit	21,656,247	3,531,614		2,566,270	2,678,703	142,702	32
35	NEONATOLOGY	26,255,836	4,281,697		3,111,322	4,799,625	99,569	35
40	Subprovider - IPF	3,796,918	619,186		449,935	664,455	21,799	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	35,098,804	5,723,773		4,159,215	5,590,206	125,281	50
51	Recovery Room	3,729,121	608,130		441,902	591,906	109,693	51
53	Anesthesiology	4,640,398	756,738		549,888	469,003		53
54	Radiology-Diagnostic	6,633,487	1,081,763		786,070	1,206,305	42,151	54
57	CT Scan	1,146,226	186,922		135,828	201,657	14,816	57
58	MRI	3,685,723	601,053		436,759	666,663	27,985	58
59	Cardiac Catheterization	6,409,064	1,045,165		759,475	937,767	26,548	59
60	Laboratory	40,402,992	6,588,758		4,787,763	2,690,396	31,242	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,401,175	2,348,486		1,706,542	515,837		65
66	Physical Therapy	5,023,234	819,169		595,254	741,837	916	66
67	Occupational Therapy	1,334,389	217,607		158,125	40,391		67
68	Speech Pathology	4,703,410	767,013		557,355	361,074		68
69	Electrocardiology	3,308,769	539,581		392,090	101,545		69
70	Electroencephalography	3,874,490	631,836		459,128	507,544	31,866	70
71	Medical Supplies Charged to Patients	12,638,335	2,061,009		1,497,645			71
72	Impl. Dev. Charged to Patients	9,929,516	1,619,266		1,176,650			72
73	Drugs Charged to Patients	47,789,422	7,793,308		5,663,056	700,849		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,128,983	184,110		133,785	18,078		74
76	PSYCHIATRY	8,070,511	1,316,107		956,357	1,340,902		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	27,484,004	4,481,981		3,256,860	3,753,334	2,799	90
90.01	OFFSITE CLINICS	16,135,934	2,631,384		1,912,111	2,715,693	60,129	90.01
91	Emergency	17,374,511	2,833,366		2,058,883	2,210,416	243,562	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,205,460	359,658		261,347	336,493	19,619	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,027,867	167,620		121,802			105
106	Heart Acquisition	2,050,179	334,335		242,947			106
107	Liver Acquisition	873,229	142,403		103,478			107
110	Intestinal Acquisition	133,366	21,749		15,804			110
118	SUBTOTALS (sum of lines 1-117)	699,526,589	95,832,522		62,032,929	47,315,213	2,080,646	118

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
	NONREIMBURSABLE COST CENTERS							
191	Research	40,487,322	6,602,511	5,397,575		3,855,117		191
191.01	OSA	15,343,280	2,502,121	2,168,962		599,782		191.01
192	Physicians' Private Offices	4,623,417	753,968		547,876	755,857	42,764	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	20,660,887	3,369,295		2,448,319			194
194.01	NON-REIMBURSABLE CLINICS	17,235,742	2,810,736		2,042,439	2,098,967	2,174	194.01
194.02	KOHL HOUSE	125	20		15			194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	797,877,362	111,871,173	7,566,537	67,071,578	54,624,936	2,125,584	202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	13,456,503						9
10	Dietary	42,726	2,245,515					10
11	Cafeteria	203,190		5,699,119				11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	28,314		4,614	606,580			12.01
13	Nursing Administration	19,746		114,708		15,863,713		13
14	Central Services & Supply	98,386		36,948			3,335,552	14
15	Pharmacy							15
16	Medical Records & Library	56,432		78,931				16
17	Social Service	310,900		102,843	321,355	28,987		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			531				21
22	I&R Services-Other Prgm Costs Apprvd	21,092		8,422		587		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,103,552	1,398,758	801,526	112,194	4,269,645		30
31	Intensive Care Unit	657,894	112,296	297,764	15,109	1,807,048		31
32	Coronary Care Unit	736,961	196,413	270,978	12,646	1,608,012		32
35	NEONATOLOGY	1,320,466		320,340	49,786	1,941,185		35
40	Subprovider - IPF	182,804	233,442	64,595	25,996	121,933		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,336,946	11,163	345,313	17,092	977,693		50
51	Recovery Room	162,844		46,854	8,962	255,484		51
53	Anesthesiology	129,031		42,954		103,391		53
54	Radiology-Diagnostic	331,877		83,948		821		54
57	CT Scan	55,480		14,208				57
58	MRI	183,411		42,496				58
59	Cardiac Catheterization	257,997		67,690		102,686		59
60	Laboratory	669,548		357,178		39,197		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	84,566		155,501				65
66	Physical Therapy	204,093		76,661	10,323	469		66
67	Occupational Therapy	11,112		22,813				67
68	Speech Pathology	99,338		65,071	2,780			68
69	Electrocardiology	27,937		60,421		6,807		69
70	Electroencephalography	139,635		55,697	2,370	62,551		70
71	Medical Supplies Charged to Patients						1,867,960	71
72	Impl. Dev. Charged to Patients						1,467,592	72
73	Drugs Charged to Patients	192,817		187,304				73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	4,973						74
76	PSYCHIATRY	368,907	58,126	114,708	2,123	28,987		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,032,612	129,727	314,609	4,153	1,456,505		90
90.01	OFFSITE CLINICS	89,555		333,815	6,370	417,318		90.01
91	Emergency	516,634	30,240	219,126	9,866	850,127		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	92,576	75,350	30,430	3,484	183,075		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			2,673		8,802		105
106	Heart Acquisition			6,207		15,139		106
107	Liver Acquisition			2,673		1,526		107
110	Intestinal Acquisition			421		469		110
118	SUBTOTALS (sum of lines 1-117)	11,774,352	2,245,515	4,750,971	604,609	14,288,444	3,335,552	118

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
	NONREIMBURSABLE COST CENTERS							
191	Research	1,060,614		347,126		140,592		191
191.01	OSA	165,011		158,394		80,389		191.01
192	Physicians' Private Offices	1,822		76,240	1,760	157,492		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES			98,193		49,876		194
194.01	NON-REIMBURSABLE CLINICS	454,704		268,195	211	1,146,920		194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	13,456,503	2,245,515	5,699,119	606,580	15,863,713	3,335,552	202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS
**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		16	17	21	22	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	6,980,060						16
17	Social Service		13,491,934					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			22,362,546				21
22	I&R Services-Other Prgm Costs Apprvd				7,716,303			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,957,907	4,695,193	4,515,681	1,558,157	102,521,239	-6,073,838	30
31	Intensive Care Unit	561,197	445,234	1,834,810	633,110	36,973,425	-2,467,920	31
32	Coronary Care Unit	559,103				33,959,649		32
35	NEONATOLOGY	672,878	431,742	910,088	314,030	44,508,564	-1,224,118	35
40	Subprovider - IPF					6,181,063		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	298,747		2,996,429	1,033,932	57,714,594	-4,030,361	50
51	Recovery Room					5,954,896		51
53	Anesthesiology			1,874,140	646,681	9,212,224	-2,520,821	53
54	Radiology-Diagnostic			963,138	332,335	11,461,895	-1,295,473	54
57	CT Scan					1,755,137		57
58	MRI					5,644,090		58
59	Cardiac Catheterization			288,118	99,417	9,993,927	-387,535	59
60	Laboratory			1,961,033	676,664	58,204,771	-2,637,697	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			264,337	91,211	19,567,655	-355,548	65
66	Physical Therapy					7,471,956		66
67	Occupational Therapy					1,784,437		67
68	Speech Pathology					6,556,041		68
69	Electrocardiology			457,330	157,804	5,052,284	-615,134	69
70	Electroencephalography			934,784	322,552	7,022,453	-1,257,336	70
71	Medical Supplies Charged to Patients					18,064,949		71
72	Impl. Dev. Charged to Patients					14,193,024		72
73	Drugs Charged to Patients					62,326,756		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis			291,777	100,679	1,862,385	-392,456	74
76	PSYCHIATRY			821,366	283,416	13,361,510	-1,104,782	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic			387,816	133,818	42,438,218	-521,634	90
90.01	OFFSITE CLINICS			1,039,970	358,846	25,701,125	-1,398,816	90.01
91	Emergency	360,171	1,227,766	2,468,670	851,826	31,255,164	-3,320,496	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					3,567,492		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition					1,328,764		105
106	Heart Acquisition					2,648,807		106
107	Liver Acquisition					1,123,309		107
110	Intestinal Acquisition					171,809		110
118	SUBTOTALS (sum of lines 1-117)	4,410,003	6,799,935	22,009,487	7,594,478	649,583,612	-29,603,965	118

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COST ALLOCATION - GENERAL SERVICE COSTS**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		16	17	21	22	24	25	
	NONREIMBURSABLE COST CENTERS							
191	Research					57,890,857		191
191.01	OSA					21,017,939		191.01
192	Physicians' Private Offices					6,961,196		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	66,311				26,692,881		194
194.01	NON-REIMBURSABLE CLINICS	2,503,746	6,691,999	353,059	121,825	35,730,717	-474,884	194.01
194.02	KOHL HOUSE					160		194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	6,980,060	13,491,934	22,362,546	7,716,303	797,877,362	-30,078,849	202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-INT EXP						1.01
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
4.01	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	ADMINISTRATION & GENERAL						5.01
5.02	ADMIN & GENERAL CHCRC						5.02
5.03	ADMIN & GEN PATIENT RELATED						5.03
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
12.01	VOLUNTEERS						12.01
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	96,447,401					30
31	Intensive Care Unit	34,505,505					31
32	Coronary Care Unit	33,959,649					32
35	NEONATOLOGY	43,284,446					35
40	Subprovider - IPF	6,181,063					40
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	53,684,233					50
51	Recovery Room	5,954,896					51
53	Anesthesiology	6,691,403					53
54	Radiology-Diagnostic	10,166,422					54
57	CT Scan	1,755,137					57
58	MRI	5,644,090					58
59	Cardiac Catheterization	9,606,392					59
60	Laboratory	55,567,074					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	19,212,107					65
66	Physical Therapy	7,471,956					66
67	Occupational Therapy	1,784,437					67
68	Speech Pathology	6,556,041					68
69	Electrocardiology	4,437,150					69
70	Electroencephalography	5,765,117					70
71	Medical Supplies Charged to Patients	18,064,949					71
72	Impl. Dev. Charged to Patients	14,193,024					72
73	Drugs Charged to Patients	62,326,756					73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	1,469,929					74
76	PSYCHIATRY	12,256,728					76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	41,916,584					90
90.01	OFFSITE CLINICS	24,302,309					90.01
91	Emergency	27,934,668					91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	3,567,492					92.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
105	Kidney Acquisition	1,328,764					105
106	Heart Acquisition	2,648,807					106
107	Liver Acquisition	1,123,309					107
110	Intestinal Acquisition	171,809					110
118	SUBTOTALS (sum of lines 1-117)	619,979,647					118

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
	NONREIMBURSABLE COST CENTERS							
191	Research	57,890,857						191
191.01	OSA	21,017,939						191.01
192	Physicians' Private Offices	6,961,196						192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	26,692,881						194
194.01	NON-REIMBURSABLE CLINICS	35,255,833						194.01
194.02	KOHL HOUSE	160						194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	767,798,513						202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED		47,179	24,884	153,837	225,900	225,900	4.01
5.01	ADMINISTRATION & GENERAL		1,746,830	904,556	10,012,786	12,664,172	20,570	5.01
5.02	ADMIN & GENERAL CHCRC		534,035		75,992	610,027	1,857	5.02
5.03	ADMIN & GEN PATIENT RELATED		3,558	209,334	113,834	326,726	13,277	5.03
6	Maintenance & Repairs							6
7	Operation of Plant		976,345	500,998	3,949,861	5,427,204	7,633	7
8	Laundry & Linen Service		114,736	56,520		171,256		8
9	Housekeeping		349,384	174,579	30,586	554,549	6,786	9
10	Dietary		120,281	349,232	23,003	492,516	573	10
11	Cafeteria		572,018		109,412	681,430	2,725	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		79,710	37,046	1,805	118,561	140	12.01
13	Nursing Administration		55,635	29,320	261,535	346,490	3,472	13
14	Central Services & Supply		276,975	146,088	11,218	434,281	1,118	14
15	Pharmacy							15
16	Medical Records & Library		158,866	83,792	158,279	400,937	2,389	16
17	Social Service		875,240	434,389	382	1,310,011	3,112	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd				974	974	16	21
22	I&R Services-Other Prgrm Costs Apprvd		59,378	31,318		90,696	255	22
23	Paramed Ed Prgrm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		5,921,886	3,123,441	988,423	10,033,750	24,253	30
31	Intensive Care Unit		1,852,093	976,869	252,193	3,081,155	9,012	31
32	Coronary Care Unit		2,074,681	1,094,270	418,227	3,587,178	8,201	32
35	NEONATOLOGY		3,717,356	1,960,684	580,205	6,258,245	9,695	35
40	Subprovider - IPF		514,627	271,435		786,062	1,955	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,763,704	1,954,664	1,971,059	7,689,427	10,451	50
51	Recovery Room		458,437	241,798	88,570	788,805	1,418	51
53	Anesthesiology		363,247	191,591	247,871	802,709	1,300	53
54	Radiology-Diagnostic		934,295	347,111	668,908	1,950,314	2,541	54
57	CT Scan		156,186	60,955	38,553	255,694	430	57
58	MRI		516,337	179,722	318,631	1,014,690	1,286	58
59	Cardiac Catheterization		726,309	324,616	600,107	1,651,032	2,049	59
60	Laboratory		1,884,948	592,687	602,179	3,079,814	10,810	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		238,068	113,551	214,536	566,155	4,706	65
66	Physical Therapy		571,926	98,050	13,476	683,452	2,320	66
67	Occupational Therapy		29,989		2,580	32,569	690	67
68	Speech Pathology		275,681	98,099	76,047	449,827	1,969	68
69	Electrocardiology		78,647	32,976	77,168	188,791	1,829	69
70	Electroencephalography		393,098	160,858	88,045	642,001	1,686	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		542,814	283,280	52,692	878,786	5,669	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		14,001	7,385	1,508	22,894		74
76	PSYCHIATRY		1,038,542	371,679	46,900	1,457,121	3,472	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,906,993	1,315,035	309,067	4,531,095	9,521	90
90.01	OFFSITE CLINICS		841,092	60,687	374,854	1,276,633	10,103	90.01
91	Emergency		1,454,421	767,120	448,988	2,670,529	6,632	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		260,617	137,460		398,077	921	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				164	164	81	105
106	Heart Acquisition				202	202	188	106
107	Liver Acquisition				177	177	81	107
110	Intestinal Acquisition				38	38	13	110
118	SUBTOTALS (sum of lines 1-117)		37,500,165	17,748,079	23,384,872	78,633,116	197,205	118

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
	NONREIMBURSABLE COST CENTERS							
191	Research		2,975,659	143,846	16,258	3,135,763	10,505	191
191.01	OSA		160,021	61,662	952	222,635	4,794	191.01
192	Physicians' Private Offices		3,928		57,355	61,283	2,307	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES						2,972	194
194.01	NON-REIMBURSABLE CLINICS		1,279,983	302,924	110,476	1,693,383	8,117	194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		41,919,756	18,256,511	23,569,913	83,746,180	225,900	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS
**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.01	5.02	5.03	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	12,684,742						5.01
5.02	ADMIN & GENERAL CHCRC	120,296	732,180					5.02
5.03	ADMIN & GEN PATIENT RELATED	1,066,128		1,406,131				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	788,146		105,881	6,328,864			7
8	Laundry & Linen Service	28,531		3,833	17,164	220,784		8
9	Housekeeping	187,646		25,209	52,265		826,455	9
10	Dietary	29,542		3,969	17,993		2,624	10
11	Cafeteria	68,641		9,221	85,569		12,479	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	6,792		912	11,924		1,739	12.01
13	Nursing Administration	225,911		30,349	8,316		1,213	13
14	Central Services & Supply	41,014		5,510	41,433		6,043	14
15	Pharmacy							15
16	Medical Records & Library	95,798		12,870	23,765		3,466	16
17	Social Service	167,337		22,480	130,929		19,094	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	322,646		43,345				21
22	I&R Services-Other Prgm Costs Apprvd	109,793		14,750	8,883		1,295	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,047,032		140,778	885,867	92,928	129,194	30
31	Intensive Care Unit	404,460		54,336	277,058	19,247	40,406	31
32	Coronary Care Unit	400,446		53,797	310,355	14,822	45,262	32
35	NEONATOLOGY	485,497		65,222	556,086	10,342	81,099	35
40	Subprovider - IPF	70,209		9,432	76,984	2,264	11,227	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	649,012		87,189	647,683	13,013	82,111	50
51	Recovery Room	68,955		9,264	68,578	11,394	10,001	51
53	Anesthesiology	85,806		11,527	54,339		7,925	53
54	Radiology-Diagnostic	122,660		16,478	139,763	4,378	20,383	54
57	CT Scan	21,195		2,847	23,364	1,539	3,407	57
58	MRI	68,153		9,156	77,240	2,907	11,265	58
59	Cardiac Catheterization	118,510		15,921	108,650	2,758	15,845	59
60	Laboratory	747,092		100,366	311,710	3,245	41,121	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	266,292		35,774	59,765		5,194	65
66	Physical Therapy	92,885		12,478	85,949	95	12,535	66
67	Occupational Therapy	24,674		3,315	4,680		682	67
68	Speech Pathology	86,971		11,684	41,834		6,101	68
69	Electrocardiology	61,182		8,219	11,765		1,716	69
70	Electroencephalography	71,643		9,625	58,804	3,310	8,576	70
71	Medical Supplies Charged to Patients	233,695		31,395				71
72	Impl. Dev. Charged to Patients	183,607		24,666				72
73	Drugs Charged to Patients	883,674		118,714	81,201		11,842	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	20,876		2,805	2,094		305	74
76	PSYCHIATRY	149,232		20,048	155,357		22,657	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	508,207		68,273	434,863	291	63,420	90
90.01	OFFSITE CLINICS	298,370		40,083	314,641	6,246	5,500	90.01
91	Emergency	321,272		43,160	256,100	25,299	31,730	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	40,781		5,479	38,986	2,038	5,686	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	19,006		2,553				105
106	Heart Acquisition	37,910		5,093				106
107	Liver Acquisition	16,147		2,169				107
110	Intestinal Acquisition	2,466		331				110
118	SUBTOTALS (sum of lines 1-117)	10,866,138		1,300,506	5,481,957	216,116	723,143	118

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.01	5.02	5.03	7	8	9	
	NONREIMBURSABLE COST CENTERS							
191	Research	748,651	522,294		446,655		65,140	191
191.01	OSA	283,713	209,886		69,491		10,134	191.01
192	Physicians' Private Offices	85,492		11,485	87,574	4,442	112	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	382,040		51,324				194
194.01	NON-REIMBURSABLE CLINICS	318,706		42,816	243,187	226	27,926	194.01
194.02	KOHL HOUSE	2						194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	12,684,742	732,180	1,406,131	6,328,864	220,784	826,455	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	547,217						10
11	Cafeteria		860,065					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		696	140,764				12.01
13	Nursing Administration		17,311		633,062			13
14	Central Services & Supply		5,576			534,975		14
15	Pharmacy							15
16	Medical Records & Library		11,912				551,137	16
17	Social Service		15,520	74,574	1,157			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		80					21
22	I&R Services-Other Prgm Costs Apprvd		1,271		23			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	340,868	120,961	26,036	170,384		154,594	30
31	Intensive Care Unit	27,366	44,936	3,506	72,113		44,311	31
32	Coronary Care Unit	47,865	40,894	2,935	64,170		44,146	32
35	NEONATOLOGY		48,343	11,553	77,466		53,130	35
40	Subprovider - IPF	56,888	9,748	6,033	4,866			40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,720	52,112	3,966	39,016		23,589	50
51	Recovery Room		7,071	2,080	10,195			51
53	Anesthesiology		6,482		4,126			53
54	Radiology-Diagnostic		12,669		33			54
57	CT Scan		2,144					57
58	MRI		6,413					58
59	Cardiac Catheterization		10,215		4,098			59
60	Laboratory		53,902		1,564			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		23,467					65
66	Physical Therapy		11,569	2,396	19			66
67	Occupational Therapy		3,443					67
68	Speech Pathology		9,820	645				68
69	Electrocardiology		9,118		272			69
70	Electroencephalography		8,405	550	2,496			70
71	Medical Supplies Charged to Patients					299,596		71
72	Impl. Dev. Charged to Patients					235,379		72
73	Drugs Charged to Patients		28,266					73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	14,165	17,311	493	1,157			76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	31,614	47,478	964	58,124			90
90.01	OFFSITE CLINICS		50,377	1,478	16,654			90.01
91	Emergency	7,369	33,069	2,289	33,925		28,439	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	18,362	4,592	809	7,306			92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		403		351			105
106	Heart Acquisition		937		604			106
107	Liver Acquisition		403		61			107
110	Intestinal Acquisition		64		19			110
118	SUBTOTALS (sum of lines 1-117)	547,217	716,978	140,307	570,199	534,975	348,209	118

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
	NONREIMBURSABLE COST CENTERS							
191	Research		52,385		5,611			191
191.01	OSA		23,904		3,208			191.01
192	Physicians' Private Offices		11,506	408	6,285			192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES		14,818		1,990		5,236	194
194.01	NON-REIMBURSABLE CLINICS		40,474	49	45,769		197,692	194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	547,217	860,065	140,764	633,062	534,975	551,137	202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	1,744,214						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		367,061					21
22	I&R Services-Other Prgm Costs Apprvd			226,966				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	606,986			13,773,631		13,773,631	30
31	Intensive Care Unit	57,559			4,135,465		4,135,465	31
32	Coronary Care Unit				4,620,071		4,620,071	32
35	NEONATOLOGY	55,815			7,712,493		7,712,493	35
40	Subprovider - IPF				1,035,668		1,035,668	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				9,300,289		9,300,289	50
51	Recovery Room				977,761		977,761	51
53	Anesthesiology				974,214		974,214	53
54	Radiology-Diagnostic				2,269,219		2,269,219	54
57	CT Scan				310,620		310,620	57
58	MRI				1,191,110		1,191,110	58
59	Cardiac Catheterization				1,929,078		1,929,078	59
60	Laboratory				4,349,624		4,349,624	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy				961,353		961,353	65
66	Physical Therapy				903,698		903,698	66
67	Occupational Therapy				70,053		70,053	67
68	Speech Pathology				608,851		608,851	68
69	Electrocardiology				282,892		282,892	69
70	Electroencephalography				807,096		807,096	70
71	Medical Supplies Charged to Patients				564,686		564,686	71
72	Impl. Dev. Charged to Patients				443,652		443,652	72
73	Drugs Charged to Patients				2,008,152		2,008,152	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis				48,974		48,974	74
76	PSYCHIATRY				1,841,013		1,841,013	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic				5,753,850		5,753,850	90
90.01	OFFSITE CLINICS				2,020,085		2,020,085	90.01
91	Emergency	158,723			3,618,536		3,618,536	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT				523,037		523,037	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition				22,558		22,558	105
106	Heart Acquisition				44,934		44,934	106
107	Liver Acquisition				19,038		19,038	107
110	Intestinal Acquisition				2,931		2,931	110
118	SUBTOTALS (sum of lines 1-117)	879,083			73,124,632		73,124,632	118

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ALLOCATION OF CAPITAL-RELATED COSTS**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
	NONREIMBURSABLE COST CENTERS							
191	Research				4,987,004		4,987,004	191
191.01	OSA				827,765		827,765	191.01
192	Physicians' Private Offices				270,894		270,894	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES				458,380		458,380	194
194.01	NON-REIMBURSABLE CLINICS	865,131			3,483,476		3,483,476	194.01
194.02	KOHL HOUSE				2		2	194.02
200	Cross Foot Adjustments		367,061	226,966	594,027		594,027	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,744,214	367,061	226,966	83,746,180		83,746,180	202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON- CILIATION	
		1	1.01	2	4	4.01	5A.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	907,182						1
1.01	CAP REL COSTS-INT EXP		749,066					1.01
2	Cap Rel Costs-Mvble Equip			24,168,346				2
4	Employee Benefits Department				371,403,961			4
4.01	EMPLOYEE BENEFITS FTE BASED	1,021	1,021	157,743	5,873,751	407,678		4.01
5.01	ADMINISTRATION & GENERAL	37,803	37,114	10,267,007	49,054,548	37,122	-111,871,173	5.01
5.02	ADMIN & GENERAL CHCRC	11,557		77,921	3,926,026	3,352		5.02
5.03	ADMIN & GEN PATIENT RELATED	77	8,589	116,724	13,770,684	23,961		5.03
6	Maintenance & Repairs							6
7	Operation of Plant	21,129	20,556	4,050,147	9,927,363	13,775		7
8	Laundry & Linen Service	2,483	2,319					8
9	Housekeeping	7,561	7,163	31,363	4,340,086	12,247		9
10	Dietary	2,603	14,329	23,587	372,712	1,034		10
11	Cafeteria	12,379		112,190	1,772,767	4,918		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	1,725	1,520	1,851	155,108	252		12.01
13	Nursing Administration	1,204	1,203	268,175	8,908,411	6,265		13
14	Central Services & Supply	5,994	5,994	11,503	799,861	2,018		14
15	Pharmacy							15
16	Medical Records & Library	3,438	3,438	162,298	2,537,300	4,311		16
17	Social Service	18,941	17,823	392	4,397,795	5,617		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			999	13,434,949	29		21
22	I&R Services-Other Prgm Costs Apprvd	1,285	1,285		680,966	460		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	128,155	128,155	1,013,519	35,024,516	43,777		30
31	Intensive Care Unit	40,081	40,081	258,596	13,347,155	16,263		31
32	Coronary Care Unit	44,898	44,898	428,846	12,831,268	14,800		32
35	NEONATOLOGY	80,447	80,447	594,936	15,182,838	17,496		35
40	Subprovider - IPF	11,137	11,137		2,362,274	3,528		40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	81,450	80,200	2,021,104	16,373,147	18,860		50
51	Recovery Room	9,921	9,921	90,819	2,326,038	2,559		51
53	Anesthesiology	7,861	7,861	254,164	1,657,743	2,346		53
54	Radiology-Diagnostic	20,219	14,242	685,891	3,580,458	4,585		54
57	CT Scan	3,380	2,501	39,532	645,723	776		57
58	MRI	11,174	7,374	326,721	1,921,728	2,321		58
59	Cardiac Catheterization	15,718	13,319	615,344	3,556,607	3,697		59
60	Laboratory	40,792	24,318	617,468	13,665,504	19,508		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	5,152	4,659	219,983	6,969,324	8,493		65
66	Physical Therapy	12,377	4,023	13,818	3,339,536	4,187		66
67	Occupational Therapy	649		2,646	1,101,340	1,246		67
68	Speech Pathology	5,966	4,025	77,978	2,809,045	3,554		68
69	Electrocardiology	1,702	1,353	79,127	1,972,487	3,300		69
70	Electroencephalography	8,507	6,600	90,280	2,232,302	3,042		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	11,747	11,623	54,030	9,257,490	10,230		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	303	303	1,546				74
76	PSYCHIATRY	22,475	15,250	48,091	4,695,950	6,265		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	62,910	53,956	316,914	18,653,701	17,183		90
90.01	OFFSITE CLINICS	18,202	2,490	384,371	9,644,066	18,232		90.01
91	Emergency	31,475	31,475	460,388	10,714,593	11,968		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	5,640	5,640		1,366,831	1,662		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition			168	135,785	146		105
106	Heart Acquisition			207	337,411	339		106
107	Liver Acquisition			181	112,391	146		107
110	Intestinal Acquisition			39	24,307	23		110

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON- CILIATION	
		1	1.01	2	4	4.01	5A.01	
118	SUBTOTALS (sum of lines 1-117)	811,538	728,205	23,978,607	315,793,885	355,893	-111,871,173	118
	NONREIMBURSABLE COST CENTERS							
191	Research	64,396	5,902	16,671	21,816,618	18,959		191
191.01	OSA	3,463	2,530	976	7,283,323	8,651		191.01
192	Physicians' Private Offices	85		58,811	3,148,368	4,164		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES				11,439,913	5,363		194
194.01	NON-REIMBURSABLE CLINICS	27,700	12,429	113,281	11,921,854	14,648		194.01
194.02	KOHL HOUSE							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	41,919,756	18,256,511	23,569,913	4,414,512	50,929,997		202
203	Unit Cost Multiplier (Wkst. B, Part I)	46.208761	24.372366	0.975239	0.011886	124.927018		203
204	Cost to be allocated (Per Wkst. B, Part II)					225,900		204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.554114		205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	686,006,189						5.01
5.02	ADMIN & GENERAL CHCRC	6,505,626	48,677,087					5.02
5.03	ADMIN & GEN PATIENT RELATED	57,667,387		464,644,400				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	42,623,245		34,990,391	915,574			7
8	Laundry & Linen Service	1,542,977		1,266,665	2,483	1,885,694		8
9	Housekeeping	10,147,971		8,330,700	7,561		819,813	9
10	Dietary	1,597,633		1,311,533	2,603		2,603	10
11	Cafeteria	3,712,127		3,047,370	12,379		12,379	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	367,310		301,533	1,725		1,725	12.01
13	Nursing Administration	12,217,367		10,029,515	1,203		1,203	13
14	Central Services & Supply	2,218,053		1,820,850	5,994		5,994	14
15	Pharmacy							15
16	Medical Records & Library	5,180,791		4,253,029	3,438		3,438	16
17	Social Service	9,049,631		7,429,048	18,941		18,941	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	17,448,837		14,324,148				21
22	I&R Services-Other Prgm Costs Apprvd	5,937,639		4,874,343	1,285		1,285	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	56,623,884		46,483,836	128,155	793,693	128,155	30
31	Intensive Care Unit	21,873,338		17,956,321	40,081	164,390	40,081	31
32	Coronary Care Unit	21,656,247		17,778,106	44,898	126,597	44,898	32
35	NEONATOLOGY	26,255,836		21,554,014	80,447	88,332	80,447	35
40	Subprovider - IPF	3,796,918		3,116,976	11,137	19,339	11,137	40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	35,098,804		28,813,407	93,698	111,142	81,451	50
51	Recovery Room	3,729,121		3,061,320	9,921	97,313	9,921	51
53	Anesthesiology	4,640,398		3,809,408	7,861		7,861	53
54	Radiology-Diagnostic	6,633,487		5,445,581	20,219	37,394	20,219	54
57	CT Scan	1,146,226		940,963	3,380	13,144	3,380	57
58	MRI	3,685,723		3,025,694	11,174	24,827	11,174	58
59	Cardiac Catheterization	6,409,064		5,261,347	15,718	23,552	15,718	59
60	Laboratory	40,402,992		33,167,736	45,094	27,716	40,791	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,401,175		11,822,252	8,646		5,152	65
66	Physical Therapy	5,023,234		4,123,687	12,434	813	12,434	66
67	Occupational Therapy	1,334,389		1,095,430	677		677	67
68	Speech Pathology	4,703,410		3,861,136	6,052		6,052	68
69	Electrocardiology	3,308,769		2,716,245	1,702		1,702	69
70	Electroencephalography	3,874,490		3,180,657	8,507	28,270	8,507	70
71	Medical Supplies Charged to Patients	12,638,335		10,375,097				71
72	Impl. Dev. Charged to Patients	9,929,516		8,151,366				72
73	Drugs Charged to Patients	47,789,422		39,231,425	11,747		11,747	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,128,983		926,808	303		303	74
76	PSYCHIATRY	8,070,511		6,625,266	22,475		22,475	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	27,484,004		22,562,245	62,910	2,483	62,910	90
90.01	OFFSITE CLINICS	16,135,934		13,246,356	45,518	53,343	5,456	90.01
91	Emergency	17,374,511		14,263,132	37,049	216,074	31,475	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,205,460		1,810,512	5,640	17,405	5,640	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition	1,027,867		843,799				105
106	Heart Acquisition	2,050,179		1,683,039				106
107	Liver Acquisition	873,229		716,854				107
110	Intestinal Acquisition	133,366		109,483				110

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
118	SUBTOTALS (sum of lines 1-117)	587,655,416		429,738,623	793,055	1,845,827	717,331	118
	NONREIMBURSABLE COST CENTERS							
191	Research	40,487,322	34,723,756		64,616		64,616	191
191.01	OSA	15,343,280	13,953,331		10,053		10,053	191.01
192	Physicians' Private Offices	4,623,417		3,795,468	12,669	37,938	111	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES	20,660,887		16,960,993				194
194.01	NON-REIMBURSABLE CLINICS	17,235,742		14,149,213	35,181	1,929	27,702	194.01
194.02	KOHL HOUSE	125		103				194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	111,871,173	7,566,537	67,071,578	54,624,936	2,125,584	13,456,503	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.163076	0.155444	0.144350	59.661956	1.127216	16.414113	203
204	Cost to be allocated (Per Wkst. B, Part II)	12,684,742	732,180	1,406,131	6,328,864	220,784	826,455	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.018491	0.015042	0.003026	6.912455	0.117084	1.008102	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS
WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY MEALS SERVED	CAFETERIA FTES	VOLUNTEERS HOURS OF SERVICE	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		10	11	12.01	13	14	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	107,821						10
11	Cafeteria		311,269					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		252	51,708				12.01
13	Nursing Administration		6,265		135,176			13
14	Central Services & Supply		2,018			22,567,871		14
15	Pharmacy							15
16	Medical Records & Library		4,311				10,000	16
17	Social Service		5,617	27,394	247			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		29					21
22	I&R Services-Other Prgm Costs Apprvd		460		5			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	67,163	43,777	9,564	36,382		2,805	30
31	Intensive Care Unit	5,392	16,263	1,288	15,398		804	31
32	Coronary Care Unit	9,431	14,800	1,078	13,702		801	32
35	NEONATOLOGY		17,496	4,244	16,541		964	35
40	Subprovider - IPF	11,209	3,528	2,216	1,039			40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	536	18,860	1,457	8,331		428	50
51	Recovery Room		2,559	764	2,177			51
53	Anesthesiology		2,346		881			53
54	Radiology-Diagnostic		4,585		7			54
57	CT Scan		776					57
58	MRI		2,321					58
59	Cardiac Catheterization		3,697		875			59
60	Laboratory		19,508		334			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		8,493					65
66	Physical Therapy		4,187	880	4			66
67	Occupational Therapy		1,246					67
68	Speech Pathology		3,554	237				68
69	Electrocardiology		3,300		58			69
70	Electroencephalography		3,042	202	533			70
71	Medical Supplies Charged to Patients					12,638,355		71
72	Impl. Dev. Charged to Patients					9,929,516		72
73	Drugs Charged to Patients		10,230					73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	2,791	6,265	181	247			76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	6,229	17,183	354	12,411			90
90.01	OFFSITE CLINICS		18,232	543	3,556			90.01
91	Emergency	1,452	11,968	841	7,244		516	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,618	1,662	297	1,560			92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition		146		75			105
106	Heart Acquisition		339		129			106
107	Liver Acquisition		146		13			107
110	Intestinal Acquisition		23		4			110

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	DIETARY MEALS SERVED	CAFETERIA FTES	VOLUNTEERS HOURS OF SERVICE	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		10	11	12.01	13	14	16	
118	SUBTOTALS (sum of lines 1-117)	107,821	259,484	51,540	121,753	22,567,871	6,318	118
	NONREIMBURSABLE COST CENTERS							
191	Research		18,959		1,198			191
191.01	OSA		8,651		685			191.01
192	Physicians' Private Offices		4,164	150	1,342			192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES		5,363		425		95	194
194.01	NON-REIMBURSABLE CLINICS		14,648	18	9,773		3,587	194.01
194.02	KOHL HOUSE							194.02
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	2,245,515	5,699,119	606,580	15,863,713	3,335,552	6,980,060	202
203	Unit Cost Multiplier (Wkst. B, Part I)	20.826323	18.309305	11.730873	117.355988	0.147801	698.006000	203
204	Cost to be allocated (Per Wkst. B, Part II)	547,217	860,065	140,764	633,062	534,975	551,137	204
205	Unit Cost Multiplier (Wkst. B, Part II)	5.075236	2.763092	2.722287	4.683243	0.023705	55.113700	205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)							206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)							207

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME				
		17	21	22				

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service	10,000						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		24,449					21
22	I&R Services-Other Prgm Costs Apprvd			24,449				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,480	4,937	4,937				30
31	Intensive Care Unit	330	2,006	2,006				31
32	Coronary Care Unit							32
35	NEONATOLOGY	320	995	995				35
40	Subprovider - IPF							40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,276	3,276				50
51	Recovery Room							51
53	Anesthesiology		2,049	2,049				53
54	Radiology-Diagnostic		1,053	1,053				54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization		315	315				59
60	Laboratory		2,144	2,144				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		289	289				65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology		500	500				69
70	Electroencephalography		1,022	1,022				70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		319	319				74
76	PSYCHIATRY		898	898				76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		424	424				90
90.01	OFFSITE CLINICS		1,137	1,137				90.01
91	Emergency	910	2,699	2,699				91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		17	21	22			
107	Liver Acquisition						107
110	Intestinal Acquisition						110
118	SUBTOTALS (sum of lines 1-117)	5,040	24,063	24,063			118
	NONREIMBURSABLE COST CENTERS						
191	Research						191
191.01	OSA						191.01
192	Physicians' Private Offices						192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES						194
194.01	NON-REIMBURSABLE CLINICS	4,960	386	386			194.01
194.02	KOHL HOUSE						194.02
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	13,491,934	22,362,546	7,716,303			202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,349.193400	914.660968	315.608123			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,744,214	367,061	226,966			204
205	Unit Cost Multiplier (Wkst. B, Part II)	174.421400	15.013334	9.283243			205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)						206
207	NAHE Unit Cost Multiplier (Wkst. D, Parts III and IV)						207

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES**WORKSHEET C
PART I**

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	96,447,401		96,447,401			30
31	Intensive Care Unit	34,505,505		34,505,505			31
32	Coronary Care Unit	33,959,649		33,959,649			32
35	NEONATOLOGY	43,284,446		43,284,446			35
40	Subprovider - IPF	6,181,063		6,181,063			40
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	53,684,233		53,684,233			50
51	Recovery Room	5,954,896		5,954,896			51
53	Anesthesiology	6,691,403		6,691,403			53
54	Radiology-Diagnostic	10,166,422		10,166,422			54
57	CT Scan	1,755,137		1,755,137			57
58	MRI	5,644,090		5,644,090			58
59	Cardiac Catheterization	9,606,392		9,606,392			59
60	Laboratory	55,567,074		55,567,074			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	19,212,107		19,212,107			65
66	Physical Therapy	7,471,956		7,471,956			66
67	Occupational Therapy	1,784,437		1,784,437			67
68	Speech Pathology	6,556,041		6,556,041			68
69	Electrocardiology	4,437,150		4,437,150			69
70	Electroencephalography	5,765,117		5,765,117			70
71	Medical Supplies Charged to Patients	18,064,949		18,064,949			71
72	Impl. Dev. Charged to Patients	14,193,024		14,193,024			72
73	Drugs Charged to Patients	62,326,756		62,326,756			73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	1,469,929		1,469,929			74
76	PSYCHIATRY	12,256,728		12,256,728			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	41,916,584		41,916,584			90
90.01	OFFSITE CLINICS	24,302,309		24,302,309			90.01
91	Emergency	27,934,668		27,934,668			91
92	Observation Beds (Non-Distinct Part)	15,748,727		15,748,727		15,748,727	92
92.01	OBSERVATION BEDS-DISTINCT	3,567,492		3,567,492			92.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
105	Kidney Acquisition	1,328,764		1,328,764			105
106	Heart Acquisition	2,648,807		2,648,807			106
107	Liver Acquisition	1,123,309		1,123,309			107
110	Intestinal Acquisition	171,809		171,809			110
200	Subtotal (sum of lines 30 thru 199)	635,728,374		635,728,374		15,748,727	200
201	Less Observation Beds	15,748,727		15,748,727		15,748,727	201
202	Total (line 200 minus line 201)	619,979,647		619,979,647			202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	198,547,854		198,547,854				30
31	Intensive Care Unit	103,819,271		103,819,271				31
32	Coronary Care Unit	97,142,289		97,142,289				32
35	NEONATOLOGY	133,271,431		133,271,431				35
40	Subprovider - IPF	12,680,779		12,680,779				40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	160,673,946	130,685,464	291,359,410	0.184254	0.184254		50
51	Recovery Room	6,942,396	26,898,949	33,841,345	0.175965	0.175965		51
53	Anesthesiology	15,706,025	31,931,966	47,637,991	0.140464	0.140464		53
54	Radiology-Diagnostic	23,177,927	49,792,100	72,970,027	0.139323	0.139323		54
57	CT Scan	8,595,104	14,531,447	23,126,551	0.075893	0.075893		57
58	MRI	16,079,823	64,566,829	80,646,652	0.069985	0.069985		58
59	Cardiac Catheterization	29,688,211	49,849,186	79,537,397	0.120778	0.120778		59
60	Laboratory	153,258,740	148,711,613	301,970,353	0.184015	0.184015		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	103,649,610	3,503,102	107,152,712	0.179297	0.179297		65
66	Physical Therapy	3,556,799	6,417,467	9,974,266	0.749123	0.749123		66
67	Occupational Therapy	2,078,311	2,797,031	4,875,342	0.366013	0.366013		67
68	Speech Pathology	2,677,075	12,324,240	15,001,315	0.437031	0.437031		68
69	Electrocardiology	3,404,768	7,318,484	10,723,252	0.413788	0.413788		69
70	Electroencephalography	2,257,473	12,410,663	14,668,136	0.393037	0.393037		70
71	Medical Supplies Charged to Patients	33,759,406	38,073,009	71,832,415	0.251487	0.251487		71
72	Impl. Dev. Charged to Patients	20,177,225	17,413,409	37,590,634	0.377568	0.377568		72
73	Drugs Charged to Patients	264,222,686	105,936,024	370,158,710	0.168378	0.168378		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	4,259,954	127,794	4,387,748	0.335008	0.335008		74
76	PSYCHIATRY	385,780	11,085,236	11,471,016	1.068495	1.068495		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,197,997	26,091,692	27,289,689	1.535986	1.535986		90
90.01	OFFSITE CLINICS		69,828,499	69,828,499	0.348029	0.348029		90.01
91	Emergency	12,411,709	61,025,979	73,437,688	0.380386	0.380386		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	729,899	26,355,205	27,085,104	0.131714	0.131714		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
105	Kidney Acquisition	1,432,365		1,432,365				105
106	Heart Acquisition	2,387,275		2,387,275				106
107	Liver Acquisition	1,527,856		1,527,856				107
110	Intestinal Acquisition	95,491		95,491				110
200	Subtotal (sum of lines 30 thru 199)	1,419,795,475	917,675,388	2,337,470,863				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,419,795,475	917,675,388	2,337,470,863				202

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C PART I

				COSTS			
	COST CENTER DESCRIPTIONS	Total Cost (B Part 1 col 26 plus sum of cols 21 & 22)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	102,521,239		102,521,239		102,521,239	30
31	Intensive Care Unit	36,973,425		36,973,425		36,973,425	31
32	Coronary Care Unit	33,959,649		33,959,649		33,959,649	32
35	NEONATOLOGY	44,508,564		44,508,564		44,508,564	35
40	Subprovider - IPF	6,181,063		6,181,063		6,181,063	40
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	57,714,594		57,714,594		57,714,594	50
51	Recovery Room	5,954,896		5,954,896		5,954,896	51
53	Anesthesiology	9,212,224		9,212,224		9,212,224	53
54	Radiology-Diagnostic	11,461,895		11,461,895		11,461,895	54
57	CT Scan	1,755,137		1,755,137		1,755,137	57
58	MRI	5,644,090		5,644,090		5,644,090	58
59	Cardiac Catheterization	9,993,927		9,993,927		9,993,927	59
60	Laboratory	58,204,771		58,204,771		58,204,771	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	19,567,655		19,567,655		19,567,655	65
66	Physical Therapy	7,471,956		7,471,956		7,471,956	66
67	Occupational Therapy	1,784,437		1,784,437		1,784,437	67
68	Speech Pathology	6,556,041		6,556,041		6,556,041	68
69	Electrocardiology	5,052,284		5,052,284		5,052,284	69
70	Electroencephalography	7,022,453		7,022,453		7,022,453	70
71	Medical Supplies Charged to Patients	18,064,949		18,064,949		18,064,949	71
72	Impl. Dev. Charged to Patients	14,193,024		14,193,024		14,193,024	72
73	Drugs Charged to Patients	62,326,756		62,326,756		62,326,756	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	1,862,385		1,862,385		1,862,385	74
76	PSYCHIATRY	13,361,510		13,361,510		13,361,510	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	42,438,218		42,438,218		42,438,218	90
90.01	OFFSITE CLINICS	25,701,125		25,701,125		25,701,125	90.01
91	Emergency	31,255,164		31,255,164		31,255,164	91
92	Observation Beds (Non-Distinct Part)	16,740,459		16,740,459		16,740,459	92
92.01	OBSERVATION BEDS-DISTINCT	3,567,492		3,567,492		3,567,492	92.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
105	Kidney Acquisition	1,328,764		1,328,764		1,328,764	105
106	Heart Acquisition	2,648,807		2,648,807		2,648,807	106
107	Liver Acquisition	1,123,309		1,123,309		1,123,309	107
110	Intestinal Acquisition	171,809		171,809		171,809	110
200	Subtotal (sum of lines 30 thru 199)	666,324,071		666,798,955		666,798,955	200
201	Less Observation Beds	16,740,459		16,740,459		16,740,459	201
202	Total (line 200 minus line 201)	649,583,612		650,058,496		650,058,496	202

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COMPUTATION OF RATIO OF COST TO CHARGES - TITLE XIX (NOT AN OFFICIAL FORM CMS-2552-10 WORKSHEET)

WORKSHEET C PART I

		CHARGES						
	COST CENTER DESCRIPTIONS	Inpatient	Outpatient	Total (column 6 + column 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	198,547,854		198,547,854				30
31	Intensive Care Unit	103,819,271		103,819,271				31
32	Coronary Care Unit	97,142,289		97,142,289				32
35	NEONATOLOGY	133,271,431		133,271,431				35
40	Subprovider - IPF	12,680,779		12,680,779				40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	160,673,946	130,685,464	291,359,410	0.198087	0.198087		50
51	Recovery Room	6,942,396	26,898,949	33,841,345	0.175965	0.175965		51
53	Anesthesiology	15,706,025	31,931,966	47,637,991	0.193380	0.193380		53
54	Radiology-Diagnostic	23,177,927	49,792,100	72,970,027	0.157077	0.157077		54
57	CT Scan	8,595,104	14,531,447	23,126,551	0.075893	0.075893		57
58	MRI	16,079,823	64,566,829	80,646,652	0.069985	0.069985		58
59	Cardiac Catheterization	29,688,211	49,849,186	79,537,397	0.125651	0.125651		59
60	Laboratory	153,258,740	148,711,613	301,970,353	0.192750	0.192750		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	103,649,610	3,503,102	107,152,712	0.182615	0.182615		65
66	Physical Therapy	3,556,799	6,417,467	9,974,266	0.749123	0.749123		66
67	Occupational Therapy	2,078,311	2,797,031	4,875,342	0.366013	0.366013		67
68	Speech Pathology	2,677,075	12,324,240	15,001,315	0.437031	0.437031		68
69	Electrocardiology	3,404,768	7,318,484	10,723,252	0.471152	0.471152		69
70	Electroencephalography	2,257,473	12,410,663	14,668,136	0.478756	0.478756		70
71	Medical Supplies Charged to Patients	33,759,406	38,073,009	71,832,415	0.251487	0.251487		71
72	Impl. Dev. Charged to Patients	20,177,225	17,413,409	37,590,634	0.377568	0.377568		72
73	Drugs Charged to Patients	264,222,686	105,936,024	370,158,710	0.168378	0.168378		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	4,259,954	127,794	4,387,748	0.424451	0.424451		74
76	PSYCHIATRY	385,780	11,085,236	11,471,016	1.164806	1.164806		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	1,197,997	26,091,692	27,289,689	1.555101	1.555101		90
90.01	OFFSITE CLINICS		69,828,499	69,828,499	0.368061	0.368061		90.01
91	Emergency	12,411,709	61,025,979	73,437,688	0.425601	0.425601		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	729,899	26,355,205	27,085,104	0.131714	0.131714		92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
105	Kidney Acquisition	1,432,365		1,432,365				105
106	Heart Acquisition	2,387,275		2,387,275				106
107	Liver Acquisition	1,527,856		1,527,856				107
110	Intestinal Acquisition	95,491		95,491				110
200	Subtotal (sum of lines 30 thru 199)	1,419,795,475	917,675,388	2,337,470,863				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,419,795,475	917,675,388	2,337,470,863				202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
☐ Title V

☒ Title XIX

	COST CENTER DESCRIPTIONS	Total Cost (Wkst B, Part I, col. 26)	Capital Cost (Wkst B, Part II, col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	
		1	2	3	4	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	57,714,594	9,300,289	48,414,305		50
51	Recovery Room	5,954,896	977,761	4,977,135		51
53	Anesthesiology	9,212,224	974,214	8,238,010		53
54	Radiology-Diagnostic	11,461,895	2,269,219	9,192,676		54
57	CT Scan	1,755,137	310,620	1,444,517		57
58	MRI	5,644,090	1,191,110	4,452,980		58
59	Cardiac Catheterization	9,993,927	1,929,078	8,064,849		59
60	Laboratory	58,204,771	4,349,624	53,855,147		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	19,567,655	961,353	18,606,302		65
66	Physical Therapy	7,471,956	903,698	6,568,258		66
67	Occupational Therapy	1,784,437	70,053	1,714,384		67
68	Speech Pathology	6,556,041	608,851	5,947,190		68
69	Electrocardiology	5,052,284	282,892	4,769,392		69
70	Electroencephalography	7,022,453	807,096	6,215,357		70
71	Medical Supplies Charged to Patients	18,064,949	564,686	17,500,263		71
72	Impl. Dev. Charged to Patients	14,193,024	443,652	13,749,372		72
73	Drugs Charged to Patients	62,326,756	2,008,152	60,318,604		73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	1,862,385	48,974	1,813,411		74
76	PSYCHIATRY	13,361,510	1,841,013	11,520,497		76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic	42,438,218	5,753,850	36,684,368		90
90.01	OFFSITE CLINICS	25,701,125	2,020,085	23,681,040		90.01
91	Emergency	31,255,164	3,618,536	27,636,628		91
92	Observation Beds (Non-Distinct Part)	16,740,459	2,249,064	14,491,395		92
92.01	OBSERVATION BEDS-DISTINCT	3,567,492	523,037	3,044,455		92.01
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
105	Kidney Acquisition	1,328,764	22,558	1,306,206		105
106	Heart Acquisition	2,648,807	44,934	2,603,873		106
107	Liver Acquisition	1,123,309	19,038	1,104,271		107
110	Intestinal Acquisition	171,809	2,931	168,878		110
200	Subtotal	442,180,131	44,096,368	398,083,763		200
201	Less Observation Beds	16,740,459	2,249,064	14,491,395		201
202	Total	425,439,672	41,847,304	383,592,368		202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY
**WORKSHEET C
PART II**
☐ Title V

☒ Title XIX

	COST CENTER DESCRIPTIONS	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst C, Part I, col. 8)	Outpatient Cost to Charge Ratio(col. 6 ÷ col. 7)	
		5	6	7	8	
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		57,714,594	291,359,410	0.198087	50
51	Recovery Room		5,954,896	33,841,345	0.175965	51
53	Anesthesiology		9,212,224	47,637,991	0.193380	53
54	Radiology-Diagnostic		11,461,895	72,970,027	0.157077	54
57	CT Scan		1,755,137	23,126,551	0.075893	57
58	MRI		5,644,090	80,646,652	0.069985	58
59	Cardiac Catheterization		9,993,927	79,537,397	0.125651	59
60	Laboratory		58,204,771	301,970,353	0.192750	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		19,567,655	107,152,712	0.182615	65
66	Physical Therapy		7,471,956	9,974,266	0.749123	66
67	Occupational Therapy		1,784,437	4,875,342	0.366013	67
68	Speech Pathology		6,556,041	15,001,315	0.437031	68
69	Electrocardiology		5,052,284	10,723,252	0.471152	69
70	Electroencephalography		7,022,453	14,668,136	0.478756	70
71	Medical Supplies Charged to Patients		18,064,949	71,832,415	0.251487	71
72	Impl. Dev. Charged to Patients		14,193,024	37,590,634	0.377568	72
73	Drugs Charged to Patients		62,326,756	370,158,710	0.168378	73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis		1,862,385	4,387,748	0.424451	74
76	PSYCHIATRY		13,361,510	11,471,016	1.164806	76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	Clinic		42,438,218	27,289,689	1.555101	90
90.01	OFFSITE CLINICS		25,701,125	69,828,499	0.368061	90.01
91	Emergency		31,255,164	73,437,688	0.425601	91
92	Observation Beds (Non-Distinct Part)		16,740,459			92
92.01	OBSERVATION BEDS-DISTINCT		3,567,492	27,085,104	0.131714	92.01
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
105	Kidney Acquisition		1,328,764	1,432,365	0.927671	105
106	Heart Acquisition		2,648,807	2,387,275	1.109553	106
107	Liver Acquisition		1,123,309	1,527,856	0.735219	107
110	Intestinal Acquisition		171,809	95,491	1.799217	110
200	Subtotal		442,180,131	1,792,009,239		200
201	Less Observation Beds		16,740,459			201
202	Total		425,439,672	1,792,009,239		202

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS**WORKSHEET D
PART I**

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	13,773,631		13,773,631	47,505	289.94	354	102,639	30
31	Intensive Care Unit	4,135,465		4,135,465	12,614	327.85	10	3,279	31
32	Coronary Care Unit	4,620,071		4,620,071	12,559	367.87	41	15,083	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	7,712,493		7,712,493	15,118	510.15			35
40	Subprovider - IPF	1,035,668		1,035,668	3,384	306.05			40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	31,277,328		31,277,328	91,180		405	121,001	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,300,289	291,359,410	0.031920	760,777	24,284	50
51	Recovery Room	977,761	33,841,345	0.028892	61,695	1,782	51
53	Anesthesiology	974,214	47,637,991	0.020450	101,982	2,086	53
54	Radiology-Diagnostic	2,269,219	72,970,027	0.031098	138,575	4,309	54
57	CT Scan	310,620	23,126,551	0.013431	36,708	493	57
58	MRI	1,191,110	80,646,652	0.014769	17,833	263	58
59	Cardiac Catheterization	1,929,078	79,537,397	0.024254	241,509	5,858	59
60	Laboratory	4,349,624	301,970,353	0.014404	936,842	13,494	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	961,353	107,152,712	0.008972	325,639	2,922	65
66	Physical Therapy	903,698	9,974,266	0.090603	4,131	374	66
67	Occupational Therapy	70,053	4,875,342	0.014369	2,886	41	67
68	Speech Pathology	608,851	15,001,315	0.040587	260	11	68
69	Electrocardiology	282,892	10,723,252	0.026381	32,272	851	69
70	Electroencephalography	807,096	14,668,136	0.055024	28,614	1,574	70
71	Medical Supplies Charged to Pat	564,686	71,832,415	0.007861	135,299	1,064	71
72	Impl. Dev. Charged to Patients	443,652	37,590,634	0.011802	57,496	679	72
73	Drugs Charged to Patients	2,008,152	370,158,710	0.005425	1,265,722	6,867	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	48,974	4,387,748	0.011162	177,422	1,980	74
76	PSYCHIATRY	1,841,013	11,471,016	0.160493	1,499	241	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,753,850	27,289,689	0.210843	613	129	90
90.01	OFFSITE CLINICS	2,020,085	69,828,499	0.028929			90.01
91	Emergency	3,618,536	73,437,688	0.049274	78,434	3,865	91
92	Observation Beds (Non-Distinct	2,249,076					92
92.01	OBSERVATION BEDS-DISTINCT	523,037	27,085,104	0.019311	19,573	378	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	44,006,919	1,786,566,252		4,425,781	73,545	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☒ Title XVIII, Part A
☐ Title XIX

☐ PPS
☒ TEFRA
☐ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	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	NEONATOLOGY								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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V

☒ Title XVIII, Part A

☐ Title XIX

☐ PPS

☒ TEFRA

☐ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	47,505		354		30
31	Intensive Care Unit	12,614		10		31
32	Coronary Care Unit	12,559		41		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	15,118				35
40	Subprovider - IPF	3,384				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)	91,180		405		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
73.01	OUTPATIENT PHARMACY									73.01
74	Renal Dialysis									74
76	PSYCHIATRY									76
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
90.01	OFFSITE CLINICS									90.01
91	Emergency									91
92	Observation Beds (Non-Distinct									92
92.01	OBSERVATION BEDS-DISTINCT									92.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**
COMPONENT CCN: 14-3300
**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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	291,359,410			760,777		106,686		50
51	Recovery Room	33,841,345			61,695		32,768		51
53	Anesthesiology	47,637,991			101,982		31,740		53
54	Radiology-Diagnostic	72,970,027			138,575		76,182		54
57	CT Scan	23,126,551			36,708		28,876		57
58	MRI	80,646,652			17,833		203,248		58
59	Cardiac Catheterization	79,537,397			241,509		206,512		59
60	Laboratory	301,970,353			936,842		1,166,766		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	107,152,712			325,639		35,254		65
66	Physical Therapy	9,974,266			4,131				66
67	Occupational Therapy	4,875,342			2,886				67
68	Speech Pathology	15,001,315			260		2,750		68
69	Electrocardiology	10,723,252			32,272		27,089		69
70	Electroencephalography	14,668,136			28,614		5,373		70
71	Medical Supplies Charged to Pat	71,832,415			135,299		31,662		71
72	Impl. Dev. Charged to Patients	37,590,634			57,496		6,547		72
73	Drugs Charged to Patients	370,158,710			1,265,722		503,233		73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	4,387,748			177,422		10,434		74
76	PSYCHIATRY	11,471,016			1,499		1,190		76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	27,289,689			613		61,518		90
90.01	OFFSITE CLINICS	69,828,499					31,039		90.01
91	Emergency	73,437,688			78,434		41,420		91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	27,085,104			19,573		48,787		92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,786,566,252			4,425,781		2,659,074		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

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

(A)	Cost Center Description	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.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.184254	106,686			19,657			50
51	Recovery Room	0.175965	32,768			5,766			51
53	Anesthesiology	0.140464	31,740			4,458			53
54	Radiology-Diagnostic	0.139323	76,182			10,614			54
57	CT Scan	0.075893	28,876			2,191			57
58	MRI	0.069985	203,248			14,224			58
59	Cardiac Catheterization	0.120778	206,512			24,942			59
60	Laboratory	0.184015	1,166,766			214,702			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.179297	35,254			6,321			65
66	Physical Therapy	0.749123							66
67	Occupational Therapy	0.366013							67
68	Speech Pathology	0.437031	2,750			1,202			68
69	Electrocardiology	0.413788	27,089			11,209			69
70	Electroencephalography	0.393037	5,373			2,112			70
71	Medical Supplies Charged to Pat	0.251487	31,662			7,963			71
72	Impl. Dev. Charged to Patients	0.377568	6,547			2,472			72
73	Drugs Charged to Patients	0.168378	503,233			84,733			73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.335008	10,434			3,495			74
76	PSYCHIATRY	1.068495	1,190			1,272			76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.535986	61,518			94,491			90
90.01	OFFSITE CLINICS	0.348029	31,039			10,802			90.01
91	Emergency	0.380386	41,420			15,756			91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.131714	48,787			6,426			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		2,659,074			544,808			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		2,659,074			544,808			202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	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)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	13,773,631		13,773,631	47,505	289.94	10,519	3,049,879	30
31	Intensive Care Unit	4,135,465		4,135,465	12,614	327.85	3,888	1,274,681	31
32	Coronary Care Unit	4,620,071		4,620,071	12,559	367.87	2,122	780,620	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	7,712,493		7,712,493	15,118	510.15	4,025	2,053,354	35
40	Subprovider - IPF	1,035,668		1,035,668	3,384	306.05	716	219,132	40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	31,277,328		31,277,328	91,180		21,270	7,377,666	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,300,289	291,359,410	0.031920	25,040,922	799,306	50
51	Recovery Room	977,761	33,841,345	0.028892	1,034,159	29,879	51
53	Anesthesiology	974,214	47,637,991	0.020450	2,690,838	55,028	53
54	Radiology-Diagnostic	2,269,219	72,970,027	0.031098	5,176,504	160,979	54
57	CT Scan	310,620	23,126,551	0.013431	1,552,254	20,848	57
58	MRI	1,191,110	80,646,652	0.014769	3,080,604	45,497	58
59	Cardiac Catheterization	1,929,078	79,537,397	0.024254	5,868,345	142,331	59
60	Laboratory	4,349,624	301,970,353	0.014404	31,328,014	451,249	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	961,353	107,152,712	0.008972	48,060,981	431,203	65
66	Physical Therapy	903,698	9,974,266	0.090603	775,551	70,267	66
67	Occupational Therapy	70,053	4,875,342	0.014369	500,540	7,192	67
68	Speech Pathology	608,851	15,001,315	0.040587	619,190	25,131	68
69	Electrocardiology	282,892	10,723,252	0.026381	1,019,709	26,901	69
70	Electroencephalography	807,096	14,668,136	0.055024	2,090,670	115,037	70
71	Medical Supplies Charged to Pat	564,686	71,832,415	0.007861	8,151,295	64,077	71
72	Impl. Dev. Charged to Patients	443,652	37,590,634	0.011802	3,019,605	35,637	72
73	Drugs Charged to Patients	2,008,152	370,158,710	0.005425	67,104,296	364,041	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	48,974	4,387,748	0.011162	708,402	7,907	74
76	PSYCHIATRY	1,841,013	11,471,016	0.160493	54,595	8,762	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,753,850	27,289,689	0.210843	122,390	25,805	90
90.01	OFFSITE CLINICS	2,020,085	69,828,499	0.028929			90.01
91	Emergency	3,618,536	73,437,688	0.049274	2,494,243	122,901	91
92	Observation Beds (Non-Distinct	2,249,064					92
92.01	OBSERVATION BEDS-DISTINCT	523,037	27,085,104	0.019311	625,883	12,086	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	44,006,907	1,786,566,252		211,118,990	3,022,064	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☐ PPS
☐ TEFRA
☒ Other

		Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjust- ment Amount (see instruct- ions)	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	NEONATOLOGY								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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

☐ Title V
☐ Title XVIII, Part A
☒ Title XIX

☐ PPS
☐ TEFRA
☒ Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass- Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	47,505		10,519		30
31	Intensive Care Unit	12,614		3,888		31
32	Coronary Care Unit	12,559		2,122		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	15,118		4,025		35
40	Subprovider - IPF	3,384		716		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)	91,180		21,270		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
73.01	OUTPATIENT PHARMACY									73.01
74	Renal Dialysis									74
76	PSYCHIATRY									76
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
90.01	OFFSITE CLINICS									90.01
91	Emergency									91
92	Observation Beds (Non-Distinct									92
92.01	OBSERVATION BEDS-DISTINCT									92.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	291,359,410			25,040,922				50
51	Recovery Room	33,841,345			1,034,159				51
53	Anesthesiology	47,637,991			2,690,838				53
54	Radiology-Diagnostic	72,970,027			5,176,504				54
57	CT Scan	23,126,551			1,552,254				57
58	MRI	80,646,652			3,080,604				58
59	Cardiac Catheterization	79,537,397			5,868,345				59
60	Laboratory	301,970,353			31,328,014				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	107,152,712			48,060,981				65
66	Physical Therapy	9,974,266			775,551				66
67	Occupational Therapy	4,875,342			500,540				67
68	Speech Pathology	15,001,315			619,190				68
69	Electrocardiology	10,723,252			1,019,709				69
70	Electroencephalography	14,668,136			2,090,670				70
71	Medical Supplies Charged to Pat	71,832,415			8,151,295				71
72	Impl. Dev. Charged to Patients	37,590,634			3,019,605				72
73	Drugs Charged to Patients	370,158,710			67,104,296				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	4,387,748			708,402				74
76	PSYCHIATRY	11,471,016			54,595				76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	27,289,689			122,390				90
90.01	OFFSITE CLINICS	69,828,499							90.01
91	Emergency	73,437,688			2,494,243				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	27,085,104			625,883				92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,786,566,252			211,118,990				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
Boxes: [XX] 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	0.198087							50
51	Recovery Room	0.175965							51
53	Anesthesiology	0.193380							53
54	Radiology-Diagnostic	0.157077							54
57	CT Scan	0.075893							57
58	MRI	0.069985							58
59	Cardiac Catheterization	0.125651							59
60	Laboratory	0.192750							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.182615							65
66	Physical Therapy	0.749123							66
67	Occupational Therapy	0.366013							67
68	Speech Pathology	0.437031							68
69	Electrocardiology	0.471152							69
70	Electroencephalography	0.478756							70
71	Medical Supplies Charged to Pat	0.251487							71
72	Impl. Dev. Charged to Patients	0.377568							72
73	Drugs Charged to Patients	0.168378							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.424451							74
76	PSYCHIATRY	1.164806							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.555101							90
90.01	OFFSITE CLINICS	0.368061							90.01
91	Emergency	0.425601							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.131714							92.01
	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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S300

WORKSHEET D PART II

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

		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)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	9,300,289	291,359,410	0.031920			50
51	Recovery Room	977,761	33,841,345	0.028892			51
53	Anesthesiology	974,214	47,637,991	0.020450			53
54	Radiology-Diagnostic	2,269,219	72,970,027	0.031098	6,287	196	54
57	CT Scan	310,620	23,126,551	0.013431			57
58	MRI	1,191,110	80,646,652	0.014769	10,370	153	58
59	Cardiac Catheterization	1,929,078	79,537,397	0.024254			59
60	Laboratory	4,349,624	301,970,353	0.014404	71,955	1,036	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	961,353	107,152,712	0.008972	5,040	45	65
66	Physical Therapy	903,698	9,974,266	0.090603			66
67	Occupational Therapy	70,053	4,875,342	0.014369			67
68	Speech Pathology	608,851	15,001,315	0.040587			68
69	Electrocardiology	282,892	10,723,252	0.026381	11,790	311	69
70	Electroencephalography	807,096	14,668,136	0.055024	4,276	235	70
71	Medical Supplies Charged to Pat	564,686	71,832,415	0.007861	94	1	71
72	Impl. Dev. Charged to Patients	443,652	37,590,634	0.011802			72
73	Drugs Charged to Patients	2,008,152	370,158,710	0.005425	115,851	628	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	48,974	4,387,748	0.011162	270,659	3,021	74
76	PSYCHIATRY	1,841,013	11,471,016	0.160493			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,753,850	27,289,689	0.210843			90
90.01	OFFSITE CLINICS	2,020,085	69,828,499	0.028929			90.01
91	Emergency	3,618,536	73,437,688	0.049274	16,714	824	91
92	Observation Beds (Non-Distinct						92
92.01	OBSERVATION BEDS-DISTINCT	523,037	27,085,104	0.019311			92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	41,757,843	1,786,566,252		513,036	6,450	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S300

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

		Non Physician Anesth- etist Cost	Nursing School Post- Stepdown Adjustments	Nursing School	Allied Health Post- Stepdown Adjustments	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
(A)	Cost Center Description	1	2A	2	3A	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS									
50	Operating Room									50
51	Recovery Room									51
53	Anesthesiology									53
54	Radiology-Diagnostic									54
57	CT Scan									57
58	MRI									58
59	Cardiac Catheterization									59
60	Laboratory									60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Pat									71
72	Impl. Dev. Charged to Patients									72
73	Drugs Charged to Patients									73
73.01	OUTPATIENT PHARMACY									73.01
74	Renal Dialysis									74
76	PSYCHIATRY									76
76.97	CARDIAC REHABILITATION									76.97
76.98	HYPERBARIC OXYGEN THERAPY									76.98
76.99	LITHOTRIPSY									76.99
	OUTPATIENT SERVICE COST CENTERS									
90	Clinic									90
90.01	OFFSITE CLINICS									90.01
91	Emergency									91
92	Observation Beds (Non-Distinct									92
92.01	OBSERVATION BEDS-DISTINCT									92.01
	OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)									200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S300

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

		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)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	291,359,410							50
51	Recovery Room	33,841,345							51
53	Anesthesiology	47,637,991							53
54	Radiology-Diagnostic	72,970,027			6,287				54
57	CT Scan	23,126,551							57
58	MRI	80,646,652			10,370				58
59	Cardiac Catheterization	79,537,397							59
60	Laboratory	301,970,353			71,955				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	107,152,712			5,040				65
66	Physical Therapy	9,974,266							66
67	Occupational Therapy	4,875,342							67
68	Speech Pathology	15,001,315							68
69	Electrocardiology	10,723,252			11,790				69
70	Electroencephalography	14,668,136			4,276				70
71	Medical Supplies Charged to Pat	71,832,415			94				71
72	Impl. Dev. Charged to Patients	37,590,634							72
73	Drugs Charged to Patients	370,158,710			115,851				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	4,387,748			270,659				74
76	PSYCHIATRY	11,471,016							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	27,289,689							90
90.01	OFFSITE CLINICS	69,828,499							90.01
91	Emergency	73,437,688			16,714				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	27,085,104							92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,786,566,252			513,036				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S300

WORKSHEET D
PART V

Check [] Title V - O/P [] Hospital [] SUB (Other) [] Swing Bed SNF
Applicable [] Title XVIII, Part B [XX] IPF [] SNF [] Swing Bed NF
Boxes: [XX] 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	0.198087							50
51	Recovery Room	0.175965							51
53	Anesthesiology	0.193380							53
54	Radiology-Diagnostic	0.157077							54
57	CT Scan	0.075893							57
58	MRI	0.069985							58
59	Cardiac Catheterization	0.125651							59
60	Laboratory	0.192750							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.182615							65
66	Physical Therapy	0.749123							66
67	Occupational Therapy	0.366013							67
68	Speech Pathology	0.437031							68
69	Electrocardiology	0.471152							69
70	Electroencephalography	0.478756							70
71	Medical Supplies Charged to Pat	0.251487							71
72	Impl. Dev. Charged to Patients	0.377568							72
73	Drugs Charged to Patients	0.168378							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.424451							74
76	PSYCHIATRY	1.164806							76
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90	Clinic	1.555101							90
90.01	OFFSITE CLINICS	0.368061							90.01
91	Emergency	0.425601							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.131714							92.01
	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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-3300****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)	47,505	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,505	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)	39,748	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)	354	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)	96,447,401	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)	96,447,401	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	96,447,401	37

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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WORKSHEET D-1
PART II

PART II - HOSPITALS AND SUBPROVIDERS ONLYPage: 79

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☒ Title XVIII, Part A

☐ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☒ PPS

☒ TEFRA

☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,757	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,030.26	88
89	Observation bed cost (line 87 x line 88) (see instructions)					15,748,727	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	13,773,631	96,447,401	0.142810	15,748,727	2,249,076	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-3300****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)	47,505	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,505	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)	39,748	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)	10,519	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)	102,521,239	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)	102,521,239	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	102,521,239	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-3300****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)						2,158.11 38
39	Program general inpatient routine service cost (line 9 x line 38)						22,701,159 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)						22,701,159 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	36,973,425	12,614	2,931.14	3,888	11,396,272	43
44	Coronary Care Unit	33,959,649	12,559	2,704.01	2,122	5,737,909	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	NEONATOLOGY	44,508,564	15,118	2,944.08	4,025	11,849,922	47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,065,299	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					92,750,561	49
PASS THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,158,534	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,022,064	51
52	Total Program excludable cost (sum of lines 50 and 51)					10,180,598	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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PARTS III & IV

Check
Applicable
Boxes:

☐ Title V - I/P

☐ Title XVIII, Part A

☒ Title XIX - I/P

☒ Hospital

☐ IPF

☐ IRF

☐ SUB (Other)

☐ SNF

☐ NF

☐ ICF/IID

☐ PPS

☐ TEFRA

☒ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,757	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,158.11	88
89	Observation bed cost (line 87 x line 88) (see instructions)					16,740,459	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	13,773,631	102,521,239	0.134349	16,740,459	2,249,064	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S300****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)	3,384	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,384	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)	3,384	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)	716	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	6,181,063	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)	6,181,063	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 31)		32
33	Average semi-private room per diem charge (line 30 ÷ line 31)		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)	6,181,063	37

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-S300****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)	1,826.56	38
39	Program general inpatient routine service cost (line 9 x line 38)	1,307,817	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)	1,307,817	41
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	165,630	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)	1,473,447	49
PASS THROUGH COST ADJUSTMENTS			
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	219,132	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	6,450	51
52	Total Program excludable cost (sum of lines 50 and 51)	225,582	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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		1,154,590		30
31	Intensive Care Unit		79,230		31
32	Coronary Care Unit		319,442		32
35	NEONATOLOGY				35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.184254	760,777	140,176	50
51	Recovery Room	0.175965	61,695	10,856	51
53	Anesthesiology	0.140464	101,982	14,325	53
54	Radiology-Diagnostic	0.139323	138,575	19,307	54
57	CT Scan	0.075893	36,708	2,786	57
58	MRI	0.069985	17,833	1,248	58
59	Cardiac Catheterization	0.120778	241,509	29,169	59
60	Laboratory	0.184015	936,842	172,393	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.179297	325,639	58,386	65
66	Physical Therapy	0.749123	4,131	3,095	66
67	Occupational Therapy	0.366013	2,886	1,056	67
68	Speech Pathology	0.437031	260	114	68
69	Electrocardiology	0.413788	32,272	13,354	69
70	Electroencephalography	0.393037	28,614	11,246	70
71	Medical Supplies Charged to Patients	0.251487	135,299	34,026	71
72	Impl. Dev. Charged to Patients	0.377568	57,496	21,709	72
73	Drugs Charged to Patients	0.168378	1,265,722	213,120	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.335008	177,422	59,438	74
76	PSYCHIATRY	1.068495	1,499	1,602	76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.535986	613	942	90
90.01	OFFSITE CLINICS	0.348029			90.01
91	Emergency	0.380386	78,434	29,835	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.131714	19,573	2,578	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		4,425,781	840,761	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		4,425,781		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		29,607,756		30
31	Intensive Care Unit		30,662,654		31
32	Coronary Care Unit		15,588,053		32
35	NEONATOLOGY		38,399,501		35
40	Subprovider - IPF				40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.198087	25,040,922	4,960,281	50
51	Recovery Room	0.175965	1,034,159	181,976	51
53	Anesthesiology	0.193380	2,690,838	520,354	53
54	Radiology-Diagnostic	0.157077	5,176,504	813,110	54
57	CT Scan	0.075893	1,552,254	117,805	57
58	MRI	0.069985	3,080,604	215,596	58
59	Cardiac Catheterization	0.125651	5,868,345	737,363	59
60	Laboratory	0.192750	31,328,014	6,038,475	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.182615	48,060,981	8,776,656	65
66	Physical Therapy	0.749123	775,551	580,983	66
67	Occupational Therapy	0.366013	500,540	183,204	67
68	Speech Pathology	0.437031	619,190	270,605	68
69	Electrocardiology	0.471152	1,019,709	480,438	69
70	Electroencephalography	0.478756	2,090,670	1,000,921	70
71	Medical Supplies Charged to Patients	0.251487	8,151,295	2,049,945	71
72	Impl. Dev. Charged to Patients	0.377568	3,019,605	1,140,106	72
73	Drugs Charged to Patients	0.168378	67,104,296	11,298,887	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.424451	708,402	300,682	74
76	PSYCHIATRY	1.164806	54,595	63,593	76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.555101	122,390	190,329	90
90.01	OFFSITE CLINICS	0.368061			90.01
91	Emergency	0.425601	2,494,243	1,061,552	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.131714	625,883	82,438	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		211,118,990	41,065,299	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		211,118,990		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S300

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
35	NEONATOLOGY				35
40	Subprovider - IPF		2,440,699		40
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.198087			50
51	Recovery Room	0.175965			51
53	Anesthesiology	0.193380			53
54	Radiology-Diagnostic	0.157077	6,287	988	54
57	CT Scan	0.075893			57
58	MRI	0.069985	10,370	726	58
59	Cardiac Catheterization	0.125651			59
60	Laboratory	0.192750	71,955	13,869	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.182615	5,040	920	65
66	Physical Therapy	0.749123			66
67	Occupational Therapy	0.366013			67
68	Speech Pathology	0.437031			68
69	Electrocardiology	0.471152	11,790	5,555	69
70	Electroencephalography	0.478756	4,276	2,047	70
71	Medical Supplies Charged to Patients	0.251487	94	24	71
72	Impl. Dev. Charged to Patients	0.377568			72
73	Drugs Charged to Patients	0.168378	115,851	19,507	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.424451	270,659	114,881	74
76	PSYCHIATRY	1.164806			76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.555101			90
90.01	OFFSITE CLINICS	0.368061			90.01
91	Emergency	0.425601	16,714	7,113	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.131714			92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		513,036	165,630	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		513,036		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4 PART I

Check ☐ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
Applicable ☒ KIDNEY ☐ LUNG ☐ INTESTINE
Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3	4	
1	Adults & Pediatrics	3,249	38	2,030.26	1	2,030	1
2	Intensive Care Unit	29,051	43	2,735.49	4	10,942	2
3	Coronary Care Unit		44	2,704.01			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,863.11			6
7	TOTAL (sum of lines 1-6)	32,300			5	12,972	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
8	Operating Room	50	0.184254	220,017	40,539	8
9	Recovery Room	51	0.175965			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.140464	10,694	1,502	11
12	Radiology-Diagnostic	54	0.139323	2,666	371	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.075893			15
16	MRI	58	0.069985			16
17	Cardiac Catheterization	59	0.120778			17
18	Laboratory	60	0.184015	42,810	7,878	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.179297	6,088	1,092	23
24	Physical Therapy	66	0.749123			24
25	Occupational Therapy	67	0.366013			25
26	Speech Pathology	68	0.437031			26
27	Electrocardiology	69	0.413788	9,384	3,883	27
28	Electroencephalography	70	0.393037			28
29	Medical Supplies Charged to Patients	71	0.251487	13,199	3,319	29
30	Impl. Dev. Charged to Patients	72	0.377568			30
31	Drugs Charged to Patients	73	0.168378	20,302	3,418	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.335008			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.068495			34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.535986			37
37.01	OFFSITE CLINICS	90.01	0.348029			37.01
38	Emergency	91	0.380386			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.131714			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			325,160	62,002	41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART II**

Check ☐ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
 Applicable ☒ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

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

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

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.01	OBSERVATION BEDS-DISTINCT		25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check ☐ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
 Applicable ☒ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	74,974		357,460		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,328,764		1,294,227		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,403,738		1,651,687		61
62	Total Usable Organs (see instructions)		24			62
63	Medicare Usable Organs (see instructions)		13			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.541667			64
65	Medicare Cost/Charges (see instructions)	760,359		894,664		65
66	Revenue for Organs Sold	25,833		25,833		66
67	Subtotal (line 65 minus line 66)	734,526		868,831		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	734,526		868,831		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		8		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	5			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		11		73
74	Total (sum of lines 70 thru 73)	5	19		74
75	Organs Transplanted	5	11		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		8	25,833	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	5	19		84

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

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

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			D	2			
		1			3	4	
1	Adults & Pediatrics	1,624	38	2,030.26	1	2,030	1
2	Intensive Care Unit		43	2,735.49			2
3	Coronary Care Unit		44	2,704.01			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,863.11			6
7	TOTAL (sum of lines 1-6)	1,624			1	2,030	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1			
				2	3	
8	Operating Room	50	0.184254	24,606	4,534	8
9	Recovery Room	51	0.175965			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.140464	1,458	205	11
12	Radiology-Diagnostic	54	0.139323	1,028	143	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.075893			15
16	MRI	58	0.069985			16
17	Cardiac Catheterization	59	0.120778			17
18	Laboratory	60	0.184015	7,278	1,339	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.179297	1,039	186	23
24	Physical Therapy	66	0.749123			24
25	Occupational Therapy	67	0.366013			25
26	Speech Pathology	68	0.437031			26
27	Electrocardiology	69	0.413788	2,007	830	27
28	Electroencephalography	70	0.393037			28
29	Medical Supplies Charged to Patients	71	0.251487	2,296	577	29
30	Impl. Dev. Charged to Patients	72	0.377568			30
31	Drugs Charged to Patients	73	0.168378	3,284	553	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.335008			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.068495			34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.535986			37
37.01	OFFSITE CLINICS	90.01	0.348029			37.01
38	Emergency	91	0.380386			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.131714			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			42,996	8,367	41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART II**

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

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

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

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.01	OBSERVATION BEDS-DISTINCT		25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check ☒ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
 Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	10,397		44,620		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,648,807		1,811,023		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	2,659,204		1,855,643		61
62	Total Usable Organs (see instructions)		27			62
63	Medicare Usable Organs (see instructions)		1			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.037037			64
65	Medicare Cost/Charges (see instructions)	98,489		68,727		65
66	Revenue for Organs Sold	2,500		2,500		66
67	Subtotal (line 65 minus line 66)	95,989		66,227		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	95,989		66,227		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		26		73
74	Total (sum of lines 70 thru 73)		27		74
75	Organs Transplanted		26		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	2,500	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		27		84

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART I**

Check ☐ HEART ☒ LIVER ☐ PANCREAS ☐ ISLET
Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3	4	
1	Adults & Pediatrics	1,624	38	2,030.26	1	2,030	1
2	Intensive Care Unit	10,564	43	2,735.49	1	2,735	2
3	Coronary Care Unit		44	2,704.01			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,863.11			6
7	TOTAL (sum of lines 1-6)	12,188			2	4,765	7

	Computation of Ancillary Service Cost Applicable to Organ Acquisition	Ratio of Cost/ Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		C	1	2	3	
8	Operating Room	50	0.184254	88,786	16,359	8
9	Recovery Room	51	0.175965			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.140464	5,347	751	11
12	Radiology-Diagnostic	54	0.139323	1,333	186	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.075893			15
16	MRI	58	0.069985			16
17	Cardiac Catheterization	59	0.120778			17
18	Laboratory	60	0.184015	21,405	3,939	18
19	PBP Clinical Lab Services-Prgm Only	61				19
20	Whole Blood & Packed Red Blood Cells	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	Blood Storing, Processing & Trans.	63				21
22	Intravenous Therapy	64				22
23	Respiratory Therapy	65	0.179297	1,906	342	23
24	Physical Therapy	66	0.749123			24
25	Occupational Therapy	67	0.366013			25
26	Speech Pathology	68	0.437031			26
27	Electrocardiology	69	0.413788	4,692	1,941	27
28	Electroencephalography	70	0.393037			28
29	Medical Supplies Charged to Patients	71	0.251487	6,526	1,641	29
30	Impl. Dev. Charged to Patients	72	0.377568			30
31	Drugs Charged to Patients	73	0.168378	9,981	1,681	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.335008			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.068495			34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	Rural Health Clinic	88				35
36	Federally Qualified Health Center	89				36
37	Clinic	90	1.535986			37
37.01	OFFSITE CLINICS	90.01	0.348029			37.01
38	Emergency	91	0.380386			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.131714			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			139,976	26,840	41

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

**WORKSHEET D-4
PART II**

Check ☐ HEART ☒ LIVER ☐ PANCREAS ☐ ISLET
 Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

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

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

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost To Charges (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3	
49	Rural Health Clinic		21			49
50	Federally Qualified Health Center		22			50
51	Clinic		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	Emergency		24			52
53	Observation Beds (Non-Distinct Part)		25			53
53.01	OBSERVATION BEDS-DISTINCT		25.01			53.01
54	Other Outpatient Service (specify)		26			54
55	TOTAL (sum of lines 49-54)					55

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

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS**

OPO CCN:

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

Check ☐ HEART ☒ LIVER ☐ PANCREAS ☐ ISLET
 Applicable ☐ KIDNEY ☐ LUNG ☐ INTESTINE
 Box:

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	31,605		152,164		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,123,309		1,398,553		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,154,914		1,550,717		61
62	Total Usable Organs (see instructions)		18			62
63	Medicare Usable Organs (see instructions)		3			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.166667			64
65	Medicare Cost/Charges (see instructions)	192,486		258,453		65
66	Revenue for Organs Sold	9,167		9,167		66
67	Subtotal (line 65 minus line 66)	183,319		249,286		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	183,319		249,286		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		3		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	1			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		14		73
74	Total (sum of lines 70 thru 73)	1	17		74
75	Organs Transplanted	1	14		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		3	9,167	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)	1	17		84

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

KPMG LLP Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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CALCULATION OF REIMBURSEMENT SETTLEMENT**COMPONENT CCN: 14-3300****WORKSHEET E
PART B**Check applicable box: ☒ [XX] 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)	544,808			2
3	OPPS payments	414,488			3
4	Outlier payment (see instructions)	3,601			4
4.01	Outlier reconciliation amount (see instructions)				4.01
5	Enter the hospital specific payment to cost ratio (see instructions)	0.920			5
6	Line 2 times line 5	501,223			6
7	Sum of lines 3, 4, and 4.01, divided by line 6	0.8341			7
8	Transitional corridor payment (see instructions)	83,134			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 (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)	501,223			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	57,902			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)	443,321			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	10,058			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	453,379			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	453,379			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)	453,379			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)	453,379			40
40.01	Sequestration adjustment (see instructions)	9,068			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	364,379			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	79,932			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

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WORKSHEET E-1
PART I

				INPATIENT PART A		PART B		
DESCRIPTION				mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
				1	2	3	4	
1	Total interim payments paid to provider				2,232,448		367,793	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	03/29/2018	678,023			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	08/27/2018	338,190	08/27/2018	3,414	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		339,833		-3,414	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)				2,572,281		364,379	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				79,932	6.01
			.02		-109,625			6.02
7	Total Medicare program liability (see instructions)				2,462,656		444,311	7
8	Name of Contractor			Contractor Number		NPR Date (Month/Day/Year)		8

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART I****PART I - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER - TEFRA**

1	Inpatient hospital services (see instructions)	1,495,583	1
1.01	Nursing and allied health managed care payment (see instructions)		1.01
2	Organ acquisition	1,013,834	2
3	Cost of physicians' services in a teaching hospital (see instructions)		3
4	Subtotal (sum of lines 1 through 3)	2,509,417	4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5)	2,509,417	6
7	Deductibles	46,564	7
8	Subtotal (line 6 minus line 7)	2,462,853	8
9	Coinsurance		9
10	Subtotal (line 8 minus line 9)	2,462,853	10
11	Allowable bad debts (exclude bad debts for professional services) (see instructions)		11
12	Adjusted reimbursable bad debts (see instructions)		12
13	Allowable bad debts for dual eligible beneficiaries (see instructions)		13
14	Subtotal (sum of lines 10 and 12)	2,462,853	14
15	Direct graduate medical education payments (from Wkst. E-4, line 49)	50,061	15
16	Other pass through costs (see instructions) DO NOT USE THIS LINE		16
17	Other adjustments (specify) (see instructions)		17
17.50	Pioneer ACO demonstration payment adjustment (see instructions)		17.50
18	Total amount payable to the provider (see instructions)	2,512,914	18
18.01	Sequestration adjustment (see instructions)	50,258	18.01
18.02	Demonstration payment adjustment amount after sequestration		18.02
19	Interim payments	2,572,281	19
20	Tentative settlement (for contractor use only)		20
21	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19 and 20)	-109,625	21
22	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S300

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)		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)		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)		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)		16
17	Primary payer payments		17
18	Subtotal (line 16 less line 17)		18
19	Deductibles		19
20	Subtotal (line 18 minus line 19)		20
21	Coinurance		21
22	Subtotal (line 20 minus line 21)		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)		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)		31
31.01	Sequestration adjustment (see instructions)		31.01
31.02	Demonstration payment adjustment amount after sequestration		31.02
32	Interim payments		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, 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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

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	92,750,561		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	92,750,561		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	92,750,561		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	114,257,964		8
9	Ancillary service charges	211,118,990		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)	325,376,954		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)	325,376,954		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	232,626,393		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)	92,750,561		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)	92,750,561		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)	92,750,561		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)	92,750,561		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	92,750,561		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)	92,750,561		40
41	Interim payments	73,835,816		41
42	Balance due provider/program (line 40 minus line 41)	18,914,745		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S300

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	1,473,447		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	1,473,447		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	1,473,447		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	2,440,699		8
9	Ancillary service charges	513,036		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)	2,953,735		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)	2,953,735		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,480,288		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)	1,473,447		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)	1,473,447		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)	1,473,447		31
32	Deductibles			32
33	Coinurance			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)	1,473,447		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	1,473,447		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)	1,473,447		40
41	Interim payments	792,606		41
42	Balance due provider/program (line 40 minus line 41)	680,841		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**WORKSHEET E-4**

Check [] 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			143.97	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			5.49	2
3	Amount of reduction to Direct GME cap under §422 of MMA				3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)				3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))				4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)				4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			149.46	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			240.32	6
7	Enter the lesser of line 5 or line 6			149.46	7
		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	95.60	102.98	198.58	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	59.46	64.05	123.51	9
10	Weighted dental and podiatric resident FTE count for the current year		3.17		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	59.46	67.22		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.15	68.79		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	55.17	64.59		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	56.93	66.87		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	56.93	66.87		17
18	Per resident amount	100,023.82	100,023.82		18
19	Approved amount for resident costs	5,694,356	6,688,593	12,382,949	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)			90.86	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)			12,382,949	25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days (see instructions)	405			26
27	Total inpatient days (see instructions)	83,423			27
28	Ratio of inpatient days to total inpatient days	0.004855	0.000000		28
29	Program direct GME amount	60,119			29
30	Reduction for direct GME payments for Medicare Advantage				30
31	Net Program direct GME amount			60,119	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)			4,387,748	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)			1,697,692	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			1,013,834	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)			2,711,526	41
	Part B Reasonable Cost				
42	Reasonable cost (see instructions)			544,808	42
43	Primary payer payments (see instructions)				43
44	Total Part B reasonable cost (line 42 minus line 43)			544,808	44
45	Total reasonable cost (sum of lines 41 and 44)			3,256,334	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.832693	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.167307	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	Total program GME payment (line 31)			60,119	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			50,061	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			10,058	50

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS**WORKSHEET E-4**

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

	COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996			1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e) (see instructions)			2
3	Amount of reduction to Direct GME cap under §422 of MMA			3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79(m). (see instructions for cost reporting periods straddling 7/1/2011)			3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and §413.79(f))			4
4.01	ACA §5503 increase to the direct GME FTE cap (see instructions for cost reporting periods straddling 7/1/2011)			4.01
4.02	ACA §5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 and 4.02 plus applicable subscripts)			5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6
7	Enter the lesser of line 5 or line 6			7
		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	
10.01	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)	21,270	23,929	26
27	Total inpatient days (see instructions)	83,423	83,423	27
28	Ratio of inpatient days to total inpatient days	0.254966	0.286839	28
29	Program direct GME amount			29
30	Reduction for direct GME payments for Medicare Advantage			30
31	Net Program direct GME amount			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34
35	Medicare outpatient ESRD charges (see instructions)			35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	Part A Reasonable Cost			
37	Reasonable cost (see instructions)			37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			38
39	Cost of physicians' services in a teaching hospital (see instructions)			39
40	Primary payer payments (see instructions)			40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41
	Part B Reasonable Cost			
42	Reasonable cost (see instructions)			42
43	Primary payer payments (see instructions)			43
44	Total Part B reasonable cost (line 42 minus line 43)			44
45	Total reasonable cost (sum of lines 41 and 44)			45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)			48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			50

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BALANCE SHEET**WORKSHEET G**

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

	Assets (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	30,653,178				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	145,072,556				4
5	Other receivables	15,000,000				5
6	Allowances for uncollectible notes and accounts receivable	-20,968,528				6
7	Inventory					7
8	Prepaid expenses					8
9	Other current assets	45,220,228				9
10	Due from other funds	284,975				10
11	Total current assets (sum of lines 1-10)	215,262,409				11

FIXED ASSETS						
12	Land	34,812,506				12
13	Land improvements	231,356				13
14	Accumulated depreciation					14
15	Buildings	1,016,612,047				15
16	Accumulated depreciation	-262,443,183				16
17	Leasehold improvements	17,062,445				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	343,906,664				23
24	Accumulated depreciation	-248,681,726				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	901,500,109				30

OTHER ASSETS						
31	Investments	937,381,449	289,623,344	190,892,078		31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	76,250,275				34
35	Total other assets (sum of lines 31-34)	1,013,631,724	289,623,344	190,892,078		35
36	Total assets (sum of lines 11, 30 and 35)	2,130,394,242	289,623,344	190,892,078		36

	Liabilities and Fund Balances (Omit Cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	148,302,215				37
38	Salaries, wages and fees payable					38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	54,699,406				44
45	Total current liabilities (sum of lines 37 thru 44)	203,001,621				45

LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	367,320,678				47
48	Unsecured loans					48
49	Other long term liabilities	139,586,327				49
50	Total long term liabilities (sum of lines 46 thru 49)	506,907,005				50
51	Total liabilities (sum of lines 45 and 50)	709,908,626				51

CAPITAL ACCOUNTS						
52	General fund balance	1,420,485,616				52
53	Specific purpose fund		289,623,344			53
54	Donor created - endowment fund balance - restricted			190,892,078		54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	1,420,485,616	289,623,344	190,892,078		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	2,130,394,242	289,623,344	190,892,078		60

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STATEMENT OF CHANGES IN FUND BALANCES**WORKSHEET G-1**

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		1,363,849,039		233,762,028	1
2	Net income (loss) (from Worksheet G-3, line 29)		153,398,219			2
3	Total (sum of line 1 and line 2)		1,517,247,258		233,762,028	3
4	Additions (credit adjustments) (specify)	4,488,244		122,914,135		4
5	GRANTS					5
6	INVESTMENT RETURN			10,832,770		6
7	TRANSFER FROM AFFILIATES					7
8						8
9						9
10	Total additions (sum of lines 4-9)		4,488,244		133,746,905	10
11	Subtotal (line 3 plus line 10)		1,521,735,502		367,508,933	11
12	Deductions (debit adjustments) (specify)			74,950,023		12
13	TRANSFER TO AFFILIATES	101,249,884		2,105,779		13
14	CAPITAL ASSETS			829,787		14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		101,249,884		77,885,589	18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,420,485,618		289,623,344	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period		174,881,284			1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)		174,881,284			3
4	Additions (credit adjustments) (specify)	13,905,015				4
5	GRANTS					5
6	INVESTMENT RETURN					6
7	TRANSFER FROM AFFILIATES	2,105,779				7
8						8
9						9
10	Total additions (sum of lines 4-9)		16,010,794			10
11	Subtotal (line 3 plus line 10)		190,892,078			11
12	Deductions (debit adjustments) (specify)					12
13	TRANSFER TO AFFILIATES					13
14	CAPITAL ASSETS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		190,892,078			19

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2017 To: 08/31/2018	Run Date: 01/25/2019 Run Time: 11:42 Version: 2018.12 (01/17/2019)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	161,989,600		161,989,600	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	161,989,600		161,989,600	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	103,680,495		103,680,495	11
12	Coronary Care Unit	96,854,186		96,854,186	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATOLOGY	132,702,218		132,702,218	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	333,236,899		333,236,899	16
17	Total inpatient routine care services (sum of lines 10 and 16)	495,226,499		495,226,499	17
18	Ancillary services	911,527,327	943,459,258	1,854,986,585	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	1,406,753,826	943,459,258	2,350,213,084	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		855,131,368	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)		855,131,368	43

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

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,350,213,084	1
2	Less contractual allowances and discounts on patients' accounts	1,533,201,374	2
3	Net patient revenues (line 1 minus line 2)	817,011,710	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	855,131,368	4
5	Net income from service to patients (line 3 minus line 4)	-38,119,658	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	73,775,376	6
7	Income from investments	38,715,616	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses	2,388,410	11
12	Parking lot receipts	3,347,187	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,391,575	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	30,022	21
22	Rental of hospitial space	5,082,667	22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (SELF INSURANCE INCOME)	3,717,000	24.01
24.02	Other (INTEREST INCOME)	8,391,102	24.02
24.03	Other (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	Other (SPECIMEN REVENUE)	802,333	24.04
24.05	Other (ASSETS RELEASED FROM RESTRICTION)	11,244,665	24.05
24.06	Other (CMRI)	29,551,676	24.06
24.07	Other (INTEREST RATE SWAP)		24.07
24.08	Other (CONTRACT REVENUE-70412)	39,737	24.08
24.09	Other (SHUTTLE REVENUE)	141,171	24.09
24.10	Other (CLINIC REVENUE)		24.10
24.11	Other (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	Other (TRUST INCOME)	1,389,903	24.12
24.13	Other (CDH REVENUE)	7,124,599	24.13
24.14	Other (INDIRECT COST RECOVERY)	2,210,191	24.14
24.15	Other (ENDOWMENT & SP FUND RECOVERY)	1,174,647	24.15
25	Total other income (sum of lines 6-24)	191,517,877	25
26	Total (line 5 plus line 25)	153,398,219	26
27.01	Other expenses (LOSS ON DISPOSAL OF ASSETS)		27.01
27.02	Other expenses (OTHER EXPENSE)		27.02
27.03	Other expenses (PENSION LIABILITY ADJUSTMENT)		27.03
27.04	Other expenses (INTEREST RATE SWAP)		27.04
27.05	Other expenses (AFFILIATE TRANSFERS)		27.05
29	Net income (or loss) for the period (line 26 minus line 28)	153,398,219	29

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES
**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
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
32	Coronary Care Unit							32
35	NEONATOLOGY							35
40	Subprovider - IPF							40
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
53	Anesthesiology							53
54	Radiology-Diagnostic							54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology							69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY							76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic							90
90.01	OFFSITE CLINICS							90.01
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT							92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)							118

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	NONREIMBURSABLE COST CENTERS							
191	Research							191
191.01	OSA							191.01
192	Physicians' Private Offices							192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES							194
194.01	NON-REIMBURSABLE CLINICS							194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202