

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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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: 01/27/2020 Time: 09:50	
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 09/01/2018 and ending 08/31/2019, 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		-302,706	161,568		15,918,163	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-302,706	161,568		15,918,163	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

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	ANN & ROBERT H. LURIE CHILDREN'S HOS	14-3300	16974	7	07 / 01 / 1973	N	T	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2018	To: 08 / 31 / 2019	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)			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 and/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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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.	N			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)				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
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.		1 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
118.01	List amounts of malpractice premiums and paid losses:	Premiums	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 §1903(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

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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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			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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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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		42
43	Phone number: 312-227-7134	E-mail Address: PTUTEJA@LURIECHILDRENS.ORG	43

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	168	61,320			182	10,085	40,718	1
2	HMO and other (see instructions)							30,663		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)		168	61,320			182	10,085	40,718	7
8	Intensive Care Unit	31	60	18,420			46	3,814	14,810	8
9	Coronary Care Unit	32	44	16,060			45	1,927	13,268	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATOLOGY	35	64	23,288				2,358	20,093	12
13	Nursery	43								13
14	Total (see instructions)		336	119,088			273	18,184	88,889	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		336							27
28	Observation Bed Days								9,218	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)					37	1,734	10,993	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)	255.63	4,738.08			37	1,734	10,993	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)	255.63	4,738.08						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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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		43,564,955	43,564,955		43,564,955	419,189	43,984,144	1
1.01	00101	CAP REL COSTS-INT EXP		17,427,116	17,427,116		17,427,116		17,427,116	1.01
2	00200	Cap Rel Costs-Mvble Equip		29,057,447	29,057,447		29,057,447		29,057,447	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	442,627	43,529,595	43,972,222	-39,783,241	4,188,981	-77,352	4,111,629	4
4.01	00401	EMPLOYEE BENEFITS FTE BASED	6,902,890	8,641,506	15,544,396	49,537,593	65,081,989	-1,370	65,080,619	4.01
5.01	00590	ADMINISTRATION & GENERAL	56,266,255	71,809,232	128,075,487	-890,587	127,184,900	-33,982,945	93,201,955	5.01
5.02	00591	ADMIN & GENERAL CHCRC	6,751,936	3,233,353	9,985,289	891,065	10,876,354		10,876,354	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	22,810,923	44,416,435	67,227,358	-2,192,493	65,034,865	-8,805,359	56,229,506	5.03
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	11,979,932	29,127,941	41,107,873	-97,545	41,010,328	-357,803	40,652,525	7
8	00800	Laundry & Linen Service		1,576,969	1,576,969		1,576,969		1,576,969	8
9	00900	Housekeeping	4,970,893	4,046,576	9,017,469		9,017,469	-120,000	8,897,469	9
10	01000	Dietary	2,397,817	3,482,797	5,880,614	-4,941,763	938,851		938,851	10
11	01100	Cafeteria				4,941,763	4,941,763	-2,385,299	2,556,464	11
12	01200	Maintenance of Personnel								12
12.01	01201	VOLUNTEERS	189,179	46,743	235,922		235,922		235,922	12.01
13	01300	Nursing Administration	10,556,854	2,386,179	12,943,033	-1,806	12,941,227	-8,379	12,932,848	13
14	01400	Central Services & Supply	768,054	319,237	1,087,291	77,851	1,165,142		1,165,142	14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	2,869,528	1,195,714	4,065,242		4,065,242	-121,437	3,943,805	16
17	01700	Social Service	2,159,456	1,178,846	3,338,302	4,667,324	8,005,626	-32	8,005,594	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	5,188,054	1,252,633	6,440,687	11,575,098	18,015,785		18,015,785	21
22	02200	I&R Services-Other Prgm Costs Apprvd	9,338,715	3,289,694	12,628,409	-7,322,750	5,305,659		5,305,659	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	41,602,162	7,310,380	48,912,542	28,378	48,940,920	-422,131	48,518,789	30
31	03100	Intensive Care Unit	18,038,295	6,518,421	24,556,716	-1,354,669	23,202,047	-771,271	22,430,776	31
32	03200	Coronary Care Unit	15,344,370	5,290,183	20,634,553	-413,947	20,220,606	-600,994	19,619,612	32
35	02060	NEONATOLOGY	20,255,447	4,053,262	24,308,709	446,753	24,755,462	-383,230	24,372,232	35
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	16,216,951	27,753,420	43,970,371	-15,341,540	28,628,831	-386,340	28,242,491	50
51	05100	Recovery Room	2,416,398	282,573	2,698,971	-33,620	2,665,351		2,665,351	51
53	05300	Anesthesiology	1,440,948	3,923,622	5,364,570	-237,537	5,127,033	-1,307,913	3,819,120	53
54	05400	Radiology-Diagnostic	3,566,036	934,005	4,500,041	63,775	4,563,816	-7,769	4,556,047	54
57	05700	CT Scan	479,328	72,298	551,626	123,811	675,437		675,437	57
58	05800	MRI	1,532,328	418,051	1,950,379	441,010	2,391,389		2,391,389	58
59	05900	Cardiac Catheterization	4,271,989	5,589,597	9,861,586	-4,505,765	5,355,821	-11,370	5,344,451	59
60	06000	Laboratory	14,164,410	24,759,495	38,923,905	4,816,093	43,739,998	-1,123,463	42,616,535	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	7,232,331	7,101,220	14,333,551	23,513	14,357,064	-2,572	14,354,492	65
66	06600	Physical Therapy	3,635,266	817,154	4,452,420	-100,192	4,352,228	-34,395	4,317,833	66
67	06700	Occupational Therapy	1,209,188	104,879	1,314,067	76,360	1,390,427	-53,226	1,337,201	67
68	06800	Speech Pathology	3,077,681	980,099	4,057,780	143,083	4,200,863	-62,459	4,138,404	68
69	06900	Electrocardiology	1,673,845	368,715	2,042,560	1,060,802	3,103,362	-14,364	3,088,998	69
70	07000	Electroencephalography	1,858,100	500,554	2,358,654	714,811	3,073,465		3,073,465	70
71	07100	Medical Supplies Charged to Patients				17,279,161	17,279,161		17,279,161	71
72	07200	Impl. Dev. Charged to Patients				11,993,902	11,993,902		11,993,902	72
73	07300	Drugs Charged to Patients	11,868,056	38,607,662	50,475,718	39,051	50,514,769	-209,319	50,305,450	73
73.01	07301	OUTPATIENT PHARMACY								73.01
74	07400	Renal Dialysis		1,340,521	1,340,521		1,340,521		1,340,521	74
76	03550	PSYCHIATRY	5,760,131	1,345,193	7,105,324	-298,582	6,806,742	-41,652	6,765,090	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	20,162,352	3,859,828	24,022,180	773,392	24,795,572	-963,965	23,831,607	90
90.01	09001	OFFSITE CLINICS	13,011,835	7,383,988	20,395,823	-1,140,186	19,255,637	-1,768,806	17,486,831	90.01
91	09100	Emergency	11,479,029	4,401,317	15,880,346	653,740	16,534,086	-1,516,850	15,017,236	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,380,253	369,859	1,750,112	-31,872	1,718,240		1,718,240	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	361,578	921,490	1,283,068	-196,792	1,086,276		1,086,276	105
106	10600	Heart Acquisition	697,285	2,148,868	2,846,153	-386,926	2,459,227	-50,000	2,409,227	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
107	10700	Liver Acquisition	537,856	1,121,204	1,659,060	-451,545	1,207,515		1,207,515	107
110	11000	Intestinal Acquisition	227,010	90,386	317,396	-216,726	100,670		100,670	110
118		SUBTOTALS (sum of lines 1-117)	367,093,571	467,951,212	835,044,783	30,428,245	865,473,028	-55,172,876	810,300,152	118
		NONREIMBURSABLE COST CENTERS								
191	19100	Research	11,427,091	5,827,089	17,254,180	18,251,193	35,505,373	-2,015,570	33,489,803	191
191.01	19101	OSA				14,262,620	14,262,620		14,262,620	191.01
192	19200	Physicians' Private Offices	3,223,839	1,672,927	4,896,766	53,900	4,950,666	-801,998	4,148,668	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	51,040,649	45,441,971	96,482,620	-63,676,325	32,806,295		32,806,295	194
194.01	07951	NON-REIMBURSABLE CLINICS	13,778,303	4,115,871	17,894,174	680,367	18,574,541	-1,370,087	17,204,454	194.01
194.02	07952	KOHL HOUSE								194.02
200		TOTAL (sum of lines 118-199)	446,563,453	525,009,070	971,572,523		971,572,523	-59,360,531	912,211,992	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	Adults & Pediatrics	30	59,396		1
500	Total reclassifications				59,396		500
	Code Letter - A						
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Adults & Pediatrics	30	288,091	18,774	1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	494,393	70,035	2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Clinic	90	708,170	102,192	3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Coronary Care Unit	32	786,010	101,705	4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					5
6	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B					6
7	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Adults & Pediatrics	30		7,250	7
8	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Clinic	90		22,713	8
9	APPORT BLDG RENT EXP TRANSPLANT ADM	B	NON-REIMBURSABLE CLINICS	194.01		19,521	9
10	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Coronary Care Unit	32		21,205	10
11	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Heart Acquisition	106		33,309	11
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		21,197	12
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		14,462	13
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		21,959	14
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		6,579	15
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B					16
500	Total reclassifications				2,276,664	460,901	500
	Code Letter - B						
1	APPORTION REHAB ADMIN	C					1
2	APPORTION REHAB ADMIN	C	Physical Therapy	66	3,458	302	2
3	APPORTION REHAB ADMIN	C	Speech Pathology	68	82,294	7,200	3
4	APPORTION REHAB ADMIN	C	Speech Pathology	68	55,036	4,814	4
5	APPORTION REHAB ADMIN	C	Physical Therapy	66	71,153	6,224	5
6	APPORTION REHAB ADMIN	C	Occupational Therapy	67	37,402	3,271	6
7	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	9,507	832	7
8	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	49,537	4,333	8
9	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	23,195	2,029	9
10	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	9,362	819	10
11	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	10,145	887	11
12	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	19,495	1,705	12
13	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	21,936	1,919	13
14	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	5,627	492	14
15	APPORTION REHAB ADMIN	C	Speech Pathology	68	53,847	4,710	15
16	APPORTION REHAB ADMIN	C	Physical Therapy	66	64,017	5,599	16
17	APPORTION REHAB ADMIN	C	Occupational Therapy	67	32,817	2,870	17
18	APPORTION REHAB ADMIN	C	Speech Pathology	68	13,460	1,177	18
19	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	7,295	638	19
20	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	10,358	906	20
21	APPORTION RENAB ADMIN	C	Physicians' Private Offices	192	6,520	570	21
22	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	11,440	1,001	22
23	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	6,150	538	23
24	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	12,901	1,128	24
25	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	6,675	584	25
26	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	6,482	567	26
500	Total reclassifications				630,109	55,115	500
	Code Letter - C						
1	RECLASS RESIDENT SAL & OTHER EXP	D	I&R Services-Salary & Fringes	21	8,640,881	2,934,091	1
2	RECLASS RESIDENT SAL & OTHER EXP	D					2
500	Total reclassifications				8,640,881	2,934,091	500
	Code Letter - D						
1	RECLASS DIETARY TO CAFETERIA	E	Cafeteria	11	2,015,001	2,926,762	1
500	Total reclassifications				2,015,001	2,926,762	500
	Code Letter - E						
1	RECALSS SPEC NUTR	F					1
500	Total reclassifications						500
	Code Letter - F						
1	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30	5,937	291,910	1
2	RECLASS SPEC PURP FNDS	G	Laboratory	60		402	2
3	RECLASS SPEC PURP FNDS	G	Radiology-Diagnostic	54	52,847		3
4	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30	111,257	2,580	4
5	RECLASS SPEC PURP FNDS	G	Physical Therapy	66	45,394	49,286	5
6	RECLASS SPEC PURP FNDS	G	Drugs Charged to Patients	73		1,999	6
7	RECLASS SPEC PURP FNDS	G	Drugs Charged to Patients	73	121,997	400,500	7
8	RECLASS SPEC PURP FNDS	G	Clinic	90	66,317	16,452	8
9	RECLASS SPEC PURP FNDS	G	I&R Services-Salary & Fringes	21		126	9
10	RECLASS SPEC PURP FNDS	G	Social Service	17	3,250,085	1,417,256	10
11	RECLASS SPEC PURP FNDS	G	I&R Services-Other Prgm Costs	22	251,822	326,532	11

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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	
12	RECLASS SPEC PURP FNDS	G	ADMIN & GEN PATIENT RELATED	5.03		700,817	12
13	RECLASS SPEC PURP FNDS	G	Anesthesiology	53	82,049	5,445	13
14	RECLASS SPEC PURP FNDS	G	Laboratory	60	154,347	54,310	14
15	RECLASS SPEC PURP FNDS	G	Respiratory Therapy	65	6,475	98,411	15
16	RECLASS SPEC PURP FNDS	G	Emergency	91	561,069	376,980	16
17	RECLASS SPEC PURP FNDS	G	Electrocardiology	69	744,686	407,072	17
18	RECLASS SPEC PURP FNDS	G	Clinic	90		37,454	18
19	RECLASS SPEC PURP FNDS	G	Laboratory	60	59,741	2,908	19
20	RECLASS SPEC PURP FNDS	G	Laboratory	60	35,526	13,784	20
21	RECLASS SPEC PURP FNDS	G	Laboratory	60	135,631	14,091	21
22	RECLASS SPEC PURP FNDS	G	Laboratory	60	114,149	59,430	22
23	RECLASS SPEC PURP FNDS	G	Laboratory	60	1,267,464	3,406,244	23
24	RECLASS SPEC PURP FNDS	G	Laboratory	60	116,875	116,728	24
25	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	194.01	272,432	40,631	25
26	RECLASS SPEC PURP FNDS	G	Operating Room	50	365,549	56,275	26
27	RECLASS SPEC PURP FNDS	G	Operating Room	50	212,709	146,502	27
28	RECLASS SPEC PURP FNDS	G	Electroencephalography	70	648,119	104,458	28
29	RECLASS SPEC PURP FNDS	G	Operating Room	50		17,019	29
30	RECLASS SPEC PURP FNDS	G	Operating Room	50		14,857	30
31	RECLASS SPEC PURP FNDS	G	Operating Room	50	219,957	121,861	31
32	RECLASS SPEC PURP FNDS	G	Operating Room	50	254,205	377,357	32
33	RECLASS SPEC PURP FNDS	G	Operating Room	50	52,121	1,588	33
34	RECLASS SPEC PURP FNDS	G	Operating Room	50	41,558	8,270	34
35	RECLASS SPEC PURP FNDS	G	Operating Room	50	478,386	149,097	35
36	RECLASS SPEC PURP FNDS	G	Operating Room	50	129,164	67,607	36
37	RECLASS SPEC PURP FNDS	G	Intensive Care Unit	31	84,259	90,950	37
38	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	113,905	974,188	38
39	RECLASS SPEC PURP FNDS	G	Operating Room	50	232,461	13,796	39
40	RECLASS SPEC PURP FNDS	G	Clinic	90	333,544	251,628	40
41	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	194.01	226,294	115,864	41
42			Clinic	90		8,355	42
43			Research	191	11,960,030	6,490,250	43
44			OSA	191.01	8,712,769	5,549,851	44
45	RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		9,754,392	45
500	Total reclassifications				31,521,130	32,155,513	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		39,783,241	1
500	Total reclassifications					39,783,241	500
	Code Letter - I						
1	SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	71,346		1
500	Total reclassifications				71,346		500
	Code Letter - J						
1	RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		368,140	1
500	Total reclassifications					368,140	500
	Code Letter - K						
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R Services-Other Prgm Costs	22		3,673,868	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						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
500	Total reclassifications					500
	Code Letter - L					
1	CENTRAL SUPPLY CHARGED TO PATIENT	M				1
2						2
3						3
4						4
5						5
6						6
7			Central Services & Supply	14		77,852
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34			Medical Supplies Charged to P	71		17,279,161
500	Total reclassifications					500
	Code Letter - M					
1	IMPLANTS CHARGED TO PATIENTS	N	Impl. Dev. Charged to Patient	72		11,993,902
2						2
3						3
500	Total reclassifications					500
	Code Letter - N					
1	APPORTION IMAGING ADMINISTRATION	O	OFFSITE CLINICS	90.01	7,662	900
2			OFFSITE CLINICS	90.01	9,244	1,086
3			OFFSITE CLINICS	90.01	13,384	1,572
4			OFFSITE CLINICS	90.01	13,607	1,598
5			Radiology-Diagnostic	54	11,023	1,295
6			Radiology-Diagnostic	54	146,429	17,201
7			Radiology-Diagnostic	54	167,109	19,631
8			CT Scan	57	110,892	13,027
9			MRI	58	386,629	45,419
10			Cardiac Catheterization	59	76,826	9,025
11			OFFSITE CLINICS	90.01	4,264	501
12			Radiology-Diagnostic	54	13,119	1,541
13			Radiology-Diagnostic	54	27,744	3,259
14			Radiology-Diagnostic	54	44,831	5,266
15			MRI	58	44,012	5,170
16			OFFSITE CLINICS	90.01	45,535	5,349

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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	
17			Physicians' Private Offices	192	4,648	546	17
18			Physicians' Private Offices	192	5,098	599	18
19			Physicians' Private Offices	192	1,883	221	19
20			Cardiac Catheterization	59	79,568	9,347	20
21			OFFSITE CLINICS	90.01	23,607	2,773	21
22			Clinic	90	4,601	540	22
500	Total reclassifications				1,241,715	145,866	500
	Code Letter - O						
1	RECLASS RESEARCH ADMIN SALARIES	P	ADMIN & GENERAL CHCRC	5.02	199,087		1
2			ADMIN & GENERAL CHCRC	5.02	252,492		2
500	Total reclassifications				451,579		500
	Code Letter - P						
	GRAND TOTAL (Increases)				46,907,821	112,251,812	

(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	59,396			1
500	Total reclassifications				59,396			500
	Code letter - A							
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMIN & GEN PATIENT RELATED	5.03	639,175	174,905		1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Heart Acquisition	106	349,599	53,358		2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Kidney Acquisition	105	188,712	14,275		3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Liver Acquisition	107	419,816	35,725		4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Intestinal Acquisition	110	202,879	14,442		5
6	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Drugs Charged to Patients	73	476,483	1		6
7	APPORT BLDG RENT EXP TRANSPLANT ADM	B						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	Heart Acquisition	106		17,278		11
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		15,002		12
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		14,462		13
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		17,963		14
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		5,984		15
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Operation of Plant	7		97,506		16
500	Total reclassifications				2,276,664	460,901		500
	Code letter - B							
1	APPORTION REHAB ADMIN	C	ADMIN & GEN PATIENT RELATED	5.03	630,109	55,115		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 RENAB ADMIN	C						21
22	APPORTION REHAB 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
500	Total reclassifications				630,109	55,115		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	8,640,881	2,934,091		2
500	Total reclassifications				8,640,881	2,934,091		500
	Code letter - D							
1	RECLASS DIETARY TO CAFETERIA	E	Dietary	10	2,015,001	2,926,762		1
500	Total reclassifications				2,015,001	2,926,762		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	31,520,812	32,155,513		1
2	RECLASS SPEC PURP FNDS	G	Laboratory	60	318			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
8	RECLASS SPEC PURP FNDS	G						8
9	RECLASS SPEC PURP FNDS	G						9
10	RECLASS SPEC PURP FNDS	G						10

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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	
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								42
43								43
44								44
45	RECLASS SPEC PURP FNDS	G						45
500	Total reclassifications				31,521,130	32,155,513		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		39,783,241		1
500	Total reclassifications					39,783,241		500
	Code letter - I							
1	SID RESEARCH ADMINISTRATION	J	Laboratory	60	71,346			1
500	Total reclassifications				71,346			500
	Code letter - J							
1	RECLASS RESEARCH RENT	K	NON-REIMBURSABLE CLINICS	194.01		368,140		1
500	Total reclassifications					368,140		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		1,035,495		2
3			Intensive Care Unit	31		435,818		3
4			Coronary Care Unit	32		238,466		4
5			NEONATOLOGY	35		148,014		5
6			Operating Room	50		395,299		6
7			Anesthesiology	53		71,064		7
8			Radiology-Diagnostic	54		441,611		8
9			Laboratory	60		351,835		9
10			Respiratory Therapy	65		6,560		10
11			Electrocardiology	69		43,914		11
12			Electroencephalography	70		4,733		12
13			PSYCHIATRY	76		239,118		13
14			Clinic	90		27,686		14
15			Emergency	91		95,707		15
16			NON-REIMBURSABLE CLINICS	194.01		138,548		16
500	Total reclassifications					3,673,868		500
	Code letter - L							
1	CENTRAL SUPPLY CHARGED TO PATIENT	M						1
2			ADMIN & GEN PATIENT RELATED	5.03		1,396		2
3			EMPLOYEE BENEFITS FTE BASED	4.01		40		3
4			ADMIN & GEN PATIENT RELATED	5.03		5,029		4
5			Operation of Plant	7		39		5
6			Nursing Administration	13		1,806		6
7			Central Services & Supply	14		1		7
8			Social Service	17		17		8
9			Adults & Pediatrics	30		756,817		9
10			Intensive Care Unit	31		1,091,855		10
11			Coronary Care Unit	32		1,084,401		11
12			NEONATOLOGY	35		481,668		12
13			Operating Room	50		6,487,710		13
14			Recovery Room	51		33,620		14
15			Anesthesiology	53		253,967		15
16			Radiology-Diagnostic	54		5,909		16
17			CT Scan	57		108		17
18			MRI	58		40,220		18
19			Cardiac Catheterization	59		4,674,509		19
20			Laboratory	60		160,380		20
21			Respiratory Therapy	65		74,813		21
22			Physical Therapy	66		345,625		22
23			Speech Pathology	68		79,455		23
24			Electrocardiology	69		62		24
25			Electroencephalography	70		6,701		25
26			Drugs Charged to Patients	73		8,961		26
27			PSYCHIATRY	76		68		27
28			Clinic	90		698,571		28
29			OFFSITE CLINICS	90.01		764,877		29
30			Emergency	91		188,602		30
31			OBSERVATION BEDS-DISTINCT	92.01		31,872		31
32			Physicians' Private Offices	192		25,799		32
33			NON-REIMBURSABLE CLINICS	194.01		52,115		33
34								34
500	Total reclassifications					17,357,013		500
	Code letter - M							
1	IMPLANTS CHARGED TO PATIENTS	N	Operating Room	50		11,312,620		1
2			Cardiac Catheterization	59		6,022		2
3			OFFSITE CLINICS	90.01		675,260		3
500	Total reclassifications					11,993,902		500
	Code letter - N							
1	APPORTION IMAGING ADMINISTRATION	O	ADMIN & GEN PATIENT RELATED	5.03	1,241,715	145,866		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

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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	
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
500	Total reclassifications				1,241,715	145,866		500
	Code letter - O							
1	RECLASS RESEARCH ADMIN SALARIES	P	Research	191	199,087			1
2			ADMINISTRATION & GENERAL	5.01	252,492			2
500	Total reclassifications				451,579			500
	Code letter - P							
	GRAND TOTAL (Decreases)				46,907,821	112,251,812		

(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				195,551	35,805		2
3	Buildings and Fixtures	962,027,677	39,677,708		39,677,708	24,717,334	976,988,051		3
4	Building Improvements	17,062,445	12,568,704		12,568,704		29,631,149		4
5	Fixed Equipment	27,949,647	2,427,528		2,427,528	1,223,745	29,153,430		5
6	Movable Equipment	317,433,404	51,239,225		51,239,225	2,414,499	366,258,130		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,359,517,035	105,913,165		105,913,165	28,551,129	1,436,879,071		8
9	Reconciling Items	-53,107,983	25,930,712		25,930,712		-27,177,271		9
10	Total (line 7 minus line 9)	1,412,625,018	79,982,453		79,982,453	28,551,129	1,464,056,342		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	42,583,693			981,262			43,564,955	1
1.01	CAP REL COSTS-INT EXP			17,427,116				17,427,116	1.01
2	Cap Rel Costs-Mvble Equip	29,057,447						29,057,447	2
3	Total (sum of lines 1-2)	71,641,140		17,427,116	981,262			90,049,518	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	42,583,693		419,189	981,262			43,984,144	1
1.01	CAP REL COSTS-INT EXP			17,427,116				17,427,116	1.01
2	Cap Rel Costs-Mvble Equip	29,057,447						29,057,447	2
3	Total (sum of lines 1-2)	71,641,140		17,846,305	981,262			90,468,707	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	-3,699,996	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	-3,421,287	ADMINISTRATION & GENERAL	5.01	9
10	Provider-based physician adjustment	Wkst A-8-2	-5,770,638			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	-2,325,437	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	-59,862	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			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	MISCELLANEOUS INCOME	B	-1,370	EMPLOYEE BENEFITS FTE BASED	4.01	33.01
33.02	MISCELLANEOUS INCOME	B	-620,871	ADMINISTRATION & GENERAL	5.01	33.02
33.03	MISCELLANEOUS INCOME	B	-4,974,984	ADMIN & GEN PATIENT RELATED	5.03	33.03
33.04	MISCELLANEOUS INCOME	B	-1,565	Operation of Plant	7	33.04
33.05	MISCELLANEOUS INCOME	B	-120,000	Housekeeping	9	33.05
33.06	MISCELLANEOUS INCOME	B	-8,379	Nursing Administration	13	33.06
33.07	MISCELLANEOUS INCOME	B	-121,437	Medical Records & Library	16	33.07
33.08	MISCELLANEOUS INCOME	B	-3,111	Operating Room	50	33.08
33.09	MISCELLANEOUS INCOME	B	-7,212	Radiology-Diagnostic	54	33.09
33.10	MISCELLANEOUS INCOME	B	-11,370	Cardiac Catheterization	59	33.10
33.11	MISCELLANEOUS INCOME	B	-178,988	Laboratory	60	33.11
33.12	MISCELLANEOUS INCOME	B	-34,395	Physical Therapy	66	33.12
33.13	MISCELLANEOUS INCOME	B	-53,226	Occupational Therapy	67	33.13
33.14	MISCELLANEOUS INCOME	B	-62,459	Speech Pathology	68	33.14
33.15	MISCELLANEOUS INCOME	B	-55,774	Drugs Charged to Patients	73	33.15
33.16	MISCELLANEOUS INCOME	B	-1	PSYCHIATRY	76	33.16
33.17	MISCELLANEOUS INCOME	B	-3,805	Clinic	90	33.17
33.18	MISCELLANEOUS INCOME	B	-4,065	Physicians' Private Offices	192	33.18
33.19	MISCELLANEOUS INCOME	B	-92,358	NON-REIMBURSABLE CLINICS	194.01	33.19
33.20	VENDOR REBATES	B	-2,705,057	ADMINISTRATION & GENERAL	5.01	33.20
33.21	VENDOR REBATES	B	-43,948	Drugs Charged to Patients	73	33.21
33.22	VENDOR REBATES	B	-14,584	ADMIN & GEN PATIENT RELATED	5.03	33.22
33.23	MISC OPERATING REVENUE	B	-30	Adults & Pediatrics	30	33.23
33.24	MISC OPERATING REVENUE	B	-246,017	Operation of Plant	7	33.24
33.25	VENDOR REBATES	B	-32	Social Service	17	33.25
33.26	VENDOR REBATES	B	-77,352	Employee Benefits Department	4	33.26
34						34
35	ADVERTISING	A	-3,689,628	ADMINISTRATION & GENERAL	5.01	35
36	TRANSPORT CONTRACT REVENUE	B	-436,850	Emergency	91	36
37						37
37.01	SPECIMEN REVENUE NON PATIENT	B	-4,580	Adults & Pediatrics	30	37.01
37.02	SPECIMEN REVENUE NON PATIENT	B	-316,896	Laboratory	60	37.02

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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	
37.03	SPECIMEN REVENUE	B	-557	Radiology-Diagnostic	54		37.03
37.04	SPECIMEN REVENUE	B	-458	Electrocardiology	69		37.04
38							38
38.01	ADD LOSS ON ADV REFUNDING	A	419,189	Cap Rel Costs-Bldg & Fixt	1	11	38.01
39							39
40							40
41	NON-PATIENT CARE COSTS	A	-869,228	ADMINISTRATION & GENERAL	5.01		41
42							42
42.01	RENTAL INCOME PROPERTIES	B	-503,659	ADMINISTRATION & GENERAL	5.01		42.01
42.02	RENTAL INCOME PROPERTIES	B	-20,124	ADMIN & GEN PATIENT RELATED	5.03		42.02
42.03	RENTAL INCOME PROPERTIES	B	-110,220	Operation of Plant	7		42.03
42.04	RENTAL INCOME PROPERTIES	B	-109,597	Drugs Charged to Patients	73		42.04
42.05	RENTAL INCOME PROPERTIES	B	-1,647,186	OFFSITE CLINICS	90.01		42.05
42.06	RENTAL INCOME PROPERTIES	B	-797,933	Physicians' Private Offices	192		42.06
42.07	RENTAL INCOME-MISC	B	-145,596	Clinic	90		42.07
42.08	RENTAL INCOME-MISC	B	-14,400	NON-REIMBURSABLE CLINICS	194.01		42.08
43							43
44	STATE ASSESSMENT TAX	A	-21,988,710	ADMINISTRATION & GENERAL	5.01		44
45							45
45.01	DISCOUNT ACCOUNTS PAYABLE	B	-95,671	ADMIN & GEN PATIENT RELATED	5.03		45.01
45.02	CONTRACT REVENUE-VALET	B	-184,505	ADMINISTRATION & GENERAL	5.01		45.02
45.03	SHUTTLE BUS SERVICE	B	-1	Operation of Plant	7		45.03
46							46
47	RECHARGE CENTER OFFSET	A	-2,015,570	Research	191		47
48							48
49							49
49.01	CLINIC SPACE RECOVERY	B	-1	Operating Room	50		49.01
49.02	CLINIC SPACE RECOVERY	B	-19,500	Anesthesiology	53		49.02
49.03	CLINIC SPACE RECOVERY	B	-814,564	Clinic	90		49.03
49.04	CLINIC SPACE RECOVERY	B	-10,267	OFFSITE CLINICS	90.01		49.04
49.05	CLINIC SPACE RECOVERY	B	-1,263,329	NON-REIMBURSABLE CLINICS	194.01		49.05
49.06	CONTRACT REV. PROGRAM	B	-1,080	Anesthesiology	53		49.06
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-59,360,531				50

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

(2) Basis for adjustment (see instructions)

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

B. Amount Received - if cost cannot be determined

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

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

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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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:

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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	1,098,369		1,098,369	140,600	4,839	327,098	16,355	1
2	35	NEONATOLOGY PEDIATRICIAN	553,031	180,000	373,031	140,600	2,512	169,801	8,490	2
3	50	Operating Room SURGEON	1,429,328	285,000	1,144,328	208,000	10,461	1,046,100	52,305	3
4	53	Anesthesiology ANESTHESIOLOGIS	2,077,170		2,077,170	200,300	8,202	789,837	39,492	4
5	54	Radiology-Diagnostic RADIOLOGIST	108,385		108,385	225,300	2,336	253,029	12,651	5
6	60	Laboratory PATHOLOGIST	2,269,595		2,269,595	215,700	15,834	1,642,016	82,101	6
7	65	Respiratory Therapy PEDIATRICIAN	138,440		138,440	140,600	2,010	135,868	6,793	7
8	69	Electrocardiology PEDIATRICIAN	56,086		56,086	140,600	624	42,180	2,109	8
9	70	Electroencephalograp PEDIATRICIAN	10,267		10,267	140,600	342	23,118	1,156	9
10	76	PSYCHIATRY PSYCHIATRIST	552,107	31,949	520,158	154,100	6,890	510,456	25,523	10
11	90	Clinic PEDIATRICIAN	42,314		42,314	140,600	2,143	144,858	7,243	11
12	90.01	OFFSITE CLINICS PEDIATRICIAN	111,353	111,353		140,600				12
13	91	Emergency PEDIATRICIAN	1,194,293	1,080,000	114,293	140,600	9,867	666,971	33,349	13
14										14
15	107	Liver Acquisition	10,200		10,200	208,000	813	81,300	4,065	15
16	30	Adults & Pediatrics PEDIATRICIAN	417,521	417,521		140,600				16
17	106	Heart Acquisition AGGREGATE	50,000	50,000		208,000				17
18	32	Coronary Care Unit PEDIATRICIAN	600,994	600,994		140,600	1,373	92,809	4,640	18
19										19
20										20
200		TOTAL	10,719,453	2,756,817	7,962,636		68,246	5,925,441	296,272	200

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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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					327,098	771,271	771,271	1
2	35	NEONATOLOGY PEDIATRICIAN					169,801	203,230	383,230	2
3	50	Operating Room SURGEON					1,046,100	98,228	383,228	3
4	53	Anesthesiology ANESTHESIOLOGIS					789,837	1,287,333	1,287,333	4
5	54	Radiology-Diagnostic RADIOLOGIST					253,029			5
6	60	Laboratory PATHOLOGIST					1,642,016	627,579	627,579	6
7	65	Respiratory Therapy PEDIATRICIAN					135,868	2,572	2,572	7
8	69	Electrocardiology PEDIATRICIAN					42,180	13,906	13,906	8
9	70	Electroencephalograp PEDIATRICIAN					23,118			9
10	76	PSYCHIATRY PSYCHIATRIST					510,456	9,702	41,651	10
11	90	Clinic PEDIATRICIAN					144,858			11
12	90.01	OFFSITE CLINICS PEDIATRICIAN							111,353	12
13	91	Emergency PEDIATRICIAN					666,971		1,080,000	13
14										14
15	107	Liver Acquisition					81,300			15
16	30	Adults & Pediatrics PEDIATRICIAN							417,521	16
17	106	Heart Acquisition AGGREGATE							50,000	17
18	32	Coronary Care Unit PEDIATRICIAN					92,809		600,994	18
19										19
20										20
200		TOTAL					5,925,441	3,013,821	5,770,638	200

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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	43,984,144	43,984,144					1
1.01	CAP REL COSTS-INT EXP	17,427,116		17,427,116				1.01
2	Cap Rel Costs-Mvble Equip	29,057,447			29,057,447			2
4	Employee Benefits Department	4,111,629				4,111,629		4
4.01	EMPLOYEE BENEFITS FTE BASED	65,080,619	50,260	24,455	159,932	63,617	65,378,883	4.01
5.01	ADMINISTRATION & GENERAL	93,201,955	1,782,921	851,048	11,216,296	516,405	5,652,227	5.01
5.02	ADMIN & GENERAL CHCRC	10,876,354	194,640		409	67,045	892,280	5.02
5.03	ADMIN & GEN PATIENT RELATED	56,229,506	3,790	205,678	113,173	187,084	4,200,011	5.03
6	Maintenance & Repairs							6
7	Operation of Plant	40,652,525	1,197,081	492,363	6,332,258	110,407	2,264,705	7
8	Laundry & Linen Service	1,576,969	122,228	55,545				8
9	Housekeeping	8,897,469	372,199	171,570	39,523	45,812	1,892,256	9
10	Dietary	938,851	117,749	343,212	22,020	3,528	145,278	10
11	Cafeteria	2,556,464	619,757		115,909	18,570	764,250	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	235,922	84,915	36,407	1,795	1,743	39,124	12.01
13	Nursing Administration	12,932,848	59,268	28,839	661,912	97,292	1,006,146	13
14	Central Services & Supply	1,165,142	295,061	143,570	4,857	7,078	284,385	14
15	Pharmacy							15
16	Medical Records & Library	3,943,805	169,239	82,348	149,401	26,446	629,630	16
17	Social Service	8,005,594	944,846	432,985	380	49,854	904,199	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	18,015,785	55,478	26,994	969	127,447	4,908	21
22	I&R Services-Other Prgm Costs Apprvd	5,305,659	63,256	30,779		8,752	90,728	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	48,518,789	6,877,583	3,346,466	1,064,016	387,688	7,388,409	30
31	Intensive Care Unit	22,430,776	2,745,440	1,335,866	232,448	167,017	2,936,544	31
32	Coronary Care Unit	19,619,612	2,021,324	983,528	360,053	148,658	2,565,638	32
35	NEONATOLOGY	24,372,232	2,382,496	1,159,266	508,869	187,724	3,039,332	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,242,491	4,009,469	1,920,948	2,104,139	167,759	2,963,328	50
51	Recovery Room	2,665,351	488,373	237,630	77,409	22,270	376,376	51
53	Anesthesiology	3,819,120	386,967	188,289	247,568	14,036	268,680	53
54	Radiology-Diagnostic	4,556,047	995,599	341,128	536,721	37,133	699,044	54
57	CT Scan	675,437	160,083	59,905	59,477	5,439	98,441	57
58	MRI	2,391,389	542,521	176,624	487,522	18,091	337,532	58
59	Cardiac Catheterization	5,344,451	776,050	319,020	806,588	40,812	648,982	59
60	Laboratory	42,616,535	2,002,322	582,471	553,446	147,239	3,100,192	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	14,354,492	233,381	101,773	269,370	66,713	1,224,203	65
66	Physical Therapy	4,317,833	609,272	96,360	10,181	35,199	620,796	66
67	Occupational Therapy	1,337,201	31,948		2,521	11,791	189,730	67
68	Speech Pathology	4,138,404	293,634	96,408	76,154	30,250	540,024	68
69	Electrocardiology	3,088,998	83,783	32,407	66,035	22,289	517,166	69
70	Electroencephalography	3,073,465	418,767	158,085	65,926	23,097	476,500	70
71	Medical Supplies Charged to Patients	17,279,161						71
72	Impl. Dev. Charged to Patients	11,993,902						72
73	Drugs Charged to Patients	50,305,450	578,259	278,397	189,277	106,109	1,680,229	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,340,521	14,916	7,258	1,499			74
76	PSYCHIATRY	6,765,090	1,106,357	365,272	46,252	52,538	976,698	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	23,831,607	1,672,852	717,825	270,053	196,070	3,502,510	90
90.01	OFFSITE CLINICS	17,486,831	753,209	27,952	527,668	122,429	2,139,480	90.01
91	Emergency	15,017,236	1,549,393	753,897	427,888	110,962	1,803,350	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,718,240	277,635	135,091		12,720	227,312	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	1,086,276			83	1,593	17,949	105
106	Heart Acquisition	2,409,227			142	3,204	19,913	106
107	Liver Acquisition	1,207,515			83	1,088	14,724	107
110	Intestinal Acquisition	100,670			5	222	2,244	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
118	SUBTOTALS (sum of lines 1-117)	810,300,152	37,144,321	16,347,659	27,810,227	3,471,220	57,145,453	118
	NONREIMBURSABLE COST CENTERS							
191	Research	33,489,803	3,733,359	118,923	910,567	213,701	2,320,516	191
191.01	OSA	14,262,620	101,504		946	80,297	1,241,311	191.01
192	Physicians' Private Offices	4,148,668	4,381		54,299	30,383	603,828	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	32,806,295				179,895	1,301,469	194
194.01	NON-REIMBURSABLE CLINICS	17,204,454	3,000,579	960,534	281,408	136,133	2,766,306	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)	912,211,992	43,984,144	17,427,116	29,057,447	4,111,629	65,378,883	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	113,220,852	113,220,852					5.01
5.02	ADMIN & GENERAL CHCRC	12,030,728	1,704,814	13,735,542				5.02
5.03	ADMIN & GEN PATIENT RELATED	60,939,242	8,635,395		69,574,637			5.03
6	Maintenance & Repairs							6
7	Operation of Plant	51,049,339	7,233,947		5,304,696	63,587,982		7
8	Laundry & Linen Service	1,754,742	248,656		182,341	170,207	2,355,946	8
9	Housekeeping	11,418,829	1,618,105		1,186,566	518,300		9
10	Dietary	1,570,638	222,567		163,210	163,969		10
11	Cafeteria	4,074,950	577,441		423,441	863,033		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	399,906	56,669		41,555	118,247		12.01
13	Nursing Administration	14,786,305	2,095,293		1,536,491	82,465		13
14	Central Services & Supply	1,900,093	269,253		197,445	410,883		14
15	Pharmacy							15
16	Medical Records & Library	5,000,869	708,648		519,656	235,672		16
17	Social Service	10,337,858	1,464,926		1,074,239	1,315,731		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	18,231,581	2,583,506		1,894,501	77,255		21
22	I&R Services-Other Prgm Costs Apprvd	5,499,174	779,260		571,436	88,086		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	67,582,951	9,576,652		7,022,608	9,577,335	1,023,880	30
31	Intensive Care Unit	29,848,091	4,229,624		3,101,608	3,823,120	226,745	31
32	Coronary Care Unit	25,698,813	3,641,650		2,670,444	2,814,763	90,337	32
35	NEONATOLOGY	31,649,919	4,484,952		3,288,842	3,317,707	209,064	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	39,408,134	5,584,330		4,095,022	6,422,912	139,352	50
51	Recovery Room	3,867,409	548,031		401,874	680,075	119,329	51
53	Anesthesiology	4,924,660	697,849		511,737	538,864		53
54	Radiology-Diagnostic	7,165,672	1,015,412		744,607	1,386,405	43,639	54
57	CT Scan	1,058,782	150,035		110,021	222,922	12,743	57
58	MRI	3,953,679	560,256		410,839	755,479	36,211	58
59	Cardiac Catheterization	7,935,903	1,124,557		824,644	1,080,676	23,339	59
60	Laboratory	49,002,205	6,943,857		5,091,972	3,083,201	33,492	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	16,249,932	2,302,697		1,688,581	564,570		65
66	Physical Therapy	5,689,641	806,251		591,228	852,408	5,143	66
67	Occupational Therapy	1,573,191	222,929		163,475	46,545	2,223	67
68	Speech Pathology	5,174,874	733,306		537,737	414,722		68
69	Electrocardiology	3,810,678	539,992		395,979	116,671		69
70	Electroencephalography	4,215,840	597,406		438,081	583,147	31,935	70
71	Medical Supplies Charged to Patients	17,279,161	2,448,544		1,795,532			71
72	Impl. Dev. Charged to Patients	11,993,902	1,699,596		1,246,324			72
73	Drugs Charged to Patients	53,137,721	7,529,881		5,521,707	805,246		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,364,194	193,313		141,758	20,770		74
76	PSYCHIATRY	9,312,207	1,319,586		967,661	1,540,641		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	30,190,917	4,278,204		3,137,233	2,340,403	2,942	90
90.01	OFFSITE CLINICS	21,057,569	2,983,963		2,188,158	3,953,431	37,381	90.01
91	Emergency	19,662,726	2,786,307		2,043,215	2,539,675	282,365	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,370,998	335,982		246,378	386,617	22,067	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	1,105,901	156,712		114,918			105
106	Heart Acquisition	2,432,486	344,695		252,767			106
107	Liver Acquisition	1,223,410	173,363		127,128			107
110	Intestinal Acquisition	103,141	14,616		10,718			110
118	SUBTOTALS (sum of lines 1-117)	792,259,813	96,223,028		62,978,373	51,912,153	2,342,187	118
	NONREIMBURSABLE COST CENTERS							

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
191	Research	40,786,869	5,779,703	9,633,028		5,198,831		191
191.01	OSA	15,686,678	2,222,881	4,102,514		593,087		191.01
192	Physicians' Private Offices	4,841,559	686,073		503,102	1,187,339	10,478	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	34,287,659	4,858,733		3,562,938			194
194.01	NON-REIMBURSABLE CLINICS	24,349,414	3,450,434		2,530,224	4,696,572	3,281	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)	912,211,992	113,220,852	13,735,542	69,574,637	63,587,982	2,355,946	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	14,741,800						9
10	Dietary	43,431	2,163,815					10
11	Cafeteria	228,593		6,167,458				11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	31,320		4,868	652,565			12.01
13	Nursing Administration	21,843		125,189		18,647,586		13
14	Central Services & Supply	108,831		35,384			2,921,889	14
15	Pharmacy							15
16	Medical Records & Library	62,423		78,341				16
17	Social Service	348,500		112,505	301,347	25,478		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	20,463		611				21
22	I&R Services-Other Prgm Costs Apprvd	23,331		11,289		1,960		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,536,778	1,723,189	919,302	176,303	4,898,056		30
31	Intensive Care Unit	1,012,635	73,424	365,378	23,061	2,372,767		31
32	Coronary Care Unit	745,550	51,172	319,228	16,193	2,027,032		32
35	NEONATOLOGY	878,766		378,167	56,158	2,464,533		35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,478,881	5,907	368,711	17,047	1,128,050		50
51	Recovery Room	180,133		46,830	5,931	273,683		51
53	Anesthesiology	142,730		33,430		56,143		53
54	Radiology-Diagnostic	367,219		86,978		461		54
57	CT Scan	59,046		12,248				57
58	MRI	200,105		41,997		115		58
59	Cardiac Catheterization	286,240		80,749		152,751		59
60	Laboratory	738,523		385,740		46,575		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	86,081		152,321				65
66	Physical Therapy	225,778		77,242	9,561	346		66
67	Occupational Therapy	12,328		23,607				67
68	Speech Pathology	109,884		67,192	2,349			68
69	Electrocardiology	30,903		64,348		5,879		69
70	Electroencephalography	154,459		59,288	4,994	71,130		70
71	Medical Supplies Charged to Patients						1,724,718	71
72	Impl. Dev. Charged to Patients						1,197,171	72
73	Drugs Charged to Patients	213,287		209,062				73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	5,501						74
76	PSYCHIATRY	408,072	60,488	121,525	1,447	50,379		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	617,001	138,251	435,798	1,969	1,511,022		90
90.01	OFFSITE CLINICS	46,336		266,204	8,897	571,230		90.01
91	Emergency	571,482	30,593	224,381	15,137	915,698		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	102,404	80,791	28,283	2,135	180,880		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			2,233		9,223		105
106	Heart Acquisition			2,478				106
107	Liver Acquisition			1,832		1,038		107
110	Intestinal Acquisition			279				110
118	SUBTOTALS (sum of lines 1-117)	12,098,857	2,163,815	5,143,018	642,529	16,764,429	2,921,889	118
	NONREIMBURSABLE COST CENTERS							

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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	
191	Research	1,377,022		288,729		119,088		191
191.01	OSA	157,092		154,449		68,709		191.01
192	Physicians' Private Offices	2,088		75,131	2,752	152,981		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			161,935		72,052		194
194.01	NON-REIMBURSABLE CLINICS	1,106,741		344,196	7,284	1,470,327		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)	14,741,800	2,163,815	6,167,458	652,565	18,647,586	2,921,889	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	6,605,609						16
17	Social Service		14,980,584					17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			22,807,917				21
22	I&R Services-Other Prgm Costs Apprvd				6,974,536			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,655,366	5,078,418	4,665,439	1,426,665	117,862,942	-6,092,104	30
31	Intensive Care Unit	587,239	464,398	1,766,603	540,218	48,434,911	-2,306,821	31
32	Coronary Care Unit	525,806				38,600,988		32
35	NEONATOLOGY	796,636	449,418	869,026	265,743	49,108,931	-1,134,769	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	268,188		2,786,415	852,070	62,555,019	-3,638,485	50
51	Recovery Room					6,123,295		51
53	Anesthesiology			1,853,149	566,683	9,325,245	-2,419,832	53
54	Radiology-Diagnostic			942,188	288,116	12,040,697	-1,230,304	54
57	CT Scan					1,625,797		57
58	MRI					5,958,681		58
59	Cardiac Catheterization			377,411	115,410	12,001,680	-492,821	59
60	Laboratory			1,961,108	599,696	67,886,369	-2,560,804	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			228,409	69,846	21,342,437	-298,255	65
66	Physical Therapy					8,257,598		66
67	Occupational Therapy					2,044,298		67
68	Speech Pathology					7,040,064		68
69	Electrocardiology			546,933	167,249	5,678,632	-714,182	69
70	Electroencephalography			582,622	178,163	6,917,065	-760,785	70
71	Medical Supplies Charged to Patients					23,247,955		71
72	Impl. Dev. Charged to Patients					16,136,993		72
73	Drugs Charged to Patients					67,416,904		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis			291,757	89,218	2,106,511	-380,975	74
76	PSYCHIATRY			821,738	251,283	14,855,027	-1,073,021	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			482,693	147,605	43,284,038	-630,298	90
90.01	OFFSITE CLINICS					31,113,169		90.01
91	Emergency	342,831	1,513,039	2,445,585	747,847	34,120,881	-3,193,432	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT					3,756,535		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					1,388,987		105
106	Heart Acquisition					3,032,426		106
107	Liver Acquisition					1,526,771		107
110	Intestinal Acquisition					128,754		110
118	SUBTOTALS (sum of lines 1-117)	4,176,066	7,505,273	20,621,076	6,305,812	724,919,600	-26,926,888	118
	NONREIMBURSABLE COST CENTERS							

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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	
191	Research					63,183,270		191
191.01	OSA					22,985,410		191.01
192	Physicians' Private Offices					7,461,503		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	62,093				43,005,410		194
194.01	NON-REIMBURSABLE CLINICS	2,367,450	7,475,311	2,186,841	668,724	50,656,799	-2,855,565	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)	6,605,609	14,980,584	22,807,917	6,974,536	912,211,992	-29,782,453	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	111,770,838					30
31	Intensive Care Unit	46,128,090					31
32	Coronary Care Unit	38,600,988					32
35	NEONATOLOGY	47,974,162					35
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	58,916,534					50
51	Recovery Room	6,123,295					51
53	Anesthesiology	6,905,413					53
54	Radiology-Diagnostic	10,810,393					54
57	CT Scan	1,625,797					57
58	MRI	5,958,681					58
59	Cardiac Catheterization	11,508,859					59
60	Laboratory	65,325,565					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	21,044,182					65
66	Physical Therapy	8,257,598					66
67	Occupational Therapy	2,044,298					67
68	Speech Pathology	7,040,064					68
69	Electrocardiology	4,964,450					69
70	Electroencephalography	6,156,280					70
71	Medical Supplies Charged to Patients	23,247,955					71
72	Impl. Dev. Charged to Patients	16,136,993					72
73	Drugs Charged to Patients	67,416,904					73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	1,725,536					74
76	PSYCHIATRY	13,782,006					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	42,653,740					90
90.01	OFFSITE CLINICS	31,113,169					90.01
91	Emergency	30,927,449					91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	3,756,535					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	1,388,987					105
106	Heart Acquisition	3,032,426					106
107	Liver Acquisition	1,526,771					107
110	Intestinal Acquisition	128,754					110
118	SUBTOTALS (sum of lines 1-117)	697,992,712					118
	NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	TOTAL						
		26						
191	Research	63,183,270						191
191.01	OSA	22,985,410						191.01
192	Physicians' Private Offices	7,461,503						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	43,005,410						194
194.01	NON-REIMBURSABLE CLINICS	47,801,234						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)	882,429,539						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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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		50,260	24,455	159,932	234,647	234,647	4.01
5.01	ADMINISTRATION & GENERAL		1,782,921	851,048	11,216,296	13,850,265	20,286	5.01
5.02	ADMIN & GENERAL CHCRC		194,640		409	195,049	3,202	5.02
5.03	ADMIN & GEN PATIENT RELATED		3,790	205,678	113,173	322,641	15,074	5.03
6	Maintenance & Repairs							6
7	Operation of Plant		1,197,081	492,363	6,332,258	8,021,702	8,128	7
8	Laundry & Linen Service		122,228	55,545		177,773		8
9	Housekeeping		372,199	171,570	39,523	583,292	6,791	9
10	Dietary		117,749	343,212	22,020	482,981	521	10
11	Cafeteria		619,757		115,909	735,666	2,743	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		84,915	36,407	1,795	123,117	140	12.01
13	Nursing Administration		59,268	28,839	661,912	750,019	3,611	13
14	Central Services & Supply		295,061	143,570	4,857	443,488	1,021	14
15	Pharmacy							15
16	Medical Records & Library		169,239	82,348	149,401	400,988	2,260	16
17	Social Service		944,846	432,985	380	1,378,211	3,245	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		55,478	26,994	969	83,441	18	21
22	I&R Services-Other Prgm Costs Apprvd		63,256	30,779		94,035	326	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		6,877,583	3,346,466	1,064,016	11,288,065	26,522	30
31	Intensive Care Unit		2,745,440	1,335,866	232,448	4,313,754	10,539	31
32	Coronary Care Unit		2,021,324	983,528	360,053	3,364,905	9,208	32
35	NEONATOLOGY		2,382,496	1,159,266	508,869	4,050,631	10,908	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		4,009,469	1,920,948	2,104,139	8,034,556	10,635	50
51	Recovery Room		488,373	237,630	77,409	803,412	1,351	51
53	Anesthesiology		386,967	188,289	247,568	822,824	964	53
54	Radiology-Diagnostic		995,599	341,128	536,721	1,873,448	2,509	54
57	CT Scan		160,083	59,905	59,477	279,465	353	57
58	MRI		542,521	176,624	487,522	1,206,667	1,211	58
59	Cardiac Catheterization		776,050	319,020	806,588	1,901,658	2,329	59
60	Laboratory		2,002,322	582,471	553,446	3,138,239	11,127	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		233,381	101,773	269,370	604,524	4,394	65
66	Physical Therapy		609,272	96,360	10,181	715,813	2,228	66
67	Occupational Therapy		31,948		2,521	34,469	681	67
68	Speech Pathology		293,634	96,408	76,154	466,196	1,938	68
69	Electrocardiology		83,783	32,407	66,035	182,225	1,856	69
70	Electroencephalography		418,767	158,085	65,926	642,778	1,710	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		578,259	278,397	189,277	1,045,933	6,030	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		14,916	7,258	1,499	23,673		74
76	PSYCHIATRY		1,106,357	365,272	46,252	1,517,881	3,505	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		1,672,852	717,825	270,053	2,660,730	12,571	90
90.01	OFFSITE CLINICS		753,209	27,952	527,668	1,308,829	7,679	90.01
91	Emergency		1,549,393	753,897	427,888	2,731,178	6,472	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		277,635	135,091		412,726	816	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				83	83	64	105
106	Heart Acquisition				142	142	71	106
107	Liver Acquisition				83	83	53	107
110	Intestinal Acquisition				5	5	8	110
118	SUBTOTALS (sum of lines 1-117)		37,144,321	16,347,659	27,810,227	81,302,207	205,098	118
	NONREIMBURSABLE COST CENTERS							

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
191	Research		3,733,359	118,923	910,567	4,762,849	8,328	191
191.01	OSA		101,504		946	102,450	4,455	191.01
192	Physicians' Private Offices		4,381		54,299	58,680	2,167	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						4,671	194
194.01	NON-REIMBURSABLE CLINICS		3,000,579	960,534	281,408	4,242,521	9,928	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)		43,984,144	17,427,116	29,057,447	90,468,707	234,647	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	13,870,551						5.01
5.02	ADMIN & GENERAL CHCRC	208,853	407,104					5.02
5.03	ADMIN & GEN PATIENT RELATED	1,057,905		1,395,620				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	886,217		106,403	9,022,450			7
8	Laundry & Linen Service	30,462		3,657	24,151	236,043		8
9	Housekeeping	198,231		23,801	73,541		885,656	9
10	Dietary	27,266		3,274	23,265		2,609	10
11	Cafeteria	70,741		8,494	122,455		13,733	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	6,942		834	16,778		1,882	12.01
13	Nursing Administration	256,690		30,819	11,701		1,312	13
14	Central Services & Supply	32,986		3,960	58,300		6,538	14
15	Pharmacy							15
16	Medical Records & Library	86,815		10,423	33,439		3,750	16
17	Social Service	179,465		21,547	186,688		20,937	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	316,500		38,001	10,962		1,229	21
22	I&R Services-Other Prgm Costs Apprvd	95,466		11,462	12,498		1,402	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,173,308		140,929	1,358,924	102,581	152,403	30
31	Intensive Care Unit	518,163		62,213	542,459	22,718	60,837	31
32	Coronary Care Unit	446,131		53,565	399,384	9,051	44,791	32
35	NEONATOLOGY	549,443		65,969	470,747	20,946	52,794	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	684,125		82,139	911,342	13,962	88,848	50
51	Recovery Room	67,138		8,061	96,495	11,956	10,822	51
53	Anesthesiology	85,492		10,265	76,459		8,575	53
54	Radiology-Diagnostic	124,396		14,936	196,716	4,372	22,062	54
57	CT Scan	18,380		2,207	31,630	1,277	3,547	57
58	MRI	68,636		8,241	107,194	3,628	12,022	58
59	Cardiac Catheterization	137,767		16,541	153,336	2,338	17,197	59
60	Laboratory	850,678		102,137	437,473	3,356	44,369	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	282,099		33,870	80,106		5,172	65
66	Physical Therapy	98,772		11,859	120,947	515	13,564	66
67	Occupational Therapy	27,311		3,279	6,604	223	741	67
68	Speech Pathology	89,836		10,786	58,845		6,602	68
69	Electrocardiology	66,153		7,943	16,554		1,857	69
70	Electroencephalography	73,187		8,787	82,742	3,200	9,280	70
71	Medical Supplies Charged to Patients	299,966		36,015				71
72	Impl. Dev. Charged to Patients	208,214		24,999				72
73	Drugs Charged to Patients	922,471		110,756	114,256		12,814	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	23,682		2,843	2,947		331	74
76	PSYCHIATRY	161,660		19,410	218,600		24,516	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	524,114		62,928	332,078	295	37,068	90
90.01	OFFSITE CLINICS	365,559		43,891	560,949	3,745	2,784	90.01
91	Emergency	341,345		40,984	360,353	28,290	34,333	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	41,161		4,942	54,857	2,211	6,152	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	19,198		2,305				105
106	Heart Acquisition	42,228		5,070				106
107	Liver Acquisition	21,238		2,550				107
110	Intestinal Acquisition	1,791		215				110
118	SUBTOTALS (sum of lines 1-117)	11,788,181		1,263,310	7,365,775	234,664	726,873	118
	NONREIMBURSABLE COST CENTERS							

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
191	Research	708,060	285,515		737,658		82,729	191
191.01	OSA	272,321	121,589		84,153		9,438	191.01
192	Physicians' Private Offices	84,049		10,091	168,471	1,050	125	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	595,234		71,467				194
194.01	NON-REIMBURSABLE CLINICS	422,706		50,752	666,393	329	66,491	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)	13,870,551	407,104	1,395,620	9,022,450	236,043	885,656	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	539,916						10
11	Cafeteria		953,832					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		753	150,446				12.01
13	Nursing Administration		19,361		1,073,513			13
14	Central Services & Supply		5,472			551,765		14
15	Pharmacy							15
16	Medical Records & Library		12,116				549,791	16
17	Social Service		17,399	69,475	1,467			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		94					21
22	I&R Services-Other Prgm Costs Apprvd		1,746		113			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	429,970	142,176	40,646	281,973		137,778	30
31	Intensive Care Unit	18,321	56,508	5,317	136,597		48,876	31
32	Coronary Care Unit	12,768	49,370	3,733	116,693		43,763	32
35	NEONATOLOGY		58,486	12,947	141,879		66,305	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	1,474	57,023	3,930	64,940		22,322	50
51	Recovery Room		7,243	1,367	15,756			51
53	Anesthesiology		5,170		3,232			53
54	Radiology-Diagnostic		13,452		27			54
57	CT Scan		1,894					57
58	MRI		6,495		7			58
59	Cardiac Catheterization		12,488		8,794			59
60	Laboratory		59,657		2,681			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		23,557					65
66	Physical Therapy		11,946	2,204	20			66
67	Occupational Therapy		3,651					67
68	Speech Pathology		10,392	542				68
69	Electrocardiology		9,952		338			69
70	Electroencephalography		9,169	1,151	4,095			70
71	Medical Supplies Charged to Patients					325,692		71
72	Impl. Dev. Charged to Patients					226,073		72
73	Drugs Charged to Patients		32,333					73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	15,093	18,795	334	2,900			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	34,497	67,399	454	86,987			90
90.01	OFFSITE CLINICS		41,170	2,051	32,885			90.01
91	Emergency	7,634	34,702	3,490	52,715		28,534	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	20,159	4,374	492	10,413			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		345		531			105
106	Heart Acquisition		383					106
107	Liver Acquisition		283		60			107
110	Intestinal Acquisition		43					110
118	SUBTOTALS (sum of lines 1-117)	539,916	795,397	148,133	965,103	551,765	347,578	118
	NONREIMBURSABLE COST CENTERS							

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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	
191	Research		44,654		6,856			191
191.01	OSA		23,886		3,955			191.01
192	Physicians' Private Offices		11,619	634	8,807			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		25,044		4,148		5,168	194
194.01	NON-REIMBURSABLE CLINICS		53,232	1,679	84,644		197,045	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)	539,916	953,832	150,446	1,073,513	551,765	549,791	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	1,878,434						17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		450,245					21
22	I&R Services-Other Prgm Costs Apprvd			217,048				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	636,789			15,912,064		15,912,064	30
31	Intensive Care Unit	58,231			5,854,533		5,854,533	31
32	Coronary Care Unit				4,553,362		4,553,362	32
35	NEONATOLOGY	56,353			5,557,408		5,557,408	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				9,975,296		9,975,296	50
51	Recovery Room				1,023,601		1,023,601	51
53	Anesthesiology				1,012,981		1,012,981	53
54	Radiology-Diagnostic				2,251,918		2,251,918	54
57	CT Scan				338,753		338,753	57
58	MRI				1,414,101		1,414,101	58
59	Cardiac Catheterization				2,252,448		2,252,448	59
60	Laboratory				4,649,717		4,649,717	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy				1,033,722		1,033,722	65
66	Physical Therapy				977,868		977,868	66
67	Occupational Therapy				76,959		76,959	67
68	Speech Pathology				645,137		645,137	68
69	Electrocardiology				286,878		286,878	69
70	Electroencephalography				836,099		836,099	70
71	Medical Supplies Charged to Patients				661,673		661,673	71
72	Impl. Dev. Charged to Patients				459,286		459,286	72
73	Drugs Charged to Patients				2,244,593		2,244,593	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis				53,476		53,476	74
76	PSYCHIATRY				1,982,694		1,982,694	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				3,819,121		3,819,121	90
90.01	OFFSITE CLINICS				2,369,542		2,369,542	90.01
91	Emergency	189,722			3,859,752		3,859,752	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT				558,303		558,303	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				22,526		22,526	105
106	Heart Acquisition				47,894		47,894	106
107	Liver Acquisition				24,267		24,267	107
110	Intestinal Acquisition				2,062		2,062	110
118	SUBTOTALS (sum of lines 1-117)	941,095			74,758,034		74,758,034	118
	NONREIMBURSABLE COST CENTERS							

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
191	Research				6,636,649		6,636,649	191
191.01	OSA				622,247		622,247	191.01
192	Physicians' Private Offices				345,693		345,693	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				705,732		705,732	194
194.01	NON-REIMBURSABLE CLINICS	937,339			6,733,059		6,733,059	194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments		450,245	217,048	667,293		667,293	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,878,434	450,245	217,048	90,468,707		90,468,707	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	893,512						1
1.01	CAP REL COSTS-INT EXP		727,577					1.01
2	Cap Rel Costs-Mvble Equip			29,969,050				2
4	Employee Benefits Department				446,120,826			4
4.01	EMPLOYEE BENEFITS FTE BASED	1,021	1,021	164,949	6,902,890	466,228		4.01
5.01	ADMINISTRATION & GENERAL	36,219	35,531	11,568,182	56,013,763	40,307	-113,220,852	5.01
5.02	ADMIN & GENERAL CHCRC	3,954		422	7,274,861	6,363		5.02
5.03	ADMIN & GEN PATIENT RELATED	77	8,587	116,724	20,299,924	29,951		5.03
6	Maintenance & Repairs							6
7	Operation of Plant	24,318	20,556	6,530,915	11,979,932	16,150		7
8	Laundry & Linen Service	2,483	2,319					8
9	Housekeeping	7,561	7,163	40,763	4,970,893	13,494		9
10	Dietary	2,392	14,329	22,711	382,816	1,036		10
11	Cafeteria	12,590		119,545	2,015,001	5,450		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	1,725	1,520	1,851	189,179	279		12.01
13	Nursing Administration	1,204	1,204	682,678	10,556,854	7,175		13
14	Central Services & Supply	5,994	5,994	5,009	768,054	2,028		14
15	Pharmacy							15
16	Medical Records & Library	3,438	3,438	154,088	2,869,528	4,490		16
17	Social Service	19,194	18,077	392	5,409,541	6,448		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,127	1,127	999	13,828,935	35		21
22	I&R Services-Other Prgm Costs Apprvd	1,285	1,285		949,656	647		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	139,714	139,714	1,097,397	42,066,843	52,688		30
31	Intensive Care Unit	55,772	55,772	239,740	18,122,554	20,941		31
32	Coronary Care Unit	41,062	41,062	371,349	16,130,380	18,296		32
35	NEONATOLOGY	48,399	48,399	524,833	20,369,352	21,674		35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	81,450	80,199	2,170,151	18,203,061	21,132		50
51	Recovery Room	9,921	9,921	79,837	2,416,398	2,684		51
53	Anesthesiology	7,861	7,861	255,335	1,522,997	1,916		53
54	Radiology-Diagnostic	20,225	14,242	553,559	4,029,138	4,985		54
57	CT Scan	3,252	2,501	61,343	590,220	702		57
58	MRI	11,021	7,374	502,817	1,962,969	2,407		58
59	Cardiac Catheterization	15,765	13,319	831,893	4,428,383	4,628		59
60	Laboratory	40,676	24,318	570,809	15,976,479	22,108		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,741	4,249	277,821	7,238,806	8,730		65
66	Physical Therapy	12,377	4,023	10,500	3,819,288	4,427		66
67	Occupational Therapy	649		2,600	1,279,407	1,353		67
68	Speech Pathology	5,965	4,025	78,543	3,282,318	3,851		68
69	Electrocardiology	1,702	1,353	68,107	2,418,531	3,688		69
70	Electroencephalography	8,507	6,600	67,994	2,506,219	3,398		70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	11,747	11,623	195,215	11,513,570	11,982		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	303	303	1,546				74
76	PSYCHIATRY	22,475	15,250	47,703	5,700,735	6,965		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	33,983	29,969	278,525	21,274,984	24,977		90
90.01	OFFSITE CLINICS	15,301	1,167	544,222	13,284,424	15,257		90.01
91	Emergency	31,475	31,475	441,312	12,040,098	12,860		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	5,640	5,640		1,380,253	1,621		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			86	172,866	128		105
106	Heart Acquisition			146	347,686	142		106
107	Liver Acquisition			86	118,040	105		107
110	Intestinal Acquisition			5	24,131	16		110
118	SUBTOTALS (sum of lines 1-117)	754,565	682,510	28,682,702	376,631,957	407,514	-113,220,852	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
	NONREIMBURSABLE COST CENTERS							
191	Research	75,841	4,965	939,134	23,188,034	16,548		191
191.01	OSA	2,062		976	8,712,769	8,852		191.01
192	Physicians' Private Offices	89		56,002	3,296,807	4,306		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				19,519,837	9,281		194
194.01	NON-REIMBURSABLE CLINICS	60,955	40,102	290,236	14,771,422	19,727		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)	43,984,144	17,427,116	29,057,447	4,111,629	65,378,883		202
203	Unit Cost Multiplier (Wkst. B, Part I)	49.226137	23.952263	0.969582	0.009216	140.229422		203
204	Cost to be allocated (Per Wkst. B, Part II)					234,647		204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.503288		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	798,991,140						5.01
5.02	ADMIN & GENERAL CHCRC	12,030,728	47,752,423					5.02
5.03	ADMIN & GEN PATIENT RELATED	60,939,242		560,689,069				5.03
6	Maintenance & Repairs							6
7	Operation of Plant	51,049,339		42,749,471	927,627			7
8	Laundry & Linen Service	1,754,742		1,469,447	2,483	2,056,402		8
9	Housekeeping	11,418,829		9,562,296	7,561		811,921	9
10	Dietary	1,570,638		1,315,275	2,392		2,392	10
11	Cafeteria	4,074,950		3,412,423	12,590		12,590	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	399,906		334,887	1,725		1,725	12.01
13	Nursing Administration	14,786,305		12,382,270	1,203		1,203	13
14	Central Services & Supply	1,900,093		1,591,166	5,994		5,994	14
15	Pharmacy							15
16	Medical Records & Library	5,000,869		4,187,802	3,438		3,438	16
17	Social Service	10,337,858		8,657,075	19,194		19,194	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	18,231,581		15,267,395	1,127		1,127	21
22	I&R Services-Other Prgm Costs Apprvd	5,499,174		4,605,090	1,285		1,285	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	67,582,951		56,594,960	139,715	893,699	139,716	30
31	Intensive Care Unit	29,848,091		24,995,232	55,772	197,916	55,772	31
32	Coronary Care Unit	25,698,813		21,520,566	41,062	78,851	41,062	32
35	NEONATOLOGY	31,649,919		26,504,110	48,399	182,483	48,399	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	39,408,134		33,000,954	93,698	121,634	81,451	50
51	Recovery Room	3,867,409		3,238,625	9,921	104,157	9,921	51
53	Anesthesiology	4,924,660		4,123,983	7,861		7,861	53
54	Radiology-Diagnostic	7,165,672		6,000,640	20,225	38,091	20,225	54
57	CT Scan	1,058,782		886,640	3,252	11,123	3,252	57
58	MRI	3,953,679		3,310,869	11,021	31,607	11,021	58
59	Cardiac Catheterization	7,935,903		6,645,642	15,765	20,372	15,765	59
60	Laboratory	49,002,205		41,035,170	44,978	29,234	40,675	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	16,249,932		13,607,933	8,236		4,741	65
66	Physical Therapy	5,689,641		4,764,589	12,435	4,489	12,435	66
67	Occupational Therapy	1,573,191		1,317,413	679	1,940	679	67
68	Speech Pathology	5,174,874		4,333,516	6,050		6,052	68
69	Electrocardiology	3,810,678		3,191,118	1,702		1,702	69
70	Electroencephalography	4,215,840		3,530,407	8,507	27,875	8,507	70
71	Medical Supplies Charged to Patients	17,279,161		14,469,825				71
72	Impl. Dev. Charged to Patients	11,993,902		10,043,871				72
73	Drugs Charged to Patients	53,137,721		44,498,312	11,747		11,747	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,364,194		1,142,396	303		303	74
76	PSYCHIATRY	9,312,207		7,798,180	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	30,190,917		25,282,320	34,142	2,568	33,982	90
90.01	OFFSITE CLINICS	21,057,569		17,633,919	57,673	32,628	2,552	90.01
91	Emergency	19,662,726		16,465,857	37,049	246,464	31,475	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	2,370,998		1,985,509	5,640	19,261	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	1,105,901		926,098				105
106	Heart Acquisition	2,432,486		2,037,000				106
107	Liver Acquisition	1,223,410		1,024,502				107
110	Intestinal Acquisition	103,141		86,372				110
118	SUBTOTALS (sum of lines 1-117)	679,038,961		507,531,125	757,299	2,044,392	666,358	118

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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	
	NONREIMBURSABLE COST CENTERS							
191	Research	40,786,869	33,489,803		75,841		75,841	191
191.01	OSA	15,686,678	14,262,620		8,652		8,652	191.01
192	Physicians' Private Offices	4,841,559		4,054,393	17,321	9,146	115	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	34,287,659		28,712,992				194
194.01	NON-REIMBURSABLE CLINICS	24,349,414		20,390,559	68,514	2,864	60,955	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)	113,220,852	13,735,542	69,574,637	63,587,982	2,355,946	14,741,800	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.141705	0.287641	0.124088	68.549085	1.145664	18.156693	203
204	Cost to be allocated (Per Wkst. B, Part II)	13,870,551	407,104	1,395,620	9,022,450	236,043	885,656	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.017360	0.008525	0.002489	9.726377	0.114784	1.090815	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	102,203						10
11	Cafeteria		353,477					11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		279	55,010				12.01
13	Nursing Administration		7,175		161,754			13
14	Central Services & Supply		2,028			29,273,063		14
15	Pharmacy							15
16	Medical Records & Library		4,490				10,000	16
17	Social Service		6,448	25,403	221			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		35					21
22	I&R Services-Other Prgm Costs Apprvd		647		17			22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	81,391	52,688	14,862	42,487		2,506	30
31	Intensive Care Unit	3,468	20,941	1,944	20,582		889	31
32	Coronary Care Unit	2,417	18,296	1,365	17,583		796	32
35	NEONATOLOGY		21,674	4,734	21,378		1,206	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	279	21,132	1,437	9,785		406	50
51	Recovery Room		2,684	500	2,374			51
53	Anesthesiology		1,916		487			53
54	Radiology-Diagnostic		4,985		4			54
57	CT Scan		702					57
58	MRI		2,407		1			58
59	Cardiac Catheterization		4,628		1,325			59
60	Laboratory		22,108		404			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		8,730					65
66	Physical Therapy		4,427	806	3			66
67	Occupational Therapy		1,353					67
68	Speech Pathology		3,851	198				68
69	Electrocardiology		3,688		51			69
70	Electroencephalography		3,398	421	617			70
71	Medical Supplies Charged to Patients					17,279,161		71
72	Impl. Dev. Charged to Patients					11,993,902		72
73	Drugs Charged to Patients		11,982					73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	2,857	6,965	122	437			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	6,530	24,977	166	13,107			90
90.01	OFFSITE CLINICS		15,257	750	4,955			90.01
91	Emergency	1,445	12,860	1,276	7,943		519	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	3,816	1,621	180	1,569			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		128		80			105
106	Heart Acquisition		142					106
107	Liver Acquisition		105		9			107
110	Intestinal Acquisition		16					110
118	SUBTOTALS (sum of lines 1-117)	102,203	294,763	54,164	145,419	29,273,063	6,322	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	
	NONREIMBURSABLE COST CENTERS							
191	Research		16,548		1,033			191
191.01	OSA		8,852		596			191.01
192	Physicians' Private Offices		4,306	232	1,327			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		9,281		625		94	194
194.01	NON-REIMBURSABLE CLINICS		19,727	614	12,754		3,584	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)	2,163,815	6,167,458	652,565	18,647,586	2,921,889	6,605,609	202
203	Unit Cost Multiplier (Wkst. B, Part I)	21.171737	17.447975	11.862661	115.283616	0.099815	660.560900	203
204	Cost to be allocated (Per Wkst. B, Part II)	539,916	953,832	150,446	1,073,513	551,765	549,791	204
205	Unit Cost Multiplier (Wkst. B, Part II)	5.282780	2.698427	2.734885	6.636701	0.018849	54.979100	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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		25,563					21
22	I&R Services-Other Prgm Costs Apprvd			25,563				22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,390	5,229	5,229				30
31	Intensive Care Unit	310	1,980	1,980				31
32	Coronary Care Unit							32
35	NEONATOLOGY	300	974	974				35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		3,123	3,123				50
51	Recovery Room							51
53	Anesthesiology		2,077	2,077				53
54	Radiology-Diagnostic		1,056	1,056				54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization		423	423				59
60	Laboratory		2,198	2,198				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		256	256				65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology		613	613				69
70	Electroencephalography		653	653				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		327	327				74
76	PSYCHIATRY		921	921				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		541	541				90
90.01	OFFSITE CLINICS							90.01
91	Emergency	1,010	2,741	2,741				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

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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				
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)	5,010	23,112	23,112				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	4,990	2,451	2,451				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)	14,980,584	22,807,917	6,974,536				202
203	Unit Cost Multiplier (Wkst. B, Part I)	1,498.058400	892.223800	272.837147				203
204	Cost to be allocated (Per Wkst. B, Part II)	1,878,434	450,245	217,048				204
205	Unit Cost Multiplier (Wkst. B, Part II)	187.843400	17.613152	8.490709				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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

		WORKSHEET			
	DESCRIPTION	CODE	LINE NO.	AMOUNT	
	1	2	3	4	

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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	111,770,838		111,770,838			30
31	Intensive Care Unit	46,128,090		46,128,090			31
32	Coronary Care Unit	38,600,988		38,600,988			32
35	NEONATOLOGY	47,974,162		47,974,162			35
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	58,916,534		58,916,534			50
51	Recovery Room	6,123,295		6,123,295			51
53	Anesthesiology	6,905,413		6,905,413			53
54	Radiology-Diagnostic	10,810,393		10,810,393			54
57	CT Scan	1,625,797		1,625,797			57
58	MRI	5,958,681		5,958,681			58
59	Cardiac Catheterization	11,508,859		11,508,859			59
60	Laboratory	65,325,565		65,325,565			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	21,044,182		21,044,182			65
66	Physical Therapy	8,257,598		8,257,598			66
67	Occupational Therapy	2,044,298		2,044,298			67
68	Speech Pathology	7,040,064		7,040,064			68
69	Electrocardiology	4,964,450		4,964,450			69
70	Electroencephalography	6,156,280		6,156,280			70
71	Medical Supplies Charged to Patients	23,247,955		23,247,955			71
72	Impl. Dev. Charged to Patients	16,136,993		16,136,993			72
73	Drugs Charged to Patients	67,416,904		67,416,904			73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	1,725,536		1,725,536			74
76	PSYCHIATRY	13,782,006		13,782,006			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	42,653,740		42,653,740			90
90.01	OFFSITE CLINICS	31,113,169		31,113,169			90.01
91	Emergency	30,927,449		30,927,449			91
92	Observation Beds (Non-Distinct Part)	20,632,465		20,632,465		20,632,465	92
92.01	OBSERVATION BEDS-DISTINCT	3,756,535		3,756,535			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	1,388,987		1,388,987			105
106	Heart Acquisition	3,032,426		3,032,426			106
107	Liver Acquisition	1,526,771		1,526,771			107
110	Intestinal Acquisition	128,754		128,754			110
200	Subtotal (sum of lines 30 thru 199)	718,625,177		718,625,177		20,632,465	200
201	Less Observation Beds	20,632,465		20,632,465		20,632,465	201
202	Total (line 200 minus line 201)	697,992,712		697,992,712			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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	222,019,677		222,019,677				30
31	Intensive Care Unit	128,917,384		128,917,384				31
32	Coronary Care Unit	110,135,650		110,135,650				32
35	NEONATOLOGY	183,660,224		183,660,224				35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	169,883,183	141,120,628	311,003,811	0.189440	0.189440		50
51	Recovery Room	7,308,504	28,720,402	36,028,906	0.169955	0.169955		51
53	Anesthesiology	16,791,204	34,184,760	50,975,964	0.135464	0.135464		53
54	Radiology-Diagnostic	26,894,030	54,603,798	81,497,828	0.132646	0.132646		54
57	CT Scan	8,692,648	13,336,246	22,028,894	0.073803	0.073803		57
58	MRI	17,746,193	67,801,140	85,547,333	0.069654	0.069654		58
59	Cardiac Catheterization	34,645,427	55,972,877	90,618,304	0.127004	0.127004		59
60	Laboratory	176,895,241	160,331,060	337,226,301	0.193714	0.193714		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	130,015,919	4,784,975	134,800,894	0.156113	0.156113		65
66	Physical Therapy	4,590,282	6,828,961	11,419,243	0.723130	0.723130		66
67	Occupational Therapy	2,545,991	3,238,835	5,784,826	0.353390	0.353390		67
68	Speech Pathology	3,180,451	13,678,008	16,858,459	0.417598	0.417598		68
69	Electrocardiology	3,376,862	7,882,381	11,259,243	0.440922	0.440922		69
70	Electroencephalography	1,752,871	13,860,306	15,613,177	0.394300	0.394300		70
71	Medical Supplies Charged to Patients	29,164,481	37,459,135	66,623,616	0.348945	0.348945		71
72	Impl. Dev. Charged to Patients	22,930,199	24,669,773	47,599,972	0.339013	0.339013		72
73	Drugs Charged to Patients	262,152,747	110,209,001	372,361,748	0.181052	0.181052		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	5,108,009	592,911	5,700,920	0.302677	0.302677		74
76	PSYCHIATRY	430,496	11,033,895	11,464,391	1.202158	1.202158		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	968,651	32,250,103	33,218,754	1.284026	1.284026		90
90.01	OFFSITE CLINICS		87,133,374	87,133,374	0.357075	0.357075		90.01
91	Emergency	13,483,097	67,318,977	80,802,074	0.382756	0.382756		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	704,607	30,901,657	31,606,264	0.118854	0.118854		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	1,753,218		1,753,218				105
106	Heart Acquisition	2,822,719		2,822,719				106
107	Liver Acquisition	1,655,817		1,655,817				107
110	Intestinal Acquisition	97,401		97,401				110
200	Subtotal (sum of lines 30 thru 199)	1,590,323,183	1,007,913,203	2,598,236,386				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,590,323,183	1,007,913,203	2,598,236,386				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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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 (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	117,862,942		117,862,942		117,862,942	30
31	Intensive Care Unit	48,434,911		48,434,911		48,434,911	31
32	Coronary Care Unit	38,600,988		38,600,988		38,600,988	32
35	NEONATOLOGY	49,108,931		49,108,931		49,108,931	35
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	62,555,019		62,555,019		62,555,019	50
51	Recovery Room	6,123,295		6,123,295		6,123,295	51
53	Anesthesiology	9,325,245		9,325,245		9,325,245	53
54	Radiology-Diagnostic	12,040,697		12,040,697		12,040,697	54
57	CT Scan	1,625,797		1,625,797		1,625,797	57
58	MRI	5,958,681		5,958,681		5,958,681	58
59	Cardiac Catheterization	12,001,680		12,001,680		12,001,680	59
60	Laboratory	67,886,369		67,886,369		67,886,369	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	21,342,437		21,342,437		21,342,437	65
66	Physical Therapy	8,257,598		8,257,598		8,257,598	66
67	Occupational Therapy	2,044,298		2,044,298		2,044,298	67
68	Speech Pathology	7,040,064		7,040,064		7,040,064	68
69	Electrocardiology	5,678,632		5,678,632		5,678,632	69
70	Electroencephalography	6,917,065		6,917,065		6,917,065	70
71	Medical Supplies Charged to Patients	23,247,955		23,247,955		23,247,955	71
72	Impl. Dev. Charged to Patients	16,136,993		16,136,993		16,136,993	72
73	Drugs Charged to Patients	67,416,904		67,416,904		67,416,904	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	2,106,511		2,106,511		2,106,511	74
76	PSYCHIATRY	14,855,027		14,855,027		14,855,027	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	43,284,038		43,284,038		43,284,038	90
90.01	OFFSITE CLINICS	31,113,169		31,113,169		31,113,169	90.01
91	Emergency	34,120,881		34,120,881		34,120,881	91
92	Observation Beds (Non-Distinct Part)	21,757,061		21,757,061		21,757,061	92
92.01	OBSERVATION BEDS-DISTINCT	3,756,535		3,756,535		3,756,535	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	1,388,987		1,388,987		1,388,987	105
106	Heart Acquisition	3,032,426		3,032,426		3,032,426	106
107	Liver Acquisition	1,526,771		1,526,771		1,526,771	107
110	Intestinal Acquisition	128,754		128,754		128,754	110
200	Subtotal (sum of lines 30 thru 199)	746,676,661		749,532,226		749,532,226	200
201	Less Observation Beds	21,757,061		21,757,061		21,757,061	201
202	Total (line 200 minus line 201)	724,919,600		727,775,165		727,775,165	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	222,019,677		222,019,677				30
31	Intensive Care Unit	128,917,384		128,917,384				31
32	Coronary Care Unit	110,135,650		110,135,650				32
35	NEONATOLOGY	183,660,224		183,660,224				35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	169,883,183	141,120,628	311,003,811	0.201139	0.201139		50
51	Recovery Room	7,308,504	28,720,402	36,028,906	0.169955	0.169955		51
53	Anesthesiology	16,791,204	34,184,760	50,975,964	0.182934	0.182934		53
54	Radiology-Diagnostic	26,894,030	54,603,798	81,497,828	0.147743	0.147743		54
57	CT Scan	8,692,648	13,336,246	22,028,894	0.073803	0.073803		57
58	MRI	17,746,193	67,801,140	85,547,333	0.069654	0.069654		58
59	Cardiac Catheterization	34,645,427	55,972,877	90,618,304	0.132442	0.132442		59
60	Laboratory	176,895,241	160,331,060	337,226,301	0.201308	0.201308		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	130,015,919	4,784,975	134,800,894	0.158326	0.158326		65
66	Physical Therapy	4,590,282	6,828,961	11,419,243	0.723130	0.723130		66
67	Occupational Therapy	2,545,991	3,238,835	5,784,826	0.353390	0.353390		67
68	Speech Pathology	3,180,451	13,678,008	16,858,459	0.417598	0.417598		68
69	Electrocardiology	3,376,862	7,882,381	11,259,243	0.504353	0.504353		69
70	Electroencephalography	1,752,871	13,860,306	15,613,177	0.443027	0.443027		70
71	Medical Supplies Charged to Patients	29,164,481	37,459,135	66,623,616	0.348945	0.348945		71
72	Impl. Dev. Charged to Patients	22,930,199	24,669,773	47,599,972	0.339013	0.339013		72
73	Drugs Charged to Patients	262,152,747	110,209,001	372,361,748	0.181052	0.181052		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	5,108,009	592,911	5,700,920	0.369504	0.369504		74
76	PSYCHIATRY	430,496	11,033,895	11,464,391	1.295754	1.295754		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	968,651	32,250,103	33,218,754	1.303000	1.303000		90
90.01	OFFSITE CLINICS		87,133,374	87,133,374	0.357075	0.357075		90.01
91	Emergency	13,483,097	67,318,977	80,802,074	0.422277	0.422277		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	704,607	30,901,657	31,606,264	0.118854	0.118854		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	1,753,218		1,753,218				105
106	Heart Acquisition	2,822,719		2,822,719				106
107	Liver Acquisition	1,655,817		1,655,817				107
110	Intestinal Acquisition	97,401		97,401				110
200	Subtotal (sum of lines 30 thru 199)	1,590,323,183	1,007,913,203	2,598,236,386				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,590,323,183	1,007,913,203	2,598,236,386				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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY**WORKSHEET C
PART II**

[] Title V

[XX] 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	62,555,019	9,975,296	52,579,723		50
51	Recovery Room	6,123,295	1,023,601	5,099,694		51
53	Anesthesiology	9,325,245	1,012,981	8,312,264		53
54	Radiology-Diagnostic	12,040,697	2,251,918	9,788,779		54
57	CT Scan	1,625,797	338,753	1,287,044		57
58	MRI	5,958,681	1,414,101	4,544,580		58
59	Cardiac Catheterization	12,001,680	2,252,448	9,749,232		59
60	Laboratory	67,886,369	4,649,717	63,236,652		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	21,342,437	1,033,722	20,308,715		65
66	Physical Therapy	8,257,598	977,868	7,279,730		66
67	Occupational Therapy	2,044,298	76,959	1,967,339		67
68	Speech Pathology	7,040,064	645,137	6,394,927		68
69	Electrocardiology	5,678,632	286,878	5,391,754		69
70	Electroencephalography	6,917,065	836,099	6,080,966		70
71	Medical Supplies Charged to Patients	23,247,955	661,673	22,586,282		71
72	Impl. Dev. Charged to Patients	16,136,993	459,286	15,677,707		72
73	Drugs Charged to Patients	67,416,904	2,244,593	65,172,311		73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	2,106,511	53,476	2,053,035		74
76	PSYCHIATRY	14,855,027	1,982,694	12,872,333		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	43,284,038	3,819,121	39,464,917		90
90.01	OFFSITE CLINICS	31,113,169	2,369,542	28,743,627		90.01
91	Emergency	34,120,881	3,859,752	30,261,129		91
92	Observation Beds (Non-Distinct Part)	21,757,061	2,937,312	18,819,749		92
92.01	OBSERVATION BEDS-DISTINCT	3,756,535	558,303	3,198,232		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	1,388,987	22,526	1,366,461		105
106	Heart Acquisition	3,032,426	47,894	2,984,532		106
107	Liver Acquisition	1,526,771	24,267	1,502,504		107
110	Intestinal Acquisition	128,754	2,062	126,692		110
200	Subtotal	492,668,889	45,817,979	446,850,910		200
201	Less Observation Beds	21,757,061	2,937,312	18,819,749		201
202	Total	470,911,828	42,880,667	428,031,161		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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		62,555,019	311,003,811	0.201139	50
51	Recovery Room		6,123,295	36,028,906	0.169955	51
53	Anesthesiology		9,325,245	50,975,964	0.182934	53
54	Radiology-Diagnostic		12,040,697	81,497,828	0.147743	54
57	CT Scan		1,625,797	22,028,894	0.073803	57
58	MRI		5,958,681	85,547,333	0.069654	58
59	Cardiac Catheterization		12,001,680	90,618,304	0.132442	59
60	Laboratory		67,886,369	337,226,301	0.201308	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		21,342,437	134,800,894	0.158326	65
66	Physical Therapy		8,257,598	11,419,243	0.723130	66
67	Occupational Therapy		2,044,298	5,784,826	0.353390	67
68	Speech Pathology		7,040,064	16,858,459	0.417598	68
69	Electrocardiology		5,678,632	11,259,243	0.504353	69
70	Electroencephalography		6,917,065	15,613,177	0.443027	70
71	Medical Supplies Charged to Patients		23,247,955	66,623,616	0.348945	71
72	Impl. Dev. Charged to Patients		16,136,993	47,599,972	0.339013	72
73	Drugs Charged to Patients		67,416,904	372,361,748	0.181052	73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis		2,106,511	5,700,920	0.369504	74
76	PSYCHIATRY		14,855,027	11,464,391	1.295754	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		43,284,038	33,218,754	1.303000	90
90.01	OFFSITE CLINICS		31,113,169	87,133,374	0.357075	90.01
91	Emergency		34,120,881	80,802,074	0.422277	91
92	Observation Beds (Non-Distinct Part)		21,757,061			92
92.01	OBSERVATION BEDS-DISTINCT		3,756,535	31,606,264	0.118854	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		1,388,987	1,753,218	0.792250	105
106	Heart Acquisition		3,032,426	2,822,719	1.074293	106
107	Liver Acquisition		1,526,771	1,655,817	0.922065	107
110	Intestinal Acquisition		128,754	97,401	1.321896	110
200	Subtotal		492,668,889	1,953,503,451		200
201	Less Observation Beds		21,757,061			201
202	Total		470,911,828	1,953,503,451		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	15,912,064		15,912,064	49,936	318.65	182	57,994	30
31	Intensive Care Unit	5,854,533		5,854,533	14,810	395.31	46	18,184	31
32	Coronary Care Unit	4,553,362		4,553,362	13,268	343.18	45	15,443	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	5,557,408		5,557,408	20,093	276.58			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)	31,877,367		31,877,367	98,107		273	91,621	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART II

Check ☐ Title V ☒ Hospital ☐ SUB (Other) ☐ PPS
Applicable ☒ Title XVIII, Part A ☐ IPF ☒ 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	9,975,296	311,003,811	0.032075	1,112,862	35,695	50
51	Recovery Room	1,023,601	36,028,906	0.028411	20,689	588	51
53	Anesthesiology	1,012,981	50,975,964	0.019872	77,611	1,542	53
54	Radiology-Diagnostic	2,251,918	81,497,828	0.027632	130,956	3,619	54
57	CT Scan	338,753	22,028,894	0.015378	43,318	666	57
58	MRI	1,414,101	85,547,333	0.016530	136,425	2,255	58
59	Cardiac Catheterization	2,252,448	90,618,304	0.024856	163,399	4,061	59
60	Laboratory	4,649,717	337,226,301	0.013788	766,493	10,568	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,033,722	134,800,894	0.007669	475,806	3,649	65
66	Physical Therapy	977,868	11,419,243	0.085633	20,025	1,715	66
67	Occupational Therapy	76,959	5,784,826	0.013304	18,085	241	67
68	Speech Pathology	645,137	16,858,459	0.038268	10,031	384	68
69	Electrocardiology	286,878	11,259,243	0.025479	22,027	561	69
70	Electroencephalography	836,099	15,613,177	0.053551	5,516	295	70
71	Medical Supplies Charged to Pat	661,673	66,623,616	0.009932	271,881	2,700	71
72	Impl. Dev. Charged to Patients	459,286	47,599,972	0.009649	10,553	102	72
73	Drugs Charged to Patients	2,244,593	372,361,748	0.006028	927,421	5,590	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	53,476	5,700,920	0.009380	163,493	1,534	74
76	PSYCHIATRY	1,982,694	11,464,391	0.172944	789	136	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	3,819,121	33,218,754	0.114969	202	23	90
90.01	OFFSITE CLINICS	2,369,542	87,133,374	0.027194			90.01
91	Emergency	3,859,752	80,802,074	0.047768	55,280	2,641	91
92	Observation Beds (Non-Distinct	2,937,300					92
92.01	OBSERVATION BEDS-DISTINCT	558,303	31,606,264	0.017664	33,624	594	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	45,721,218	1,947,174,296		4,466,486	79,159	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS**WORKSHEET D
PART III**

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

		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	49,936		182		30
31	Intensive Care Unit	14,810		46		31
32	Coronary Care Unit	13,268		45		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	20,093				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)	98,107		273		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	311,003,811			1,112,862		147,843		50
51	Recovery Room	36,028,906			20,689		51,087		51
53	Anesthesiology	50,975,964			77,611		46,843		53
54	Radiology-Diagnostic	81,497,828			130,956		116,422		54
57	CT Scan	22,028,894			43,318		3,283		57
58	MRI	85,547,333			136,425		239,636		58
59	Cardiac Catheterization	90,618,304			163,399		378,268		59
60	Laboratory	337,226,301			766,493		1,075,540		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	134,800,894			475,806		25,153		65
66	Physical Therapy	11,419,243			20,025				66
67	Occupational Therapy	5,784,826			18,085		136		67
68	Speech Pathology	16,858,459			10,031		5,383		68
69	Electrocardiology	11,259,243			22,027		42,206		69
70	Electroencephalography	15,613,177			5,516		15,454		70
71	Medical Supplies Charged to Pat	66,623,616			271,881		59,049		71
72	Impl. Dev. Charged to Patients	47,599,972			10,553		113,593		72
73	Drugs Charged to Patients	372,361,748			927,421		290,249		73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	5,700,920			163,493		19,235		74
76	PSYCHIATRY	11,464,391			789				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	33,218,754			202		107,831		90
90.01	OFFSITE CLINICS	87,133,374					65,043		90.01
91	Emergency	80,802,074			55,280		74,873		91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	31,606,264			33,624		74,647		92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,947,174,296			4,466,486		2,951,774		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	0.189440	147,843			28,007			50
51	Recovery Room	0.169955	51,087			8,682			51
53	Anesthesiology	0.135464	46,843			6,346			53
54	Radiology-Diagnostic	0.132646	116,422			15,443			54
57	CT Scan	0.073803	3,283			242			57
58	MRI	0.069654	239,636			16,692			58
59	Cardiac Catheterization	0.127004	378,268			48,042			59
60	Laboratory	0.193714	1,075,540			208,347			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.156113	25,153			3,927			65
66	Physical Therapy	0.723130							66
67	Occupational Therapy	0.353390	136			48			67
68	Speech Pathology	0.417598	5,383			2,248			68
69	Electrocardiology	0.440922	42,206			18,610			69
70	Electroencephalography	0.394300	15,454			6,094			70
71	Medical Supplies Charged to Pat	0.348945	59,049			20,605			71
72	Impl. Dev. Charged to Patients	0.339013	113,593			38,510			72
73	Drugs Charged to Patients	0.181052	290,249			52,550			73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.302677	19,235			5,822			74
76	PSYCHIATRY	1.202158							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	1.284026	107,831			138,458			90
90.01	OFFSITE CLINICS	0.357075	65,043			23,225			90.01
91	Emergency	0.382756	74,873			28,658			91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.118854	74,647			8,872			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		2,951,774			679,428			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		2,951,774			679,428			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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

Check ☐ Title V
Applicable ☐ Title XVIII, Part A
Boxes: ☒ 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)	15,912,064		15,912,064	49,936	318.65	10,085	3,213,585	30
31	Intensive Care Unit	5,854,533		5,854,533	14,810	395.31	3,814	1,507,712	31
32	Coronary Care Unit	4,553,362		4,553,362	13,268	343.18	1,927	661,308	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	5,557,408		5,557,408	20,093	276.58	2,358	652,176	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)	31,877,367		31,877,367	98,107		18,184	6,034,781	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	9,975,296	311,003,811	0.032075	24,501,040	785,871	50
51	Recovery Room	1,023,601	36,028,906	0.028411	1,008,007	28,638	51
53	Anesthesiology	1,012,981	50,975,964	0.019872	2,456,294	48,811	53
54	Radiology-Diagnostic	2,251,918	81,497,828	0.027632	5,015,954	138,601	54
57	CT Scan	338,753	22,028,894	0.015378	1,390,158	21,378	57
58	MRI	1,414,101	85,547,333	0.016530	2,465,202	40,750	58
59	Cardiac Catheterization	2,252,448	90,618,304	0.024856	6,870,904	170,783	59
60	Laboratory	4,649,717	337,226,301	0.013788	31,597,056	435,660	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,033,722	134,800,894	0.007669	49,857,580	382,358	65
66	Physical Therapy	977,868	11,419,243	0.085633	975,269	83,515	66
67	Occupational Therapy	76,959	5,784,826	0.013304	458,571	6,101	67
68	Speech Pathology	645,137	16,858,459	0.038268	613,594	23,481	68
69	Electrocardiology	286,878	11,259,243	0.025479	558,375	14,227	69
70	Electroencephalography	836,099	15,613,177	0.053551	395,210	21,164	70
71	Medical Supplies Charged to Pat	661,673	66,623,616	0.009932	1,763,298	17,513	71
72	Impl. Dev. Charged to Patients	459,286	47,599,972	0.009649	3,411,621	32,919	72
73	Drugs Charged to Patients	2,244,593	372,361,748	0.006028	57,487,721	346,536	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	53,476	5,700,920	0.009380	939,230	8,810	74
76	PSYCHIATRY	1,982,694	11,464,391	0.172944	79,459	13,742	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	3,819,121	33,218,754	0.114969	172,030	19,778	90
90.01	OFFSITE CLINICS	2,369,542	87,133,374	0.027194			90.01
91	Emergency	3,859,752	80,802,074	0.047768	2,421,105	115,651	91
92	Observation Beds (Non-Distinct	2,937,312					92
92.01	OBSERVATION BEDS-DISTINCT	558,303	31,606,264	0.017664	447,392	7,903	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	45,721,230	1,947,174,296		194,885,070	2,764,190	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	49,936		10,085		30
31	Intensive Care Unit	14,810		3,814		31
32	Coronary Care Unit	13,268		1,927		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	20,093		2,358		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)	98,107		18,184		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	311,003,811			24,501,040				50
51	Recovery Room	36,028,906			1,008,007				51
53	Anesthesiology	50,975,964			2,456,294				53
54	Radiology-Diagnostic	81,497,828			5,015,954				54
57	CT Scan	22,028,894			1,390,158				57
58	MRI	85,547,333			2,465,202				58
59	Cardiac Catheterization	90,618,304			6,870,904				59
60	Laboratory	337,226,301			31,597,056				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	134,800,894			49,857,580				65
66	Physical Therapy	11,419,243			975,269				66
67	Occupational Therapy	5,784,826			458,571				67
68	Speech Pathology	16,858,459			613,594				68
69	Electrocardiology	11,259,243			558,375				69
70	Electroencephalography	15,613,177			395,210				70
71	Medical Supplies Charged to Pat	66,623,616			1,763,298				71
72	Impl. Dev. Charged to Patients	47,599,972			3,411,621				72
73	Drugs Charged to Patients	372,361,748			57,487,721				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	5,700,920			939,230				74
76	PSYCHIATRY	11,464,391			79,459				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	33,218,754			172,030				90
90.01	OFFSITE CLINICS	87,133,374							90.01
91	Emergency	80,802,074			2,421,105				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	31,606,264			447,392				92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,947,174,296			194,885,070				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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	0.201139						50
51	Recovery Room	0.169955						51
53	Anesthesiology	0.182934						53
54	Radiology-Diagnostic	0.147743						54
57	CT Scan	0.073803						57
58	MRI	0.069654						58
59	Cardiac Catheterization	0.132442						59
60	Laboratory	0.201308						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	0.158326						65
66	Physical Therapy	0.723130						66
67	Occupational Therapy	0.353390						67
68	Speech Pathology	0.417598						68
69	Electrocardiology	0.504353						69
70	Electroencephalography	0.443027						70
71	Medical Supplies Charged to Pat	0.348945						71
72	Impl. Dev. Charged to Patients	0.339013						72
73	Drugs Charged to Patients	0.181052						73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	0.369504						74
76	PSYCHIATRY	1.295754						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	1.303000						90
90.01	OFFSITE CLINICS	0.357075						90.01
91	Emergency	0.422277						91
92	Observation Beds (Non-Distinct							92
92.01	OBSERVATION BEDS-DISTINCT	0.118854						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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	49,936	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,936	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)	40,718	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)	182	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)	111,770,838	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)	111,770,838	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)	111,770,838	37

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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WORKSHEET D-1
PART II

PART II - HOSPITALS AND SUBPROVIDERS ONLY

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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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)					9,218	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,238.28	88
89	Observation bed cost (line 87 x line 88) (see instructions)					20,632,465	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	15,912,064	111,770,838	0.142363	20,632,465	2,937,300	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	49,936	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	49,936	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)	40,718	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)	10,085	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	117,862,942	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	117,862,942	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)	117,862,942	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)						2,360.28	38
39	Program general inpatient routine service cost (line 9 x line 38)						23,803,424	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)						23,803,424	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	48,434,911	14,810	3,270.42	3,814	12,473,382		43
44	Coronary Care Unit	38,600,988	13,268	2,909.33	1,927	5,606,279		44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	NEONATOLOGY	49,108,931	20,093	2,444.08	2,358	5,763,141		47
							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						37,238,741	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						84,884,967	49
PASS THROUGH COST ADJUSTMENTS								
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						6,034,781	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,764,190	51
52	Total Program excludable cost (sum of lines 50 and 51)						8,798,971	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)					9,218	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,360.28	88
89	Observation bed cost (line 87 x line 88) (see instructions)					21,757,061	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	15,912,064	117,862,942	0.135005	21,757,061	2,937,312	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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		656,730		30
31	Intensive Care Unit		396,520		31
32	Coronary Care Unit		354,410		32
35	NEONATOLOGY				35
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.189440	1,112,862	210,821	50
51	Recovery Room	0.169955	20,689	3,516	51
53	Anesthesiology	0.135464	77,611	10,513	53
54	Radiology-Diagnostic	0.132646	130,956	17,371	54
57	CT Scan	0.073803	43,318	3,197	57
58	MRI	0.069654	136,425	9,503	58
59	Cardiac Catheterization	0.127004	163,399	20,752	59
60	Laboratory	0.193714	766,493	148,480	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.156113	475,806	74,280	65
66	Physical Therapy	0.723130	20,025	14,481	66
67	Occupational Therapy	0.353390	18,085	6,391	67
68	Speech Pathology	0.417598	10,031	4,189	68
69	Electrocardiology	0.440922	22,027	9,712	69
70	Electroencephalography	0.394300	5,516	2,175	70
71	Medical Supplies Charged to Patients	0.348945	271,881	94,872	71
72	Impl. Dev. Charged to Patients	0.339013	10,553	3,578	72
73	Drugs Charged to Patients	0.181052	927,421	167,911	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.302677	163,493	49,486	74
76	PSYCHIATRY	1.202158	789	949	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	1.284026	202	259	90
90.01	OFFSITE CLINICS	0.357075			90.01
91	Emergency	0.382756	55,280	21,159	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.118854	33,624	3,996	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		4,466,486	877,591	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		4,466,486		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [] PPS
Applicable [] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
Boxes: [XX] Title XIX [] IRF [] NF [] ICF/IID [XX] 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		27,498,766		30
31	Intensive Care Unit		31,188,485		31
32	Coronary Care Unit		11,091,165		32
35	NEONATOLOGY		33,075,991		35
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.201139	24,501,040	4,928,115	50
51	Recovery Room	0.169955	1,008,007	171,316	51
53	Anesthesiology	0.182934	2,456,294	449,340	53
54	Radiology-Diagnostic	0.147743	5,015,954	741,072	54
57	CT Scan	0.073803	1,390,158	102,598	57
58	MRI	0.069654	2,465,202	171,711	58
59	Cardiac Catheterization	0.132442	6,870,904	909,996	59
60	Laboratory	0.201308	31,597,056	6,360,740	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.158326	49,857,580	7,893,751	65
66	Physical Therapy	0.723130	975,269	705,246	66
67	Occupational Therapy	0.353390	458,571	162,054	67
68	Speech Pathology	0.417598	613,594	256,236	68
69	Electrocardiology	0.504353	558,375	281,618	69
70	Electroencephalography	0.443027	395,210	175,089	70
71	Medical Supplies Charged to Patients	0.348945	1,763,298	615,294	71
72	Impl. Dev. Charged to Patients	0.339013	3,411,621	1,156,584	72
73	Drugs Charged to Patients	0.181052	57,487,721	10,408,267	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.369504	939,230	347,049	74
76	PSYCHIATRY	1.295754	79,459	102,959	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	1.303000	172,030	224,155	90
90.01	OFFSITE CLINICS	0.357075			90.01
91	Emergency	0.422277	2,421,105	1,022,377	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.118854	447,392	53,174	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		194,885,070	37,238,741	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		194,885,070		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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		38	2,238.28			1
2	Intensive Care Unit	48,559	43	3,114.66	6	18,688	2
3	Coronary Care Unit		44	2,909.33			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,387.61			6
7	TOTAL (sum of lines 1-6)	48,559			6	18,688	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	0.189440	290,358	55,005	8
9	Recovery Room	51	0.169955			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.135464	12,865	1,743	11
12	Radiology-Diagnostic	54	0.132646	6,892	914	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.073803			15
16	MRI	58	0.069654			16
17	Cardiac Catheterization	59	0.127004			17
18	Laboratory	60	0.193714	51,316	9,941	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	0.156113	22,738	3,550	23
24	Physical Therapy	66	0.723130			24
25	Occupational Therapy	67	0.353390			25
26	Speech Pathology	68	0.417598			26
27	Electrocardiology	69	0.440922	7,132	3,145	27
28	Electroencephalography	70	0.394300			28
29	Medical Supplies Charged to Patients	71	0.348945	9,119	3,182	29
30	Impl. Dev. Charged to Patients	72	0.339013			30
31	Drugs Charged to Patients	73	0.181052	16,513	2,990	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.302677			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.202158			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	1.284026			37
37.01	OFFSITE CLINICS	90.01	0.357075			37.01
38	Emergency	91	0.382756			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.118854			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			416,933	80,470	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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				42
43	Intensive Care Unit	3		6		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)			6		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	99,158		465,492		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,388,987		1,294,227		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,488,145		1,759,719		61
62	Total Usable Organs (see instructions)		30			62
63	Medicare Usable Organs (see instructions)		13			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.433333			64
65	Medicare Cost/Charges (see instructions)	644,862		762,544		65
66	Revenue for Organs Sold	31,500		31,500		66
67	Subtotal (line 65 minus line 66)	613,362		731,044		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	613,362		731,044		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		12		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	9			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		9		73
74	Total (sum of lines 70 thru 73)	9	21		74
75	Organs Transplanted	9	9		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		12	31,500	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)	9	21		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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 [XX] HEART [] LIVER [] PANCREAS [] ISLET
Applicable [] KIDNEY [] LUNG [] INTESTINE
Box:

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3	4	
1	Adults & Pediatrics		38	2,238.28			1
2	Intensive Care Unit	14,223	43	3,114.66	2	6,229	2
3	Coronary Care Unit		44	2,909.33			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,387.61			6
7	TOTAL (sum of lines 1-6)	14,223			2	6,229	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	0.189440	76,933	14,574	8
9	Recovery Room	51	0.169955			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.135464	4,358	590	11
12	Radiology-Diagnostic	54	0.132646	2,982	396	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.073803			15
16	MRI	58	0.069654			16
17	Cardiac Catheterization	59	0.127004			17
18	Laboratory	60	0.193714	21,876	4,238	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	0.156113	9,269	1,447	23
24	Physical Therapy	66	0.723130			24
25	Occupational Therapy	67	0.353390			25
26	Speech Pathology	68	0.417598			26
27	Electrocardiology	69	0.440922	3,566	1,572	27
28	Electroencephalography	70	0.394300			28
29	Medical Supplies Charged to Patients	71	0.348945	2,359	823	29
30	Impl. Dev. Charged to Patients	72	0.339013			30
31	Drugs Charged to Patients	73	0.181052	6,730	1,218	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.302677			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.202158			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	1.284026			37
37.01	OFFSITE CLINICS	90.01	0.357075			37.01
38	Emergency	91	0.382756			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.118854			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			128,073	24,858	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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				42
43	Intensive Care Unit	3		2		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	31,087		142,296		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	3,032,426		1,811,023		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	3,063,513		1,953,319		61
62	Total Usable Organs (see instructions)		32			62
63	Medicare Usable Organs (see instructions)		4			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.125000			64
65	Medicare Cost/Charges (see instructions)	382,939		244,165		65
66	Revenue for Organs Sold	7,000		7,000		66
67	Subtotal (line 65 minus line 66)	375,939		237,165		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	375,939		237,165		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		3		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		29		73
74	Total (sum of lines 70 thru 73)		32		74
75	Organs Transplanted		29		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		3	7,000	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)		32		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	
			D	2			
		1			3	4	
1	Adults & Pediatrics		38	2,238.28			1
2	Intensive Care Unit	19,970	43	3,114.66	2	6,229	2
3	Coronary Care Unit		44	2,909.33			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,387.61			6
7	TOTAL (sum of lines 1-6)	19,970			2	6,229	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	0.189440	122,488	23,204	8
9	Recovery Room	51	0.169955			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.135464	6,433	871	11
12	Radiology-Diagnostic	54	0.132646	3,167	420	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.073803			15
16	MRI	58	0.069654			16
17	Cardiac Catheterization	59	0.127004			17
18	Laboratory	60	0.193714	21,876	4,238	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	0.156113	9,269	1,447	23
24	Physical Therapy	66	0.723130			24
25	Occupational Therapy	67	0.353390			25
26	Speech Pathology	68	0.417598			26
27	Electrocardiology	69	0.440922	3,566	1,572	27
28	Electroencephalography	70	0.394300			28
29	Medical Supplies Charged to Patients	71	0.348945	3,761	1,312	29
30	Impl. Dev. Charged to Patients	72	0.339013			30
31	Drugs Charged to Patients	73	0.181052	7,272	1,317	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.302677			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.202158			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	1.284026			37
37.01	OFFSITE CLINICS	90.01	0.357075			37.01
38	Emergency	91	0.382756			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.118854			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			177,832	34,381	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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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				42
43	Intensive Care Unit	3		2		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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	40,610		197,802		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,526,771		1,398,553		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	1,567,381		1,596,355		61
62	Total Usable Organs (see instructions)		22			62
63	Medicare Usable Organs (see instructions)		5			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.227273			64
65	Medicare Cost/Charges (see instructions)	356,223		362,808		65
66	Revenue for Organs Sold	12,000		12,000		66
67	Subtotal (line 65 minus line 66)	344,223		350,808		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	344,223		350,808		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		5		70
71	Organs Purchased from Other Trnsplant Hospitals (2)	1			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		16		73
74	Total (sum of lines 70 thru 73)	1	21		74
75	Organs Transplanted	1	16		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		5	12,000	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	21		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.

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	679,428			2
3	OPPS payments	448,203			3
4	Outlier payment (see instructions)	8,232			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	625,074			6
7	Sum of lines 3, 4, and 4.01, divided by line 6	0.7302			7
8	Transitional corridor payment (see instructions)	168,639			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)	625,074			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	64,959			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)	560,115			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	7,477			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	567,592			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	567,592			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)	567,592			37
38	MSP-LCC reconciliation amount from PS&R	295			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	567,297			40
40.01	Sequestration adjustment (see instructions)	11,346			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
41	Interim payments	394,383			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	161,568			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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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-3300

WORKSHEET E-1
PART I

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

			INPATIENT PART A		PART B	
			mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT
DESCRIPTION			1	2	3	4
1	Total interim payments paid to provider			2,596,296		394,383
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					
3	List separately each retroactive lump sum adjustment	.01				3.01
	amount based on subsequent revision of the interim	.02				3.02
	rate for the cost reporting period. Also show date of	Program	.03			3.03
	each payment. If none, write 'NONE' or enter a zero. (1)	to	.04			3.04
		Provider	.05			3.05
			.06			3.06
			.07			3.07
			.08			3.08
			.09			3.09
			.10			3.10
			.50			3.50
			.51			3.51
		Provider	.52			3.52
		to	.53			3.53
		Program	.54			3.54
			.55			3.55
			.56			3.56
			.57			3.57
			.58			3.58
			.59			3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99				3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)			2,596,296		394,383
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment	.01				5.01
	after desk review. Also show date of each payment.	.02				5.02
	If none, write 'NONE' or enter a zero. (1)	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				161,568
		.02		-302,706		6.02
7	Total Medicare program liability (see instructions)			2,293,590		555,951
8	Name of Contractor		Contractor Number		NPR Date (Month/Day/Year)	8

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

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

1	Inpatient hospital services (see instructions)	1,007,464	1
1.01	Nursing and allied health managed care payment (see instructions)		1.01
2	Organ acquisition	1,333,524	2
3	Cost of physicians' services in a teaching hospital (see instructions)		3
4	Subtotal (sum of lines 1 through 3)	2,340,988	4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5)	2,340,988	6
7	Deductibles	32,424	7
8	Subtotal (line 6 minus line 7)	2,308,564	8
9	Coinsurance		9
10	Subtotal (line 8 minus line 9)	2,308,564	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)	2,308,564	14
15	Direct graduate medical education payments (from Wkst. E-4, line 49)	31,834	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)	2,340,398	18
18.01	Sequestration adjustment (see instructions)	46,808	18.01
18.02	Demonstration payment adjustment amount after sequestration		18.02
19	Interim payments	2,596,296	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)	-302,706	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: 14-3300

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	84,884,967		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	84,884,967		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	84,884,967		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	102,854,404		8
9	Ancillary service charges	194,885,070		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)	297,739,474		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)	297,739,474		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	212,854,507		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)	84,884,967		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)	84,884,967		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)	84,884,967		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)	84,884,967		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	84,884,967		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)	84,884,967		40
41	Interim payments	68,966,804		41
42	Balance due provider/program (line 40 minus line 41)	15,918,163		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)		251.51	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	95.68	109.11	204.79
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	56.86	64.84	121.70
10	Weighted dental and podiatric resident FTE count for the current year		3.65	
10.01	Unweighted dental and podiatric resident FTE count for the current year			
11	Total weighted FTE count	56.86	68.49	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	59.46	67.22	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.06	67.46	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	58.13	67.72	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
15.01	Unweighted adjustment for residents in initial years of new programs			
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			
17	Adjusted rolling average FTE count	58.13	67.72	
18	Per resident amount	101,714.23	101,714.23	
19	Approved amount for resident costs	5,912,648	6,888,088	12,800,736
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)			
21	Direct GME FTE unweighted resident count over cap (see instructions)			102.05
22	Allowable additional direct GME FTE resident count (see instructions)			
23	Enter the locality adjustment national average per resident amount (see instructions)			
24	Multiply line 22 times line 23			
25	Total direct GME amount (sum of lines 19 and 24)			12,800,736
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care	
26	Inpatient days (see instructions)	273		
27	Total inpatient days (see instructions)	88,889		
28	Ratio of inpatient days to total inpatient days	0.003071	0.000000	
29	Program direct GME amount	39,311		
30	Reduction for direct GME payments for Medicare Advantage			
31	Net Program direct GME amount			39,311
	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)			
33	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			5,700,920
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			
35	Medicare outpatient ESRD charges (see instructions)			
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	Part A Reasonable Cost			
37	Reasonable cost (see instructions)			1,559,152
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)			1,333,524
39	Cost of physicians' services in a teaching hospital (see instructions)			
40	Primary payer payments (see instructions)			
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			2,892,676
	Part B Reasonable Cost			
42	Reasonable cost (see instructions)			679,428
43	Primary payer payments (see instructions)			
44	Total Part B reasonable cost (line 42 minus line 43)			679,428
45	Total reasonable cost (sum of lines 41 and 44)			3,572,104
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.809796
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.190204
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)			39,311
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)			31,834
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)			7,477

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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	
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00	
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00	
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00	
15	Adjustment for residents in initial years of new programs	0.00	0.00	
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	
16.01	Unweighted adjustment for residents displaced by program or hospital closure			16.01
17	Adjusted rolling average FTE count	0.00	0.00	
18	Per resident amount	0.00	0.00	
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)	18,184	30,663	26
27	Total inpatient days (see instructions)	88,889	88,889	27
28	Ratio of inpatient days to total inpatient days	0.204570	0.344958	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	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	(Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	27,860,792				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	237,924,478				4
5	Other receivables	9,800,000				5
6	Allowances for uncollectible notes and accounts receivable	-17,855,090				6
7	Inventory					7
8	Prepaid expenses					8
9	Other current assets	46,067,932				9
10	Due from other funds	150,167				10
11	Total current assets (sum of lines 1-10)	303,948,279				11
	FIXED ASSETS					
12	Land	34,812,506				12
13	Land improvements	35,805				13
14	Accumulated depreciation					14
15	Buildings	1,003,595,621				15
16	Accumulated depreciation	-292,944,123				16
17	Leasehold improvements	29,631,148				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	395,981,261				23
24	Accumulated depreciation	-272,799,221				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)	898,312,997				30
	OTHER ASSETS					
31	Investments	873,971,340	277,185,176	203,673,656		31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	82,529,501				34
35	Total other assets (sum of lines 31-34)	956,500,841	277,185,176	203,673,656		35
36	Total assets (sum of lines 11, 30 and 35)	2,158,762,117	277,185,176	203,673,656		36
	Liabilities and Fund Balances					
	(Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	163,587,768				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	39,612,220				44
45	Total current liabilities (sum of lines 37 thru 44)	203,199,988				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable	361,400,568				47
48	Unsecured loans					48
49	Other long term liabilities	166,918,269				49
50	Total long term liabilities (sum of lines 46 thru 49)	528,318,837				50
51	Total liabilities (sum of lines 45 and 50)	731,518,825				51
	CAPITAL ACCOUNTS					
52	General fund balance	1,427,243,292				52
53	Specific purpose fund		277,185,176			53
54	Donor created - endowment fund balance - restricted			203,673,656		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)	1,427,243,292	277,185,176	203,673,656		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	2,158,762,117	277,185,176	203,673,656		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		1,420,485,616		289,623,344	1
2	Net income (loss) (from Worksheet G-3, line 29)		121,895,437			2
3	Total (sum of line 1 and line 2)		1,542,381,053		289,623,344	3
4	Additions (credit adjustments) (specify)	4,820,315		89,184,885		4
5	GRANTS					5
6	INVESTMENT RETURN			2,260,538		6
7	TRANSFER FROM AFFILIATES					7
8						8
9						9
10	Total additions (sum of lines 4-9)		4,820,315		91,445,423	10
11	Subtotal (line 3 plus line 10)		1,547,201,368		381,068,767	11
12	Deductions (debit adjustments) (specify)			99,616,027		12
13	TRANSFER TO AFFILIATES	119,958,076		3,386,041		13
14	CAPITAL ASSETS			881,523		14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		119,958,076		103,883,591	18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,427,243,292		277,185,176	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period		190,892,078			1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)		190,892,078			3
4	Additions (credit adjustments) (specify)	9,710,555				4
5	GRANTS					5
6	INVESTMENT RETURN					6
7	TRANSFER FROM AFFILIATES	3,386,041				7
8						8
9						9
10	Total additions (sum of lines 4-9)		13,096,596			10
11	Subtotal (line 3 plus line 10)		203,988,674			11
12	Deductions (debit adjustments) (specify)	315,018				12
13	TRANSFER TO AFFILIATES					13
14	CAPITAL ASSETS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		315,018			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		203,673,656			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: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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	184,007,695		184,007,695	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)	184,007,695		184,007,695	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	110,951,852		110,951,852	11
12	Coronary Care Unit	109,641,804		109,641,804	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATOLOGY	183,650,591		183,650,591	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	404,244,247		404,244,247	16
17	Total inpatient routine care services (sum of lines 10 and 16)	588,251,942		588,251,942	17
18	Ancillary services	986,630,787	1,037,396,332	2,024,027,119	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)	1,574,882,729	1,037,396,332	2,612,279,061	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		971,572,523	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)		971,572,523	43

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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2018 To: 08/31/2019	Run Date: 01/27/2020 Run Time: 09:50 Version: 2018.12 (10/24/2019)
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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)	2,612,279,061	1
2	Less contractual allowances and discounts on patients' accounts	1,695,053,584	2
3	Net patient revenues (line 1 minus line 2)	917,225,477	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	971,572,523	4
5	Net income from service to patients (line 3 minus line 4)	-54,347,046	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	96,482,620	6
7	Income from investments	-14,010,072	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	2,936,643	11
12	Parking lot receipts	3,421,288	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	2,513,255	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	59,862	21
22	Rental of hospitial space	5,456,375	22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (SELF INSURANCE INCOME)	3,699,996	24.01
24.02	Other (INTEREST INCOME)	7,454,486	24.02
24.03	Other (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	Other (SPECIMEN REVENUE)	759,341	24.04
24.05	Other (ASSETS RELEASED FROM RESTRICTION)	12,061,946	24.05
24.06	Other (CMRI)	37,088,636	24.06
24.07	Other (INTEREST RATE SWAP)		24.07
24.08	Other (CONTRACT REVENUE-70412)	25,987	24.08
24.09	Other (SHUTTLE REVENUE)	158,518	24.09
24.10	Other (CLINIC REVENUE)		24.10
24.11	Other (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	Other (TRUST INCOME)	1,400,020	24.12
24.13	Other (CDH REVENUE)	10,848,916	24.13
24.14	Other (INDIRECT COST RECOVERY)	2,857,132	24.14
24.15	Other (ENDOWMENT & SP FUND RECOVERY)	3,027,534	24.15
25	Total other income (sum of lines 6-24)	176,242,483	25
26	Total (line 5 plus line 25)	121,895,437	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)	121,895,437	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
	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
	NONREIMBURSABLE COST CENTERS							

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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		
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