

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted the cost report 4. ☐ Medicare Utilization. Enter 'F' for full or 'L' for low.		Date: 01/25/2021	Time: 16:39
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 09/01/2019 and ending 08/31/2020, 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) RON BLAUSTEIN
Chief Financial Officer or Administrator of Provider(s)

SR VP AND CFO
Title

01/25/2021 16:39
Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				TITLE XIX	
		TITLE V	PART A	PART B	HIT		
		1	2	3	4	5	
1	HOSPITAL		-674,070	163,350		9,035,997	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		-674,070	163,350		9,035,997	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.

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 / 2019	To: 08 / 31 / 2020	20
21	Type of control (see instructions)	2		21

Inpatient PPS Information

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.	1	2	3	
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 days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	
	Prospective Payment System (PPS)-Capital	1	2	
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	
	Teaching Hospitals				
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter 'Y' for yes or 'N' for no in column 2.	Y	N		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	NAHE MA Y/N 2	3	
60	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter 'Y' for yes or 'N' for no in column 2.	N			60
		1	Worksheet A Line # 2	Pass-Through Qualification Criteria Code 3	
		Y/N 1	IME 4	Direct GME 5	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)							
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
		1	2	3	4	5	
67							67

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes or 'N' for no in column 1. (see instructions)					107
	Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter 'Y' for yes or 'N' for no in column 2. (see instructions)					
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.			N		108
			Physical	Occupational	Speech	Respiratory
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.			N	N	109

		1	2	3	
110	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N		110
		1	2		
111	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: 'A' for Ambulance services; 'B' for additional beds; and/or 'C' for tele-health services.		N		111
		1	2	3	
112	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.		Y		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.		N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				118
		Premiums	Paid Losses	Self Insurance	
118.01	List amounts of malpractice premiums and paid losses:				118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.		N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.		Y		121
122	Does the cost report contain state health care related taxes as defined in §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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

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	Removed and reserved			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

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		Title V	Title XIX	
		Part A	Part B	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

Cost Report Preparer Contact Information			
41	First name: PREM	Last name: TUTEJA	Title: DIRECTOR OF THIRD PARTY
42	Employer: ANN & ROBERT H. LURIE CHILDREN'S HOS		
43	Phone number: 630-854-1475 OR 312-227-7134	E-mail Address: PTUTEJA@LURIECHILDRENS.ORG	

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	Hospital 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	193	70,700			273	7,574	40,754	1
2	HMO and other (see instructions)							35,516		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)		193	70,700			273	7,574	40,754	7
8	Intensive Care Unit	31	52	19,040			26	1,673	14,497	8
9	Coronary Care Unit	32	44	16,104			92	2,334	13,820	9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	NEONATOLOGY	35	64	23,424				2,250	20,397	12
13	Nursery	43								13
14	Total (see instructions)		353	129,268			391	13,831	89,468	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)		353							27
28	Observation Bed Days								7,393	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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)					60	1,434	10,738	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)	265.56	4,754.20			60	1,434	10,738	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)	265.56	4,754.20						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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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		45,426,645	45,426,645		45,426,645	419,189	45,845,834	1
1.01	00101	CAP REL COSTS-INT EXP		16,638,682	16,638,682		16,638,682		16,638,682	1.01
1.02	00102	CAP REL COSTS-RSCH BLDG & FIXT		8,689,885	8,689,885		8,689,885		8,689,885	1.02
2	00200	Cap Rel Costs-Mvble Equip		34,309,014	34,309,014		34,309,014		34,309,014	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department		45,555,417	45,555,417	-30,215,094	15,340,323		15,340,323	4
4.01	00401	EMPLOYEE BENEFITS FTE BASED	6,842,255	6,184,310	13,026,565	42,069,653	55,096,218	-440	55,095,778	4.01
5.01	00590	ADMINISTRATION & GENERAL	63,731,535	75,478,431	139,209,966	-1,003,789	138,206,177	-34,355,053	103,851,124	5.01
5.02	00591	ADMIN & GENERAL CHCRC	8,053,223	1,655,401	9,708,624	1,315,428	11,024,052		11,024,052	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	24,850,552	37,341,918	62,192,470	-3,099,782	59,092,688	-6,193,481	52,899,207	5.03
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	12,136,851	32,452,334	44,589,185	-97,398	44,491,787	-488,928	44,002,859	7
7.01	00701	OPERATION OF PLANT - RSCH BLDG		2,951,106	2,951,106		2,951,106		2,951,106	7.01
8	00800	Laundry & Linen Service		2,033,454	2,033,454		2,033,454		2,033,454	8
9	00900	Housekeeping	4,829,034	4,108,772	8,937,806		8,937,806	-120,000	8,817,806	9
9.01	00901	HOUSEKEEPING - RSCH BLDG		502,420	502,420		502,420		502,420	9.01
10	01000	Dietary	2,199,213	3,333,658	5,532,871	-4,447,097	1,085,774	-4,554	1,081,220	10
11	01100	Cafeteria				4,447,097	4,447,097	-1,856,270	2,590,827	11
12	01200	Maintenance of Personnel								12
12.01	01201	VOLUNTEERS	171,854	39,719	211,573		211,573		211,573	12.01
13	01300	Nursing Administration	11,527,811	2,647,372	14,175,183	-84,543	14,090,640	-9,476	14,081,164	13
14	01400	Central Services & Supply	832,832	803,530	1,636,362	-21,325	1,615,037	-222,862	1,392,175	14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	2,801,087	1,186,764	3,987,851		3,987,851	-114,929	3,872,922	16
17	01700	Social Service	2,034,572	1,286,810	3,321,382	5,173,562	8,494,944		8,494,944	17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd	3,518,435	822,220	4,340,655	18,819,658	23,160,313		23,160,313	21
22	02200	I&R Services-Other Prgm Costs Apprvd	15,820,844	3,970,402	19,791,246	-14,897,189	4,894,057		4,894,057	22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	42,893,706	7,785,280	50,678,986	241,659	50,920,645	-339,956	50,580,689	30
31	03100	Intensive Care Unit	17,202,002	6,660,947	23,862,949	-560,813	23,302,136	-1,667,314	21,634,822	31
32	03200	Coronary Care Unit	15,419,328	3,845,899	19,265,227	394,954	19,660,181		19,660,181	32
35	02060	NEONATOLOGY	20,197,609	4,419,850	24,617,459	607,128	25,224,587	-1,083,429	24,141,158	35
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	15,396,365	25,115,705	40,512,070	-11,210,709	29,301,361	-860,093	28,441,268	50
51	05100	Recovery Room	2,285,003	381,571	2,666,574	-25,996	2,640,578		2,640,578	51
53	05300	Anesthesiology	1,439,878	3,597,401	5,037,279	61,164	5,098,443	-1,404,829	3,693,614	53
54	05400	Radiology-Diagnostic	3,588,147	954,765	4,542,912	114,891	4,657,803	-4,310	4,653,493	54
57	05700	CT Scan	447,582	116,358	563,940	119,652	683,592		683,592	57
58	05800	MRI	1,487,183	442,911	1,930,094	449,780	2,379,874	-80	2,379,794	58
59	05900	Cardiac Catheterization	4,376,700	5,774,536	10,151,236	-3,534,372	6,616,864	-17,595	6,599,269	59
60	06000	Laboratory	13,680,369	29,384,690	43,065,059	6,272,083	49,337,142	-2,918,726	46,418,416	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	6,826,856	6,418,450	13,245,306	320,571	13,565,877	-26,088	13,539,789	65
66	06600	Physical Therapy	3,810,838	874,632	4,685,470	-108,726	4,576,744	-44,098	4,532,646	66
67	06700	Occupational Therapy	1,299,910	111,079	1,410,989	94,316	1,505,305	-40,424	1,464,881	67
68	06800	Speech Pathology	3,184,521	884,387	4,068,908	157,472	4,226,380	-59,399	4,166,981	68
69	06900	Electrocardiology	1,543,033	384,607	1,927,640	1,404,374	3,332,014		3,332,014	69
70	07000	Electroencephalography	2,083,061	355,118	2,438,179	761,825	3,200,004	-15,000	3,185,004	70
71	07100	Medical Supplies Charged to Patients				12,884,120	12,884,120		12,884,120	71
72	07200	Impl. Dev. Charged to Patients				9,764,849	9,764,849		9,764,849	72
73	07300	Drugs Charged to Patients	12,184,953	48,272,350	60,457,303	-482,556	59,974,747	-169,737	59,805,010	73
73.01	07301	OUTPATIENT PHARMACY								73.01
74	07400	Renal Dialysis		1,741,881	1,741,881		1,741,881		1,741,881	74
76	03550	PSYCHIATRY	5,503,130	1,296,424	6,799,554	1,909,870	8,709,424	-91,564	8,617,860	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	19,586,537	2,526,161	22,112,698	1,195,831	23,308,529	-1,071,024	22,237,505	90
90.01	09001	OFFSITE CLINICS	12,478,350	7,430,779	19,909,129	-1,116,786	18,792,343	-1,597,919	17,194,424	90.01
91	09100	Emergency	11,292,756	4,367,498	15,660,254	756,220	16,416,474	-1,427,100	14,989,374	91
92	09200	Observation Beds (Non-Distinct Part)								92
92.01	09201	OBSERVATION BEDS-DISTINCT	1,086,816	186,087	1,272,903	-11,567	1,261,336		1,261,336	92.01
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORE								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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition	376,817	1,294,035	1,670,852	-158,885	1,511,967		1,511,967	105
106	10600	Heart Acquisition	660,954	1,983,996	2,644,950	-307,954	2,336,996	-50,000	2,286,996	106
107	10700	Liver Acquisition	543,749	658,991	1,202,740	-471,221	731,519	-10,200	721,319	107
110	11000	Intestinal Acquisition	215,013	23,180	238,193	-213,229	24,964		24,964	110
118		SUBTOTALS (sum of lines 1-117)	380,441,264	494,707,832	875,149,096	37,267,126	912,416,222	-55,845,689	856,570,533	118
		NONREIMBURSABLE COST CENTERS								
191	19100	Research	12,826,068	6,251,756	19,077,824	20,289,617	39,367,441	-1,057,158	38,310,283	191
191.01	19101	OSA				17,840,342	17,840,342		17,840,342	191.01
192	19200	Physicians' Private Offices	3,423,558	1,665,068	5,088,626	57,330	5,145,956	-691,806	4,454,150	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	60,795,057	49,748,673	110,543,730	-77,040,505	33,503,225		33,503,225	194
194.01	07951	NON-REIMBURSABLE CLINICS	17,382,923	5,878,161	23,261,084	1,586,090	24,847,174	-2,062,586	22,784,588	194.01
194.02	07952	KOHL HOUSE								194.02
200		TOTAL (sum of lines 118-199)	474,868,870	558,251,490	1,033,120,360		1,033,120,360	-59,657,239	973,463,121	200

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	58,451		1
500	Total reclassifications				58,451		500
	Code Letter - A						
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Adults & Pediatrics	30	291,416	20,774	1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	521,382	61,381	2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Clinic	90	677,717	95,827	3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Coronary Care Unit	32	814,686	97,062	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		7,255	7
8	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Clinic	90		21,614	8
9	APPORT BLDG RENT EXP TRANSPLANT ADM	B	NON-REIMBURSABLE CLINICS	194.01		12,375	9
10	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Coronary Care Unit	32		26,932	10
11	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Heart Acquisition	106		36,320	11
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		13,930	12
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		15,768	13
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		23,942	14
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		7,173	15
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B					16
17	APPORT BLDG RENT EXP TRANSPLANT ADM	B					17
500	Total reclassifications				2,305,201	440,353	500
	Code Letter - B						
1	APPORTION REHAB ADMIN	C					1
2	APPORTION REHAB ADMIN	C	Physical Therapy	66	931	76	2
3	APPORTION REHAB ADMIN	C	Physical Therapy	66	5,038	411	3
4	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	668	54	4
5	APPORTION REHAB ADMIN	C	Speech Pathology	68	84,002	6,853	5
6	APPORTION REHAB ADMIN	C	Speech Pathology	68	53,688	4,380	6
7	APPORTION REHAB ADMIN	C	Physical Therapy	66	68,611	5,598	7
8	APPORTION REHAB ADMIN	C	Occupational Therapy	67	34,939	2,851	8
9	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	290	24	9
10	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	697	57	10
11	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	19,780	1,614	11
12	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	37,684	3,075	12
13	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	23,647	1,929	13
14	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	8,843	721	14
15	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	11,903	971	15
16	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	23,355	1,905	16
17	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	26,189	2,137	17
18	APPORTION REHAB ADMIN	C	Speech Pathology	68	71,393	5,825	18
19	APPORTION REHAB ADMIN	C	Physical Therapy	66	91,372	7,455	19
20	APPORTION REHAB ADMIN	C	Occupational Therapy	67	52,262	4,264	20
21	APPORTION RENAB ADMIN	C	Speech Pathology	68	14,700	1,199	21
22	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	6,114	499	22
23	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	10,993	897	23
24	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	6,505	531	24
25	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	14,933	1,218	25
26	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	5,521	450	26
27	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	4,565	372	27
28	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	11,275	920	28
29	APPORTION REHAB ADMIN	C	Physicians' Private Offices	192	6,495	530	29
30	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	7,088	578	30
500	Total reclassifications				703,481	57,394	500
	Code Letter - C						
1	RECLASS RESIDENT SAL & OTHER EXP	D	I&R Services-Salary & Fringes	21	15,167,965	3,651,693	1
2	RECLASS RESIDENT SAL & OTHER EXP	D					2
500	Total reclassifications				15,167,965	3,651,693	500
	Code Letter - D						
1	RECLASS DIETARY TO CAFETERIA	E	Cafeteria	11	1,766,623	2,680,474	1
500	Total reclassifications				1,766,623	2,680,474	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	38,041	306,990	1
2	RECLASS SPEC PURP FNDS	G	Laboratory	60	33,104	270	2
3	RECLASS SPEC PURP FNDS	G	Radiology-Diagnostic	54	51,943	78,456	3
4	RECLASS SPEC PURP FNDS	G	Adults & Pediatrics	30	127,325	1,801	4
5	RECLASS SPEC PURP FNDS	G	Physical Therapy	66		4,954	5
6	RECLASS SPEC PURP FNDS	G	Drugs Charged to Patients	73		22,312	6

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
7	RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	1,704,873	480,500	7
8	RECLASS SPEC PURP FNDS	G	Clinic	90	88,189	6,280	8
9	RECLASS SPEC PURP FNDS	G	Social Service	17	3,324,783	1,914,599	9
10	RECLASS SPEC PURP FNDS	G	I&R Services-Other Prgm Costs	22	467,734	217,390	10
11	RECLASS SPEC PURP FNDS	G	Anesthesiology	53	178,590	130,924	11
12	RECLASS SPEC PURP FNDS	G	Laboratory	60	260,097	16,544	12
13	RECLASS SPEC PURP FNDS	G	Respiratory Therapy	65	238,879	154,470	13
14	RECLASS SPEC PURP FNDS	G	Emergency	91	505,071	494,378	14
15	RECLASS SPEC PURP FNDS	G	Electrocardiology	69	1,047,691	423,009	15
16	RECLASS SPEC PURP FNDS	G	Clinic	90		56,277	16
17	RECLASS SPEC PURP FNDS	G	Laboratory	60	59,840	9,325	17
18	RECLASS SPEC PURP FNDS	G	Laboratory	60	29,165	11,001	18
19	RECLASS SPEC PURP FNDS	G	Laboratory	60	173,821	7,282	19
20	RECLASS SPEC PURP FNDS	G	Laboratory	60	116,797	53,265	20
21	RECLASS SPEC PURP FNDS	G	Laboratory	60	2,298,765	3,560,130	21
22	RECLASS SPEC PURP FNDS	G	Laboratory	60	200,528	213,879	22
23	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	194.01	867,268	85,211	23
24	RECLASS SPEC PURP FNDS	G	Operating Room	50	47,872	11,729	24
25	RECLASS SPEC PURP FNDS	G	Operating Room	50	163,592	126,477	25
26	RECLASS SPEC PURP FNDS	G	Electroencephalography	70	745,100	46,407	26
27	RECLASS SPEC PURP FNDS	G	Operating Room	50		49,115	27
28	RECLASS SPEC PURP FNDS	G	Operating Room	50		10,027	28
29	RECLASS SPEC PURP FNDS	G	Operating Room	50	138,136	79,780	29
30	RECLASS SPEC PURP FNDS	G	Operating Room	50	307,319	746,773	30
31	RECLASS SPEC PURP FNDS	G	Operating Room	50		998	31
32	RECLASS SPEC PURP FNDS	G	Operating Room	50		3,465	32
33	RECLASS SPEC PURP FNDS	G	Operating Room	50	389,802	16,748	33
34	RECLASS SPEC PURP FNDS	G	Operating Room	50	206,850	44,039	34
35	RECLASS SPEC PURP FNDS	G	Intensive Care Unit	31	222,420	193,535	35
36	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	266,990	717,434	36
37	RECLASS SPEC PURP FNDS	G	Operating Room	50	566,824	125,670	37
38	RECLASS SPEC PURP FNDS	G	Clinic	90	434,740	324,968	38
39	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	194.01	207,022	178,797	39
40	RECLASS SPEC PURP FNDS	G	Clinic	90		6,131	40
41	RECLASS SPEC PURP FNDS	G	Research	191	11,934,986	8,590,837	41
42	RECLASS SPEC PURP FNDS	G	OSA	191.01	10,727,644	7,112,698	42
43	RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		11,854,559	43
44	RECLASS ANIMAL FACILITY IACUC	G	ADMIN & GENERAL CHCRC	5.02		141,600	44
500	Total reclassifications				38,171,801	38,631,034	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		30,215,094	1
500	Total reclassifications					30,215,094	500
	Code Letter - I						
1	SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	39,582		1
500	Total reclassifications				39,582		500
	Code Letter - J						
1	RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		279,086	1
500	Total reclassifications					279,086	500

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
	Code Letter - K					
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R Services-Other Prgm Costs	22		3,241,018
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
500	Total reclassifications					3,241,018
	Code Letter - L					
1	CENTRAL SUPPLY CHARGED TO PATIENT	M				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31			Medical Supplies Charged to P	71		12,884,120
500	Total reclassifications					12,884,120
	Code Letter - M					
1	IMPLANTS CHARGED TO PATIENTS	N	Impl. Dev. Charged to Patient	72		9,764,849
2						
3						
500	Total reclassifications					9,764,849
	Code Letter - N					
1	APPORTION IMAGING ADMINISTRATION	O	OFFSITE CLINICS	90.01	8,389	931
2			OFFSITE CLINICS	90.01	9,899	1,099
3			OFFSITE CLINICS	90.01	16,142	1,792
4			OFFSITE CLINICS	90.01	16,491	1,830
5			Radiology-Diagnostic	54	12,393	1,376
6			Radiology-Diagnostic	54	141,414	15,696
7			Radiology-Diagnostic	54	164,272	18,233
8			CT Scan	57	107,786	11,964
9			MRI	58	367,473	40,788
10			Cardiac Catheterization	59	99,706	11,067
11			OFFSITE CLINICS	90.01	3,626	403
12			Radiology-Diagnostic	54	15,550	1,726
13			Radiology-Diagnostic	54	31,782	3,528
14			Radiology-Diagnostic	54	43,742	4,855
15			MRI	58	49,093	5,449
16			OFFSITE CLINICS	90.01	48,706	5,406

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	5,594	621	17
18			Physicians' Private Offices	192	5,232	581	18
19			Physicians' Private Offices	192	1,854	206	19
20			OFFSITE CLINICS	90.01	47,179	5,237	20
21			Clinic	90	49,598	5,505	21
22			Cardiac Catheterization	59	94,761	10,518	22
500	Total reclassifications				1,340,682	148,811	500
	Code Letter - O						
1	RECLASS RESEARCH ADMIN SALARIES	P	ADMIN & GENERAL CHCRC	5.02	92,336		1
2	RECLASS RESEARCH ADMIN SALARIES	P	ADMIN & GENERAL CHCRC	5.02	738,001		2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10	RECLASS RESEARCH ADMIN SALARIES	P	ADMIN & GENERAL CHCRC	5.02	24,823		10
11							11
12							12
13							13
500	Total reclassifications				855,160		500
	Code Letter - P						
	GRAND TOTAL (Increases)				60,408,946	102,391,326	

(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.

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	58,451			1
500	Total reclassifications				58,451			500
	Code letter - A							
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMIN & GEN PATIENT RELATED	5.03	678,488	164,944		1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Heart Acquisition	106	273,933	50,368		2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Kidney Acquisition	105	159,764	7,093		3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Liver Acquisition	107	437,109	38,206		4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Intestinal Acquisition	110	199,341	14,431		5
6	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	Drugs Charged to Patients	73	245,633	1		6
7	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Drugs Charged to Patients	73	245,114	1		7
8	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Social Service	17	65,819	1		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		19,973		11
12	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Kidney Acquisition	105		5,958		12
13	APPORT BLDG RENT EXP TRANSPLANT ADM	B	ADMIN & GEN PATIENT RELATED	5.03		15,768		13
14	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Liver Acquisition	107		19,848		14
15	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Intestinal Acquisition	110		6,630		15
16	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Operation of Plant	7		83,201		16
17	APPORT BLDG RENT EXP TRANSPLANT ADM	B	Operation of Plant	7		13,930		17
500	Total reclassifications				2,305,201	440,353		500
	Code letter - B							
1	APPORTION REHAB ADMIN	C	ADMIN & GEN PATIENT RELATED	5.03	703,481	57,394		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
27	APPORTION REHAB ADMIN	C						27
28	APPORTION REHAB ADMIN	C						28
29	APPORTION REHAB ADMIN	C						29
30	APPORTION REHAB ADMIN	C						30
500	Total reclassifications				703,481	57,394		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	15,167,965	3,651,693		2
500	Total reclassifications				15,167,965	3,651,693		500
	Code letter - D							
1	RECLASS DIETARY TO CAFETERIA	E	Dietary	10	1,766,623	2,680,474		1
500	Total reclassifications				1,766,623	2,680,474		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	38,171,801	38,489,434		1
2	RECLASS SPEC PURP FNDS	G						2
3	RECLASS SPEC PURP FNDS	G						3
4	RECLASS SPEC PURP FNDS	G						4
5	RECLASS SPEC PURP FNDS	G						5

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	
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
11	RECLASS SPEC PURP FNDS	G						11
12	RECLASS SPEC PURP FNDS	G						12
13	RECLASS SPEC PURP FNDS	G						13
14	RECLASS SPEC PURP FNDS	G						14
15	RECLASS SPEC PURP FNDS	G						15
16	RECLASS SPEC PURP FNDS	G						16
17	RECLASS SPEC PURP FNDS	G						17
18	RECLASS SPEC PURP FNDS	G						18
19	RECLASS SPEC PURP FNDS	G						19
20	RECLASS SPEC PURP FNDS	G						20
21	RECLASS SPEC PURP FNDS	G						21
22	RECLASS SPEC PURP FNDS	G						22
23	RECLASS SPEC PURP FNDS	G						23
24	RECLASS SPEC PURP FNDS	G						24
25	RECLASS SPEC PURP FNDS	G						25
26	RECLASS SPEC PURP FNDS	G						26
27	RECLASS SPEC PURP FNDS	G						27
28	RECLASS SPEC PURP FNDS	G						28
29	RECLASS SPEC PURP FNDS	G						29
30	RECLASS SPEC PURP FNDS	G						30
31	RECLASS SPEC PURP FNDS	G						31
32	RECLASS SPEC PURP FNDS	G						32
33	RECLASS SPEC PURP FNDS	G						33
34	RECLASS SPEC PURP FNDS	G						34
35	RECLASS SPEC PURP FNDS	G						35
36	RECLASS SPEC PURP FNDS	G						36
37	RECLASS SPEC PURP FNDS	G						37
38	RECLASS SPEC PURP FNDS	G						38
39	RECLASS SPEC PURP FNDS	G						39
40	RECLASS SPEC PURP FNDS	G						40
41	RECLASS SPEC PURP FNDS	G						41
42	RECLASS SPEC PURP FNDS	G						42
43	RECLASS SPEC PURP FNDS	G						43
44	RECLASS ANIMAL FACILITY IACUC	G	Research	191		141,600		44
500	Total reclassifications				38,171,801	38,631,034		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		30,215,094		1
500	Total reclassifications					30,215,094		500
	Code letter - I							
1	SID RESEARCH ADMINISTRATION	J	Laboratory	60	39,582			1
500	Total reclassifications				39,582			500
	Code letter - J							

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	RECLASS RESEARCH RENT	K	NON-REIMBURSABLE CLINICS	194.01		279,086		1
500	Total reclassifications					279,086		500
	Code letter - K							
1	TEACHING PORTION-PRACTICE PLAN ADMN	L						1
2			ADMINISTRATION & GENERAL	5.01		1,139,594		2
3			Nursing Administration	13		75,839		3
4			Adults & Pediatrics	30		69,659		4
5			Intensive Care Unit	31		179,675		5
6			NEONATOLOGY	35		77,752		6
7			Operating Room	50		534,754		7
8			Radiology-Diagnostic	54		435,331		8
9			Laboratory	60		357,777		9
10			Respiratory Therapy	65		7,919		10
11			Electrocardiology	69		13,485		11
12			PSYCHIATRY	76		217,052		12
13			Clinic	90		29,149		13
14			OFFSITE CLINICS	90.01		10,365		14
15			Emergency	91		92,667		15
500	Total reclassifications					3,241,018		500
	Code letter - L							
1	CENTRAL SUPPLY CHARGED TO PATIENT	M						1
2			ADMINISTRATION & GENERAL	5.01		159,444		2
3			ADMIN & GEN PATIENT RELATED	5.03		2,977		3
4			Operation of Plant	7		267		4
5			Nursing Administration	13		722		5
6			Central Services & Supply	14		21,325		6
7			Adults & Pediatrics	30		540,735		7
8			Intensive Care Unit	31		794,888		8
9			Coronary Care Unit	32		543,726		9
10			NEONATOLOGY	35		287,886		10
11			Operating Room	50		4,438,938		11
12			Recovery Room	51		25,996		12
13			Anesthesiology	53		248,350		13
14			Radiology-Diagnostic	54		4,649		14
15			CT Scan	57		98		15
16			MRI	58		13,023		16
17			Cardiac Catheterization	59		3,747,111		17
18			Laboratory	60		135,408		18
19			Respiratory Therapy	65		64,859		19
20			Physical Therapy	66		293,172		20
21			Speech Pathology	68		84,568		21
22			Electrocardiology	69		5,861		22
23			Electroencephalography	70		3,350		23
24			Drugs Charged to Patients	73		14,119		24
25			Clinic	90		487,190		25
26			OFFSITE CLINICS	90.01		714,443		26
27			Emergency	91		150,562		27
28			OBSERVATION BEDS-DISTINCT	92.01		11,567		28
29			Physicians' Private Offices	192		22,919		29
30			NON-REIMBURSABLE CLINICS	194.01		65,967		30
31								31
500	Total reclassifications					12,884,120		500
	Code letter - M							
1	IMPLANTS CHARGED TO PATIENTS	N	Operating Room	50		9,023,562		1
2			Cardiac Catheterization	59		3,313		2
3			OFFSITE CLINICS	90.01		737,974		3
500	Total reclassifications					9,764,849		500
	Code letter - N							
1	APPORTION IMAGING ADMINISTRATION	O	ADMIN & GEN PATIENT RELATED	5.03	1,340,682	148,811		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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
500	Total reclassifications				1,340,682	148,811		500
	Code letter - O							
1	RECLASS RESEARCH ADMIN SALARIES	P	ADMINISTRATION & GENERAL	5.01	92,336			1
2	RECLASS RESEARCH ADMIN SALARIES	P	ADMINISTRATION & GENERAL	5.01	9,815			2
3			I&R Services-Other Prgm Costs	22	3,673			3
4			Operating Room	50	130,944			4
5			Radiology-Diagnostic	54	30,095			5
6			Laboratory	60	87,305			6
7			Research	191	94,606			7
8			ENDOWMENTS & OTHER SERVICES	194	379,270			8
9			NON-REIMBURSABLE CLINICS	194.01	2,293			9
10	RECLASS RESEARCH ADMIN SALARIES	P	ADMIN & GEN PATIENT RELATED	5.03	3,005			10
11			Nursing Administration	13	7,982			11
12			Operating Room	50	11,477			12
13			Clinic	90	2,359			13
500	Total reclassifications				855,160			500
	Code letter - P							
	GRAND TOTAL (Decreases)				60,408,946	102,391,326		

(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.

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	35,805					35,805		2
3	Buildings and Fixtures	976,988,051	36,603,099		36,603,099	49,639	1,013,541,511		3
4	Building Improvements	29,631,149	397,552		397,552		30,028,701		4
5	Fixed Equipment	29,153,430	4,299,580		4,299,580		33,453,010		5
6	Movable Equipment	366,258,130	34,689,702		34,689,702	316,989	400,630,843		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	1,436,879,071	75,989,933		75,989,933	366,628	1,512,502,376		8
9	Reconciling Items	-27,177,271	6,816,266		6,816,266		-20,361,005		9
10	Total (line 7 minus line 9)	1,464,056,342	69,173,667		69,173,667	366,628	1,532,863,381		10

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

	Description	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	44,238,193			1,188,452			45,426,645	1
1.01	CAP REL COSTS-INT EXP			16,638,682				16,638,682	1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	8,689,885						8,689,885	1.02
2	Cap Rel Costs-Mvble Equip	34,309,014						34,309,014	2
3	Total (sum of lines 1-2)	87,237,092		16,638,682	1,188,452			105,064,226	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	Gross Assets	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
			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
1.02	CAP REL COSTS-RSCH BLDG				0.000000					1.02
2	Cap Rel Costs-Mvble Equ				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	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	44,238,193		419,189	1,188,452			45,845,834	1
1.01	CAP REL COSTS-INT EXP			16,638,682				16,638,682	1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	8,689,885						8,689,885	1.02
2	Cap Rel Costs-Mvble Equip	34,309,014						34,309,014	2
3	Total (sum of lines 1-2)	87,237,092		17,057,871	1,188,452			105,483,415	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.)

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE#	Wkst. A-7 Ref.	
DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER			
	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	-4,029,996	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	-3,125,979	ADMINISTRATION & GENERAL	5.01		9
10 Provider-based physician adjustment	Wkst A-8-2	-7,160,673				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	-1,794,272	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	-61,998	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	-440	EMPLOYEE BENEFITS FTE BASED	4.01		33.01
33.02 MISCELLANEOUS INCOME	B	-536,789	ADMINISTRATION & GENERAL	5.01		33.02
33.03 MISCELLANEOUS INCOME	B	-1,984,462	ADMIN & GEN PATIENT RELATED	5.03		33.03
33.04 MISCELLANEOUS INCOME	B	-94,142	Operation of Plant	7		33.04
33.05 MISCELLANEOUS INCOME	B	-120,000	Housekeeping	9		33.05
33.06 MISCELLANEOUS INCOME	B	-9,476	Nursing Administration	13		33.06
33.07 MISCELLANEOUS INCOME	B	-114,929	Medical Records & Library	16		33.07
33.08 MISCELLANEOUS INCOME	B	-330	Operating Room	50		33.08
33.09 MISCELLANEOUS INCOME	B	-4,310	Radiology-Diagnostic	54		33.09
33.10 MISCELLANEOUS INCOME	B	-17,595	Cardiac Catheterization	59		33.10
33.11 MISCELLANEOUS INCOME	B	-260,914	Laboratory	60		33.11
33.12 MISCELLANEOUS INCOME	B	-44,098	Physical Therapy	66		33.12
33.13 MISCELLANEOUS INCOME	B	-40,424	Occupational Therapy	67		33.13
33.14 MISCELLANEOUS INCOME	B	-59,399	Speech Pathology	68		33.14
33.15 MISCELLANEOUS INCOME	B	-61,900	Drugs Charged to Patients	73		33.15
33.16 MISCELLANEOUS INCOME	B	-22,819	PSYCHIATRY	76		33.16
33.17 MISCELLANEOUS INCOME	B	-7,120	Clinic	90		33.17
33.18 MISCELLANEOUS INCOME	B	-251	Physicians' Private Offices	192		33.18
33.19 MISCELLANEOUS INCOME	B	-147,700	NON-REIMBURSABLE CLINICS	194.01		33.19
33.20 VENDOR REBATES	B	-2,949,843	ADMINISTRATION & GENERAL	5.01		33.20
33.22 VENDOR REBATES	B	-66,539	ADMIN & GEN PATIENT RELATED	5.03		33.22
33.24 MISC OPERATING REVENUE	B	-254,637	Operation of Plant	7		33.24
33.27 MISCELLANEOUS INCOME	B	-222,862	Central Services & Supply	14		33.27
33.28 MISCELLANEOUS INCOME	B	-80	MRI	58		33.28
33.29 MISCELLANEOUS INCOME	B	-142,255	Adults & Pediatrics	30		33.29
33.30 MISCELLANEOUS INCOME	B	-1,310	Drugs Charged to Patients	73		33.30
34 OFFSET SALARY OF EMPLOYEE#38045	A	-4,554	Dietary	10		34
35 ADVERTISING	A	-3,376,385	ADMINISTRATION & GENERAL	5.01		35
36 TRANSPORT CONTRACT REVENUE	B	-347,100	Emergency	91		36
37						37
37.01 SPECIMEN REVENUE NON PATIENT	B	-3,420	Adults & Pediatrics	30		37.01
37.02 SPECIMEN REVENUE NON PATIENT	B	-1,990,985	Laboratory	60		37.02

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	
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	-927,773	ADMINISTRATION & GENERAL	5.01		41
42							42
42.01	RENTAL INCOME PROPERTIES	B	-852,038	ADMINISTRATION & GENERAL	5.01		42.01
42.03	RENTAL INCOME PROPERTIES	B	-140,148	Operation of Plant	7		42.03
42.04	RENTAL INCOME PROPERTIES	B	-106,527	Drugs Charged to Patients	73		42.04
42.05	RENTAL INCOME PROPERTIES	B	-1,547,684	OFFSITE CLINICS	90.01		42.05
42.06	RENTAL INCOME PROPERTIES	B	-691,555	Physicians' Private Offices	192		42.06
42.07	RENTAL INCOME-MISC	B	-203,082	Clinic	90		42.07
42.08	RENTAL INCOME-MISC	B	-9,600	NON-REIMBURSABLE CLINICS	194.01		42.08
43							43
44	STATE ASSESSMENT TAX	A	-22,440,110	ADMINISTRATION & GENERAL	5.01		44
45							45
45.01	DISCOUNT ACCOUNTS PAYABLE	B	-112,484	ADMIN & GEN PATIENT RELATED	5.03		45.01
45.02	CONTRACT REVENUE-VALET	B	-146,136	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	-1,057,158	Research	191		47
48							48
49							49
49.02	CLINIC SPACE RECOVERY	B	-14,250	Anesthesiology	53		49.02
49.03	CLINIC SPACE RECOVERY	B	-860,822	Clinic	90		49.03
49.04	CLINIC SPACE RECOVERY	B	-1,068	OFFSITE CLINICS	90.01		49.04
49.05	CLINIC SPACE RECOVERY	B	-1,905,286	NON-REIMBURSABLE CLINICS	194.01		49.05
49.06	CONTRACT REV. PROGRAM	B	-720	Anesthesiology	53		49.06
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-59,657,239				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.

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
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:

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	1,745,350		1,745,350	177,200	916	78,036	3,902	1
2	35	NEONATOLOGY PEDIATRICIAN	1,231,834	180,000	1,051,834	177,200	1,742	148,405	7,420	2
3	50	Operating Room SURGEON	1,501,863		1,501,863	208,000	6,421	642,100	32,105	3
4	53	Anesthesiology ANESTHESIOLOGIS	2,023,500		2,023,500	200,300	6,580	633,641	31,682	4
5	54	Radiology-Diagnostic RADIOLOGIST	114,665		114,665	225,300	2,542	275,343	13,767	5
6	60	Laboratory PATHOLOGIST	2,474,352		2,474,352	215,700	17,430	1,807,525	90,376	6
7	65	Respiratory Therapy PEDIATRICIAN	137,081		137,081	140,600	1,642	110,993	5,550	7
8	69	Electrocardiology PEDIATRICIAN	86,515		86,515	140,600	1,564	105,720	5,286	8
9	70	Electroencephalograp PEDIATRICIAN	15,000	15,000		140,600				9
10	76	PSYCHIATRY PSYCHIATRIST	558,087	15,863	542,224	154,100	6,605	489,342	24,467	10
11	90	Clinic PEDIATRICIAN	40,851		40,851	140,600	1,352	91,390	4,570	11
12	90.01	OFFSITE CLINICS PEDIATRICIAN	105,475		105,475	140,600	833	56,308	2,815	12
13	91	Emergency PEDIATRICIAN	1,197,333	1,080,000	117,333	140,600	12,203	824,876	41,244	13
14										14
15	107	Liver Acquisition AGGREGATE	10,200	10,200		208,000				15
16	30	Adults & Pediatrics PEDIATRICIAN	309,461		309,461	177,200	1,352	115,180	5,759	16
17	106	Heart Acquisition AGGREGATE	50,000	50,000		208,000				17
18	32	Coronary Care Unit PEDIATRICIAN				177,200				18
19										19
20										20
200		TOTAL	11,601,567	1,351,063	10,250,504		61,182	5,378,859	268,943	200

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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					78,036	1,667,314	1,667,314	1
2	35	NEONATOLOGY PEDIATRICIAN					148,405	903,429	1,083,429	2
3	50	Operating Room SURGEON					642,100	859,763	859,763	3
4	53	Anesthesiology ANESTHESIOLOGIS					633,641	1,389,859	1,389,859	4
5	54	Radiology-Diagnostic RADIOLOGIST					275,343			5
6	60	Laboratory PATHOLOGIST					1,807,525	666,827	666,827	6
7	65	Respiratory Therapy PEDIATRICIAN					110,993	26,088	26,088	7
8	69	Electrocardiology PEDIATRICIAN					105,720			8
9	70	Electroencephalograp PEDIATRICIAN							15,000	9
10	76	PSYCHIATRY PSYCHIATRIST					489,342	52,882	68,745	10
11	90	Clinic PEDIATRICIAN					91,390			11
12	90.01	OFFSITE CLINICS PEDIATRICIAN					56,308	49,167	49,167	12
13	91	Emergency PEDIATRICIAN					824,876		1,080,000	13
14										14
15	107	Liver Acquisition AGGREGATE							10,200	15
16	30	Adults & Pediatrics PEDIATRICIAN					115,180	194,281	194,281	16
17	106	Heart Acquisition AGGREGATE							50,000	17
18	32	Coronary Care Unit PEDIATRICIAN								18
19										19
20										20
200		TOTAL					5,378,859	5,809,610	7,160,673	200

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 BLDGS + FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	1.02	2	4	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	45,845,834	45,845,834					1
1.01	CAP REL COSTS-INT EXP	16,638,682		16,638,682				1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT	8,689,885			8,689,885			1.02
2	Cap Rel Costs-Mvble Equip	34,309,014				34,309,014		2
4	Employee Benefits Department	15,340,323					15,340,323	4
4.01	EMPLOYEE BENEFITS FTE BASED	55,095,778	57,376	23,380		108,115	221,032	4.01
5.01	ADMINISTRATION & GENERAL	103,851,124	2,044,071	813,612		13,398,301	2,055,641	5.01
5.02	ADMIN & GENERAL CHCRC	11,024,052			705,383	227	289,055	5.02
5.03	ADMIN & GEN PATIENT RELATED	52,899,207	4,327	196,631		112,232	714,723	5.03
6	Maintenance & Repairs							6
7	Operation of Plant	44,002,859	1,366,573	470,705		8,414,328	392,069	7
7.01	OPERATION OF PLANT - RSCH BLDG	2,951,106						7.01
8	Laundry & Linen Service	2,033,454	139,535	53,102				8
9	Housekeeping	8,817,806	424,898	164,023		45,504	155,997	9
9.01	HOUSEKEEPING - RSCH BLDG	502,420						9.01
10	Dietary	1,081,220	165,216	328,115		30,377	13,974	10
11	Cafeteria	2,590,827	676,712			124,417	57,069	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	211,573	96,938	34,806		1,810	5,552	12.01
13	Nursing Administration	14,081,164	67,660	27,547		1,069,981	372,137	13
14	Central Services & Supply	1,392,175	336,839	137,254		95,230	26,904	14
15	Pharmacy							15
16	Medical Records & Library	3,872,922	193,258	78,748		136,636	90,486	16
17	Social Service	8,494,944	1,078,625	413,916		383	171,002	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	23,160,313	63,333	25,807		977	603,645	21
22	I&R Services-Other Prgm Costs Apprvd	4,894,057	72,212	29,425			36,082	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	50,580,689	7,851,304	3,199,284		969,968	1,402,282	30
31	Intensive Care Unit	21,634,822	3,134,160	1,277,103		138,818	562,879	31
32	Coronary Care Unit	19,660,181	2,307,518	940,264		210,504	524,424	32
35	NEONATOLOGY	24,141,158	2,719,771	1,108,249		305,035	661,088	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	28,441,268	4,364,233	1,749,685		2,264,944	551,569	50
51	Recovery Room	2,640,578	557,520	227,177		42,020	73,815	51
53	Anesthesiology	3,693,614	441,756	180,006		184,852	52,283	53
54	Radiology-Diagnostic	4,653,493	1,124,537	326,123		513,679	129,835	54
57	CT Scan	683,592	178,535	57,270		26,693	17,941	57
58	MRI	2,379,794	602,477	168,855		509,838	61,499	58
59	Cardiac Catheterization	6,599,269	894,920	304,987		1,081,756	147,667	59
60	Laboratory	46,418,416	2,134,547	495,206		682,482	540,304	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	13,539,789	266,425	97,296		294,320	228,252	65
66	Physical Therapy	4,532,646	695,593	92,121		10,615	128,466	66
67	Occupational Therapy	1,464,881	36,584			2,819	44,809	67
68	Speech Pathology	4,166,981	335,209	92,167		80,655	110,102	68
69	Electrocardiology	3,332,014	107,896	30,982		71,008	83,691	69
70	Electroencephalography	3,185,004	478,059	151,131		69,966	91,361	70
71	Medical Supplies Charged to Patients	12,884,120						71
72	Impl. Dev. Charged to Patients	9,764,849						72
73	Drugs Charged to Patients	59,805,010	660,134	266,151		337,024	377,770	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	1,741,881	17,027	6,938		1,512		74
76	PSYCHIATRY	8,617,860	1,263,004	349,204		45,231	230,959	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	22,237,505	2,252,165	821,649		598,615	673,035	90
90.01	OFFSITE CLINICS	17,194,424	868,003	26,723		500,387	413,302	90.01
91	Emergency	14,989,374	1,768,767	720,735		351,630	381,117	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,261,336	316,945	129,148			35,109	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	1,511,967					7,012	105

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 BLDGS + FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	
		0	1	1.01	1.02	2	4	
106	Heart Acquisition	2,286,996					12,502	106
107	Liver Acquisition	721,319					3,445	107
110	Intestinal Acquisition	24,964					506	110
118	SUBTOTALS (sum of lines 1-117)	856,570,533	42,164,662	15,615,525	705,383	32,832,889	12,752,392	118
	NONREIMBURSABLE COST CENTERS							
191	Research	38,310,283	260,693	106,227	7,640,804	1,212,641	796,825	191
191.01	OSA	17,840,342	115,876	47,217			346,546	191.01
192	Physicians' Private Offices	4,454,150	5,058			33,707	112,980	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	33,503,225					718,570	194
194.01	NON-REIMBURSABLE CLINICS	22,784,588	3,299,545	869,713	343,698	229,777	613,010	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)	973,463,121	45,845,834	16,638,682	8,689,885	34,309,014	15,340,323	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS FTE BASED	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	
		4.01	4A	5.01	5.02	5.03	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED	55,505,681						4.01
5.01	ADMINISTRATION & GENERAL	5,037,186	127,199,935	127,199,935				5.01
5.02	ADMIN & GENERAL CHCRC	981,983	13,000,700	1,954,109	14,954,809			5.02
5.03	ADMIN & GEN PATIENT RELATED	3,654,698	57,581,818	8,655,008		66,236,826		5.03
6	Maintenance & Repairs							6
7	Operation of Plant	1,860,705	56,507,239	8,493,490		5,298,140	70,298,869	7
7.01	OPERATION OF PLANT - RSCH BLDG		2,951,106	443,575		276,697		7.01
8	Laundry & Linen Service		2,226,091	334,599		208,719	185,523	8
9	Housekeeping	1,519,696	11,127,924	1,672,616		1,043,363	564,937	9
9.01	HOUSEKEEPING - RSCH BLDG		502,420	75,518		47,107		9.01
10	Dietary	134,724	1,753,626	263,584		164,421	219,669	10
11	Cafeteria	551,552	4,000,577	601,319		375,097	899,745	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	32,409	383,088	57,581		35,919	128,887	12.01
13	Nursing Administration	867,603	16,486,092	2,477,992		1,546,512	107,817	13
14	Central Services & Supply	228,522	2,216,924	333,221		207,860	447,855	14
15	Pharmacy							15
16	Medical Records & Library	492,884	4,864,934	731,238		456,139	354,758	16
17	Social Service	687,341	10,846,211	1,630,272		1,016,945	1,434,123	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,301	23,855,376	3,585,654		2,236,677	109,536	21
22	I&R Services-Other Prgm Costs Apprvd	97,110	5,128,886	770,913		481,241	96,012	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	6,360,650	70,364,177	10,576,107		6,610,664	10,748,006	30
31	Intensive Care Unit	2,415,569	29,163,351	4,383,485		2,734,368	4,167,132	31
32	Coronary Care Unit	2,272,683	25,915,574	3,895,318		2,429,855	3,068,041	32
35	NEONATOLOGY	2,605,531	31,540,832	4,740,839		2,957,280	3,972,194	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	2,329,814	39,701,513	5,967,455		3,736,214	8,176,162	50
51	Recovery Room	300,083	3,841,193	577,362		360,152	741,270	51
53	Anesthesiology	219,296	4,771,807	717,241		447,406	587,352	53
54	Radiology-Diagnostic	572,488	7,320,155	1,100,278		689,254	1,495,167	54
57	CT Scan	75,346	1,039,377	156,227		97,452	237,377	57
58	MRI	260,340	3,982,803	598,647		373,429	801,044	58
59	Cardiac Catheterization	554,391	9,582,990	1,440,400		898,504	1,189,873	59
60	Laboratory	2,579,863	52,850,818	7,943,901		4,963,764	5,041,100	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	997,478	15,423,560	2,318,284		1,446,119	652,207	65
66	Physical Therapy	534,756	5,994,197	900,976		562,018	924,850	66
67	Occupational Therapy	169,617	1,718,710	258,336		161,147	48,641	67
68	Speech Pathology	444,151	5,229,265	786,000		490,298	445,689	68
69	Electrocardiology	438,947	4,064,538	610,933		381,093	605,135	69
70	Electroencephalography	419,194	4,394,715	660,561		398,713	934,489	70
71	Medical Supplies Charged to Patients		12,884,120	1,936,586		1,208,019		71
72	Impl. Dev. Charged to Patients		9,764,849	1,467,735		915,555		72
73	Drugs Charged to Patients	1,405,080	62,851,169	9,447,034		5,892,947	877,704	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		1,767,358	265,648		165,708	22,639	74
76	PSYCHIATRY	959,627	11,465,885	1,723,414		1,075,046	1,740,315	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,931,281	29,514,250	4,436,228		2,767,497	4,259,109	90
90.01	OFFSITE CLINICS	1,608,053	20,610,892	3,097,982		1,932,485	3,741,094	90.01
91	Emergency	1,456,060	19,667,683	2,956,210		1,844,049	2,771,040	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	147,972	1,890,510	284,159		177,255	421,405	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	21,054	1,540,033	231,479		144,394		105
106	Heart Acquisition		2,299,498	345,633		215,602		106
107	Liver Acquisition	13,129	737,893	110,911		69,185		107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS FTE BASED	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	
		4.01	4A	5.01	5.02	5.03	7	
110	Intestinal Acquisition	1,893	27,363	4,113		2,566		110
118	SUBTOTALS (sum of lines 1-117)	48,242,060	832,554,025	106,020,171		59,542,875	62,217,897	118
	NONREIMBURSABLE COST CENTERS							
191	Research	1,735,207	50,062,680	7,524,821	10,203,319		346,613	191
191.01	OSA	1,152,310	19,502,291	2,931,350	4,751,490		154,067	191.01
192	Physicians' Private Offices	510,153	5,116,048	768,983		479,683	1,292,161	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	1,197,967	35,419,762	5,323,874		3,357,671		194
194.01	NON-REIMBURSABLE CLINICS	2,667,984	30,808,315	4,630,736		2,856,597	6,288,131	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)	55,505,681	973,463,121	127,199,935	14,954,809	66,236,826	70,298,869	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7.01	8	9	9.01	10	11	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG	3,671,378						7.01
8	Laundry & Linen Service		2,954,932					8
9	Housekeeping			14,408,840				9
9.01	HOUSEKEEPING - RSCH BLDG				625,045			9.01
10	Dietary			56,870		2,458,170		10
11	Cafeteria			232,934			6,109,672	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS			33,368			4,741	12.01
13	Nursing Administration			23,270			126,919	13
14	Central Services & Supply			115,945			33,430	14
15	Pharmacy							15
16	Medical Records & Library			66,503			72,102	16
17	Social Service			371,279			100,549	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd			21,800			190	21
22	I&R Services-Other Prgm Costs Apprvd			24,856			14,206	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,143,856	2,702,578		1,791,685	930,477	30
31	Intensive Care Unit		281,779	1,078,826		124,784	353,365	31
32	Coronary Care Unit		191,456	794,283		251,237	332,463	32
35	NEONATOLOGY		226,020	936,206		2,115	381,154	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		163,503	1,502,197		32,318	340,820	50
51	Recovery Room		98,632	191,907		7,545	43,898	51
53	Anesthesiology			152,059			32,080	53
54	Radiology-Diagnostic		88,870	387,083		1,927	83,747	54
57	CT Scan		17,646	61,454			11,022	57
58	MRI		53,831	207,382			38,084	58
59	Cardiac Catheterization		27,196	308,045			81,100	59
60	Laboratory		34,164	734,724			377,399	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy			91,708			145,917	65
66	Physical Therapy		15,834	239,434			78,228	66
67	Occupational Therapy		7,477	12,593			24,813	67
68	Speech Pathology			115,384			64,973	68
69	Electrocardiology			37,140			64,212	69
70	Electroencephalography		35,079	164,555		1,387	61,322	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients			227,228			205,544	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis			5,861				74
76	PSYCHIATRY			469,215		39,393	140,380	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		6,394	775,230		139,333	428,807	90
90.01	OFFSITE CLINICS		164,679	140,453			235,236	90.01
91	Emergency		327,374	608,837		28,299	213,002	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		19,708	109,097		38,147	21,646	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						3,080	105
106	Heart Acquisition							106
107	Liver Acquisition						1,921	107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSE- KEEPING	DIETARY	CAFETERIA	
		7.01	8	9	9.01	10	11	
110	Intestinal Acquisition						277	110
118	SUBTOTALS (sum of lines 1-117)		2,903,498	13,000,304		2,458,170	5,047,104	118
	NONREIMBURSABLE COST CENTERS							
191	Research	3,513,341		89,735	598,140		253,837	191
191.01	OSA			39,886			168,567	191.01
192	Physicians' Private Offices		48,754	1,741			74,628	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						175,246	194
194.01	NON-REIMBURSABLE CLINICS	158,037	2,680	1,277,174	26,905		390,290	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)	3,671,378	2,954,932	14,408,840	625,045	2,458,170	6,109,672	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	VOLUNTEERS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		12.01	13	14	16	17	21	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING - RSCH BLDG							9.01
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	643,584						12.01
13	Nursing Administration		20,768,602					13
14	Central Services & Supply			3,355,235				14
15	Pharmacy							15
16	Medical Records & Library				6,545,674			16
17	Social Service	299,699	25,110			15,724,188		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd						29,809,233	21
22	I&R Services-Other Prgm Costs Apprvd		3,491					22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	180,898	5,584,405		1,630,527	7,563,334	6,079,486	30
31	Intensive Care Unit	22,469	2,565,209		564,892	566,071	2,200,109	31
32	Coronary Care Unit	8,394	2,311,024		538,054			32
35	NEONATOLOGY	55,389	2,790,121		794,645	613,243	1,228,020	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,059	1,131,947		257,245		3,737,940	50
51	Recovery Room	11,527	288,022					51
53	Anesthesiology		65,661				2,375,220	53
54	Radiology-Diagnostic		403				1,155,057	54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization		165,562				459,104	59
60	Laboratory		42,431				2,592,986	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		2,014				292,974	65
66	Physical Therapy	8,557						66
67	Occupational Therapy							67
68	Speech Pathology	2,058						68
69	Electrocardiology		7,922				675,748	69
70	Electroencephalography	5,611	75,060				783,508	70
71	Medical Supplies Charged to Patients			1,908,661				71
72	Impl. Dev. Charged to Patients			1,446,574				72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis						372,672	74
76	PSYCHIATRY	935	52,233				1,179,752	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,315	1,749,750				594,927	90
90.01	OFFSITE CLINICS	1,333	538,715					90.01
91	Emergency	21,183	1,034,597		306,992	1,053,521	3,265,366	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	5,237	152,806					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		13,696					105
106	Heart Acquisition							106
107	Liver Acquisition		134					107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	VOLUNTEERS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	
		12.01	13	14	16	17	21	
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)	636,664	18,600,313	3,355,235	4,092,355	9,796,169	26,992,869	118
	NONREIMBURSABLE COST CENTERS							
191	Research		127,428					191
191.01	OSA		80,968					191.01
192	Physicians' Private Offices	1,496	181,810					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		84,057		60,220			194
194.01	NON-REIMBURSABLE CLINICS	5,424	1,694,026		2,393,099	5,928,019	2,816,364	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)	643,584	20,768,602	3,355,235	6,545,674	15,724,188	29,809,233	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		22	24	25	26		
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-INT EXP						1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT						1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING - RSCH BLDG						9.01
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	6,519,605					22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	1,329,650	127,235,850	-7,409,136	119,826,714		30
31	Intensive Care Unit	481,188	48,687,028	-2,681,297	46,005,731		31
32	Coronary Care Unit		39,735,699		39,735,699		32
35	NEONATOLOGY	268,581	50,506,639	-1,496,601	49,010,038		35
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	817,528	65,575,901	-4,555,468	61,020,433		50
51	Recovery Room		6,161,508		6,161,508		51
53	Anesthesiology	519,487	9,668,313	-2,894,707	6,773,606		53
54	Radiology-Diagnostic	252,624	12,574,565	-1,407,681	11,166,884		54
57	CT Scan		1,620,555		1,620,555		57
58	MRI		6,055,220		6,055,220		58
59	Cardiac Catheterization	100,411	14,253,185	-559,515	13,693,670		59
60	Laboratory	567,114	75,148,401	-3,160,100	71,988,301		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	64,077	20,436,860	-357,051	20,079,809		65
66	Physical Therapy		8,724,094		8,724,094		66
67	Occupational Therapy		2,231,717		2,231,717		67
68	Speech Pathology		7,133,667		7,133,667		68
69	Electrocardiology	147,793	6,594,514	-823,541	5,770,973		69
70	Electroencephalography	171,362	7,686,362	-954,870	6,731,492		70
71	Medical Supplies Charged to Patients		17,937,386		17,937,386		71
72	Impl. Dev. Charged to Patients		13,594,713		13,594,713		72
73	Drugs Charged to Patients		79,501,626		79,501,626		73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	81,507	2,681,393	-454,179	2,227,214		74
76	PSYCHIATRY	258,025	18,144,593	-1,437,777	16,706,816		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	130,117	44,803,957	-725,044	44,078,913		90
90.01	OFFSITE CLINICS		30,462,869		30,462,869		90.01
91	Emergency	714,171	34,812,324	-3,979,537	30,832,787		91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT		3,119,970		3,119,970		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		1,932,682		1,932,682		105
106	Heart Acquisition		2,860,733		2,860,733		106
107	Liver Acquisition		920,044		920,044		107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTIONS	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		22	24	25	26			
110	Intestinal Acquisition		34,319		34,319			110
118	SUBTOTALS (sum of lines 1-117)	5,903,635	760,836,687	-32,896,504	727,940,183			118
	NONREIMBURSABLE COST CENTERS							
191	Research		72,719,914		72,719,914			191
191.01	OSA		27,628,619		27,628,619			191.01
192	Physicians' Private Offices		7,965,304		7,965,304			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		44,420,830		44,420,830			194
194.01	NON-REIMBURSABLE CLINICS	615,970	59,891,767	-3,432,334	56,459,433			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)	6,519,605	973,463,121	-36,328,838	937,134,283			202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP BLDGS + FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	
		0	1	1.01	1.02	2	2A	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED		57,376	23,380		108,115	188,871	4.01
5.01	ADMINISTRATION & GENERAL		2,044,071	813,612		13,398,301	16,255,984	5.01
5.02	ADMIN & GENERAL CHCRC				705,383	227	705,610	5.02
5.03	ADMIN & GEN PATIENT RELATED		4,327	196,631		112,232	313,190	5.03
6	Maintenance & Repairs							6
7	Operation of Plant		1,366,573	470,705		8,414,328	10,251,606	7
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service		139,535	53,102			192,637	8
9	Housekeeping		424,898	164,023		45,504	634,425	9
9.01	HOUSEKEEPING - RSCH BLDG							9.01
10	Dietary		165,216	328,115		30,377	523,708	10
11	Cafeteria		676,712			124,417	801,129	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		96,938	34,806		1,810	133,554	12.01
13	Nursing Administration		67,660	27,547		1,069,981	1,165,188	13
14	Central Services & Supply		336,839	137,254		95,230	569,323	14
15	Pharmacy							15
16	Medical Records & Library		193,258	78,748		136,636	408,642	16
17	Social Service		1,078,625	413,916		383	1,492,924	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		63,333	25,807		977	90,117	21
22	I&R Services-Other Prgm Costs Apprvd		72,212	29,425			101,637	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		7,851,304	3,199,284		969,968	12,020,556	30
31	Intensive Care Unit		3,134,160	1,277,103		138,818	4,550,081	31
32	Coronary Care Unit		2,307,518	940,264		210,504	3,458,286	32
35	NEONATOLOGY		2,719,771	1,108,249		305,035	4,133,055	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		4,364,233	1,749,685		2,264,944	8,378,862	50
51	Recovery Room		557,520	227,177		42,020	826,717	51
53	Anesthesiology		441,756	180,006		184,852	806,614	53
54	Radiology-Diagnostic		1,124,537	326,123		513,679	1,964,339	54
57	CT Scan		178,535	57,270		26,693	262,498	57
58	MRI		602,477	168,855		509,838	1,281,170	58
59	Cardiac Catheterization		894,920	304,987		1,081,756	2,281,663	59
60	Laboratory		2,134,547	495,206		682,482	3,312,235	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		266,425	97,296		294,320	658,041	65
66	Physical Therapy		695,593	92,121		10,615	798,329	66
67	Occupational Therapy		36,584			2,819	39,403	67
68	Speech Pathology		335,209	92,167		80,655	508,031	68
69	Electrocardiology		107,896	30,982		71,008	209,886	69
70	Electroencephalography		478,059	151,131		69,966	699,156	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		660,134	266,151		337,024	1,263,309	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		17,027	6,938		1,512	25,477	74
76	PSYCHIATRY		1,263,004	349,204		45,231	1,657,439	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic		2,252,165	821,649		598,615	3,672,429	90
90.01	OFFSITE CLINICS		868,003	26,723		500,387	1,395,113	90.01
91	Emergency		1,768,767	720,735		351,630	2,841,132	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		316,945	129,148			446,093	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP BLDGS + FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	
		0	1	1.01	1.02	2	2A	
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)		42,164,662	15,615,525	705,383	32,832,889	91,318,459	118
	NONREIMBURSABLE COST CENTERS							
191	Research		260,693	106,227	7,640,804	1,212,641	9,220,365	191
191.01	OSA		115,876	47,217			163,093	191.01
192	Physicians' Private Offices		5,058			33,707	38,765	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		3,299,545	869,713	343,698	229,777	4,742,733	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)		45,845,834	16,638,682	8,689,885	34,309,014	105,483,415	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS FTE BASED	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	OPERATION OF PLANT	
		4.01	5.01	5.02	5.03	7	7.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED	188,871						4.01
5.01	ADMINISTRATION & GENERAL	17,140	16,273,124					5.01
5.02	ADMIN & GENERAL CHCRC	3,341	249,990	958,941				5.02
5.03	ADMIN & GEN PATIENT RELATED	12,436	1,107,241		1,432,867			5.03
6	Maintenance & Repairs							6
7	Operation of Plant	6,331	1,086,578		114,625	11,459,140		7
7.01	OPERATION OF PLANT - RSCH BLDG		56,747		5,986		62,733	7.01
8	Laundry & Linen Service		42,806		4,516	30,241		8
9	Housekeeping	5,171	213,979		22,573	92,088		9
9.01	HOUSEKEEPING - RSCH BLDG		9,661		1,019			9.01
10	Dietary	458	33,720		3,557	35,807		10
11	Cafeteria	1,877	76,927		8,115	146,664		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	110	7,366		777	21,009		12.01
13	Nursing Administration	2,952	317,011		33,459	17,575		13
14	Central Services & Supply	778	42,629		4,497	73,003		14
15	Pharmacy							15
16	Medical Records & Library	1,677	93,548		9,869	57,828		16
17	Social Service	2,339	208,562		22,002	233,771		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	4	458,715		48,391	17,855		21
22	I&R Services-Other Prgm Costs Apprvd	330	98,623		10,412	15,650		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	21,647	1,353,362		142,852	1,751,990		30
31	Intensive Care Unit	8,220	560,782		59,158	679,268		31
32	Coronary Care Unit	7,733	498,331		52,570	500,109		32
35	NEONATOLOGY	8,866	606,499		63,981	647,492		35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	7,928	763,420		80,833	1,332,764		50
51	Recovery Room	1,021	73,862		7,792	120,832		51
53	Anesthesiology	746	91,757		9,680	95,742		53
54	Radiology-Diagnostic	1,948	140,759		14,912	243,721		54
57	CT Scan	256	19,986		2,108	38,694		57
58	MRI	886	76,585		8,079	130,575		58
59	Cardiac Catheterization	1,886	184,271		19,439	193,956		59
60	Laboratory	8,779	1,016,268		107,391	821,730		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	3,394	296,580		31,287	106,314		65
66	Physical Therapy	1,820	115,262		12,159	150,756		66
67	Occupational Therapy	577	33,049		3,486	7,929		67
68	Speech Pathology	1,511	100,554		10,608	72,650		68
69	Electrocardiology	1,494	78,157		8,245	98,641		69
70	Electroencephalography	1,426	84,506		8,626	152,327		70
71	Medical Supplies Charged to Patients		247,749		26,136			71
72	Impl. Dev. Charged to Patients		187,768		19,808			72
73	Drugs Charged to Patients	4,781	1,208,565		127,494	143,071		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		33,985		3,585	3,690		74
76	PSYCHIATRY	3,265	220,478		23,259	283,682		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	9,974	567,530		59,875	694,260		90
90.01	OFFSITE CLINICS	5,472	396,327		41,809	609,821		90.01
91	Emergency	4,955	378,190		39,896	451,696		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	504	36,353		3,835	68,692		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	72	29,613		3,124			105
106	Heart Acquisition		44,217		4,665			106
107	Liver Acquisition	45	14,189		1,497			107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	EMPLOYEE BENEFITS FTE BASED	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	OPERATION OF PLANT	
		4.01	5.01	5.02	5.03	7	7.01	
110	Intestinal Acquisition	6	526		56			110
118	SUBTOTALS (sum of lines 1-117)	164,156	13,563,583		1,288,043	10,141,893		118
	NONREIMBURSABLE COST CENTERS							
191	Research	5,904	962,655	654,264		56,500	60,033	191
191.01	OSA	3,921	375,010	304,677		25,114		191.01
192	Physicians' Private Offices	1,736	98,376		10,378	210,630		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	4,076	681,087		72,643			194
194.01	NON-REIMBURSABLE CLINICS	9,078	592,413		61,803	1,025,003	2,700	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)	188,871	16,273,124	958,941	1,432,867	11,459,140	62,733	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSE- KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	
		8	9	9.01	10	11	12.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service	270,200						8
9	Housekeeping		968,236					9
9.01	HOUSEKEEPING - RSCH BLDG			10,680				9.01
10	Dietary		3,822		601,072			10
11	Cafeteria		15,653			1,050,365		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		2,242			815	165,873	12.01
13	Nursing Administration		1,564			21,820		13
14	Central Services & Supply		7,791			5,747		14
15	Pharmacy							15
16	Medical Records & Library		4,469			12,396		16
17	Social Service		24,949			17,286	77,241	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		1,465			33		21
22	I&R Services-Other Prgm Costs Apprvd		1,670			2,442		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	104,594	181,604		438,103	159,966	46,624	30
31	Intensive Care Unit	25,766	72,494		30,512	60,750	5,791	31
32	Coronary Care Unit	17,507	53,374		61,433	57,156	2,163	32
35	NEONATOLOGY	20,667	62,911		517	65,527	14,276	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,951	100,944		7,902	58,593	2,850	50
51	Recovery Room	9,019	12,896		1,845	7,547	2,971	51
53	Anesthesiology		10,218			5,515		53
54	Radiology-Diagnostic	8,126	26,011		471	14,398		54
57	CT Scan	1,614	4,130			1,895		57
58	MRI	4,922	13,935			6,547		58
59	Cardiac Catheterization	2,487	20,700			13,943		59
60	Laboratory	3,124	49,372			64,882		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		6,163			25,086		65
66	Physical Therapy	1,448	16,089			13,449	2,206	66
67	Occupational Therapy	684	846			4,266		67
68	Speech Pathology		7,753			11,170	530	68
69	Electrocardiology		2,496			11,039		69
70	Electroencephalography	3,208	11,058		339	10,542	1,446	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		15,269			35,337		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		394					74
76	PSYCHIATRY		31,530		9,632	24,134	241	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	585	52,093		34,070	73,720	597	90
90.01	OFFSITE CLINICS	15,058	9,438			40,441	343	90.01
91	Emergency	29,935	40,912		6,920	36,619	5,460	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,802	7,331		9,328	3,721	1,350	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					530		105
106	Heart Acquisition							106
107	Liver Acquisition					330		107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	HOUSE- KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	
		8	9	9.01	10	11	12.01	
110	Intestinal Acquisition					48		110
118	SUBTOTALS (sum of lines 1-117)	265,497	873,586		601,072	867,690	164,089	118
	NONREIMBURSABLE COST CENTERS							
191	Research		6,030	10,220		43,639		191
191.01	OSA		2,680			28,980		191.01
192	Physicians' Private Offices	4,458	117			12,830	386	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					30,128		194
194.01	NON-REIMBURSABLE CLINICS	245	85,823	460		67,098	1,398	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)	270,200	968,236	10,680	601,072	1,050,365	165,873	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		13	14	16	17	21	22	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING - RSCH BLDG							9.01
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration	1,559,569						13
14	Central Services & Supply		703,768					14
15	Pharmacy							15
16	Medical Records & Library			588,429				16
17	Social Service	1,886			2,080,960			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					616,580		21
22	I&R Services-Other Prgm Costs Apprvd	262					231,026	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	419,347		146,578	1,000,942			30
31	Intensive Care Unit	192,628		50,781	74,915			31
32	Coronary Care Unit	173,541		48,369				32
35	NEONATOLOGY	209,518		71,435	81,157			35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	85,001		23,125				50
51	Recovery Room	21,628						51
53	Anesthesiology	4,931						53
54	Radiology-Diagnostic	30						54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization	12,433						59
60	Laboratory	3,186						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	151						65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	595						69
70	Electroencephalography	5,636						70
71	Medical Supplies Charged to Patients		400,345					71
72	Impl. Dev. Charged to Patients		303,423					72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis							74
76	PSYCHIATRY	3,922						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	131,393						90
90.01	OFFSITE CLINICS	40,454						90.01
91	Emergency	77,691		27,597	139,424			91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	11,475						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	1,028						105
106	Heart Acquisition							106
107	Liver Acquisition	10						107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
		13	14	16	17	21	22	
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)	1,396,746	703,768	367,885	1,296,438			118
	NONREIMBURSABLE COST CENTERS							
191	Research	9,569						191
191.01	OSA	6,080						191.01
192	Physicians' Private Offices	13,653						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	6,312		5,414				194
194.01	NON-REIMBURSABLE CLINICS	127,209		215,130	784,522			194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments					616,580	231,026	200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,559,569	703,768	588,429	2,080,960	616,580	231,026	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B PART II

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL			
		24	25	26			
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
1.01	CAP REL COSTS-INT EXP						1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT						1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG						7.01
8	Laundry & Linen Service						8
9	Housekeeping						9
9.01	HOUSEKEEPING - RSCH BLDG						9.01
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	17,788,165		17,788,165			30
31	Intensive Care Unit	6,371,146		6,371,146			31
32	Coronary Care Unit	4,930,572		4,930,572			32
35	NEONATOLOGY	5,985,901		5,985,901			35
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,857,173		10,857,173			50
51	Recovery Room	1,086,130		1,086,130			51
53	Anesthesiology	1,025,203		1,025,203			53
54	Radiology-Diagnostic	2,414,715		2,414,715			54
57	CT Scan	331,181		331,181			57
58	MRI	1,522,699		1,522,699			58
59	Cardiac Catheterization	2,730,778		2,730,778			59
60	Laboratory	5,386,967		5,386,967			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,127,016		1,127,016			65
66	Physical Therapy	1,111,518		1,111,518			66
67	Occupational Therapy	90,240		90,240			67
68	Speech Pathology	712,807		712,807			68
69	Electrocardiology	410,553		410,553			69
70	Electroencephalography	978,270		978,270			70
71	Medical Supplies Charged to Patients	674,230		674,230			71
72	Impl. Dev. Charged to Patients	510,999		510,999			72
73	Drugs Charged to Patients	2,797,826		2,797,826			73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	67,131		67,131			74
76	PSYCHIATRY	2,257,582		2,257,582			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,296,526		5,296,526			90
90.01	OFFSITE CLINICS	2,554,276		2,554,276			90.01
91	Emergency	4,080,427		4,080,427			91
92	Observation Beds (Non-Distinct Part)						92
92.01	OBSERVATION BEDS-DISTINCT	590,484		590,484			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	34,367		34,367			105
106	Heart Acquisition	48,882		48,882			106
107	Liver Acquisition	16,071		16,071			107

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

	COST CENTER DESCRIPTIONS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		24	25	26				
110	Intestinal Acquisition	636		636				110
118	SUBTOTALS (sum of lines 1-117)	83,790,471		83,790,471				118
	NONREIMBURSABLE COST CENTERS							
191	Research	11,029,179		11,029,179				191
191.01	OSA	909,555		909,555				191.01
192	Physicians' Private Offices	391,329		391,329				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	799,660		799,660				194
194.01	NON-REIMBURSABLE CLINICS	7,715,615		7,715,615				194.01
194.02	KOHL HOUSE							194.02
200	Cross Foot Adjustments	847,606		847,606				200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	105,483,415		105,483,415				202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP BLDGS + FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	
		1	1.01	1.02	2	4	4.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	815,821						1
1.01	CAP REL COSTS-INT EXP		726,623					1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT			75,370				1.02
2	Cap Rel Costs-Mvble Equip				35,083,951			2
4	Employee Benefits Department					474,868,870		4
4.01	EMPLOYEE BENEFITS FTE BASED	1,021	1,021		110,557	6,842,255	469,263	4.01
5.01	ADMINISTRATION & GENERAL	36,374	35,531		13,700,928	63,629,384	42,586	5.01
5.02	ADMIN & GENERAL CHCRC			6,118	232	8,947,965	8,302	5.02
5.03	ADMIN & GEN PATIENT RELATED	77	8,587		114,767	22,124,896	30,898	5.03
6	Maintenance & Repairs							6
7	Operation of Plant	24,318	20,556		8,604,382	12,136,851	15,731	7
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service	2,483	2,319					8
9	Housekeeping	7,561	7,163		46,532	4,829,034	12,848	9
9.01	HOUSEKEEPING - RSCH BLDG							9.01
10	Dietary	2,940	14,329		31,063	432,590	1,139	10
11	Cafeteria	12,042			127,227	1,766,623	4,663	11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS	1,725	1,520		1,851	171,854	274	12.01
13	Nursing Administration	1,204	1,203		1,094,149	11,519,829	7,335	13
14	Central Services & Supply	5,994	5,994		97,381	832,832	1,932	14
15	Pharmacy							15
16	Medical Records & Library	3,439	3,439		139,722	2,801,087	4,167	16
17	Social Service	19,194	18,076		392	5,293,536	5,811	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd	1,127	1,127		999	18,686,400	11	21
22	I&R Services-Other Prgm Costs Apprvd	1,285	1,285			1,116,940	821	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	139,713	139,715		991,877	43,408,939	53,775	30
31	Intensive Care Unit	55,772	55,772		141,953	17,424,422	20,422	31
32	Coronary Care Unit	41,062	41,062		215,259	16,234,014	19,214	32
35	NEONATOLOGY	48,398	48,398		311,925	20,464,599	22,028	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	77,661	76,410		2,316,102	17,074,339	19,697	50
51	Recovery Room	9,921	9,921		42,969	2,285,003	2,537	51
53	Anesthesiology	7,861	7,861		189,027	1,618,468	1,854	53
54	Radiology-Diagnostic	20,011	14,242		525,281	4,019,148	4,840	54
57	CT Scan	3,177	2,501		27,296	555,368	637	57
58	MRI	10,721	7,374		521,354	1,903,749	2,201	58
59	Cardiac Catheterization	15,925	13,319		1,106,190	4,571,167	4,687	59
60	Laboratory	37,984	21,626		697,897	16,725,599	21,811	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	4,741	4,249		300,968	7,065,735	8,433	65
66	Physical Therapy	12,378	4,023		10,855	3,976,790	4,521	66
67	Occupational Therapy	651			2,883	1,387,111	1,434	67
68	Speech Pathology	5,965	4,025		82,477	3,408,304	3,755	68
69	Electrocardiology	1,920	1,353		72,612	2,590,724	3,711	69
70	Electroencephalography	8,507	6,600		71,546	2,828,161	3,544	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients	11,747	11,623		344,636	11,694,206	11,879	73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	303	303		1,546			74
76	PSYCHIATRY	22,475	15,250		46,253	7,149,552	8,113	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	40,077	35,882		612,136	20,834,422	24,782	90
90.01	OFFSITE CLINICS	15,446	1,167		511,689	12,794,157	13,595	90.01
91	Emergency	31,475	31,475		359,572	11,797,827	12,310	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	5,640	5,640			1,086,816	1,251	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					217,053	178	105
106	Heart Acquisition					387,021		106

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP BLDGS + FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	
		1	1.01	1.02	2	4	4.01	
107	Liver Acquisition					106,640	111	107
110	Intestinal Acquisition					15,672	16	110
118	SUBTOTALS (sum of lines 1-117)	750,315	681,941	6,118	33,574,485	394,757,082	407,854	118
	NONREIMBURSABLE COST CENTERS							
191	Research	4,639	4,639	66,271	1,240,031	24,666,448	14,670	191
191.01	OSA	2,062	2,062			10,727,644	9,742	191.01
192	Physicians' Private Offices	90			34,468	3,497,408	4,313	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					22,243,986	10,128	194
194.01	NON-REIMBURSABLE CLINICS	58,715	37,981	2,981	234,967	18,976,302	22,556	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)	45,845,834	16,638,682	8,689,885	34,309,014	15,340,323	55,505,681	202
203	Unit Cost Multiplier (Wkst. B, Part I)	56,195,947	22,898,645	115,296,338	0,977,912	0,032,304	118,282,671	203
204	Cost to be allocated (Per Wkst. B, Part II)						188,871	204
205	Unit Cost Multiplier (Wkst. B, Part II)						0.402484	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		5A.01	5.01	5.02	5.03	7	7.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	-127,199,935	846,263,186					5.01
5.02	ADMIN & GENERAL CHCRC		13,000,700	56,150,625				5.02
5.03	ADMIN & GEN PATIENT RELATED		57,581,818		591,675,361			5.03
6	Maintenance & Repairs							6
7	Operation of Plant		56,507,239		47,326,791	940,865		7
7.01	OPERATION OF PLANT - RSCH BLDG		2,951,106		2,471,653		69,252	7.01
8	Laundry & Linen Service		2,226,091		1,864,428	2,483		8
9	Housekeeping		11,127,924		9,320,065	7,561		9
9.01	HOUSEKEEPING - RSCH BLDG		502,420		420,794			9.01
10	Dietary		1,753,626		1,468,727	2,940		10
11	Cafeteria		4,000,577		3,350,638	12,042		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		383,088		320,850	1,725		12.01
13	Nursing Administration		16,486,092		13,814,555	1,443		13
14	Central Services & Supply		2,216,924		1,856,756	5,994		14
15	Pharmacy							15
16	Medical Records & Library		4,864,934		4,074,559	4,748		16
17	Social Service		10,846,211		9,084,081	19,194		17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		23,855,376		19,979,610	1,466		21
22	I&R Services-Other Prgm Costs Apprvd		5,128,886		4,298,794	1,285		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		70,364,177		59,051,652	143,849		30
31	Intensive Care Unit		29,163,351		24,425,336	55,772		31
32	Coronary Care Unit		25,915,574		21,705,211	41,062		32
35	NEONATOLOGY		31,540,832		26,416,553	53,163		35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		39,701,513		33,374,545	109,428		50
51	Recovery Room		3,841,193		3,217,134	9,921		51
53	Anesthesiology		4,771,807		3,996,555	7,861		53
54	Radiology-Diagnostic		7,320,155		6,156,908	20,011		54
57	CT Scan		1,039,377		870,514	3,177		57
58	MRI		3,982,803		3,335,737	10,721		58
59	Cardiac Catheterization		9,582,990		8,026,088	15,925		59
60	Laboratory		52,850,818		44,339,904	67,469		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		15,423,560		12,917,774	8,729		65
66	Physical Therapy		5,994,197		5,020,352	12,378		66
67	Occupational Therapy		1,718,710		1,439,480	651		67
68	Speech Pathology		5,229,265		4,379,693	5,965		68
69	Electrocardiology		4,064,538		3,404,197	8,099		69
70	Electroencephalography		4,394,715		3,561,587	12,507		70
71	Medical Supplies Charged to Patients		12,884,120		10,790,897			71
72	Impl. Dev. Charged to Patients		9,764,849		8,178,399			72
73	Drugs Charged to Patients		62,851,169		52,640,034	11,747		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		1,767,358		1,480,224	303		74
76	PSYCHIATRY		11,465,885		9,603,083	23,292		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		29,514,250		24,721,273	57,003		90
90.01	OFFSITE CLINICS		20,610,892		17,262,344	50,070		90.01
91	Emergency		19,667,683		16,472,371	37,087		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT		1,890,510		1,583,368	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		1,540,033		1,289,830			105
106	Heart Acquisition		2,299,498		1,925,908			106

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	RECON- CILIATION	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
		5A.01	5.01	5.02	5.03	7	7.01	
107	Liver Acquisition		737,893		618,011			107
110	Intestinal Acquisition		27,363		22,917			110
118	SUBTOTALS (sum of lines 1-117)	-127,199,935	705,354,090		531,880,180	832,711		118
	NONREIMBURSABLE COST CENTERS							
191	Research		50,062,680	38,310,283		4,639	66,271	191
191.01	OSA		19,502,291	17,840,342		2,062		191.01
192	Physicians' Private Offices		5,116,048		4,284,872	17,294		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		35,419,762		29,993,130			194
194.01	NON-REIMBURSABLE CLINICS		30,808,315		25,517,179	84,159	2,981	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)		127,199,935	14,954,809	66,236,826	70,298,869	3,671,378	202
203	Unit Cost Multiplier (Wkst. B, Part I)		0.150308	0.266334	0.111948	74.717275	53.014758	203
204	Cost to be allocated (Per Wkst. B, Part II)		16,273,124	958,941	1,432,867	11,459,140	62,733	204
205	Unit Cost Multiplier (Wkst. B, Part II)		0.019229	0.017078	0.002422	12.179367	0.905866	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	VOLUNTEERS HOURS OF SERVICE	
		8	9	9.01	10	11	12.01	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service	1,929,794						8
9	Housekeeping		744,893					9
9.01	HOUSEKEEPING - RSCH BLDG			69,252				9.01
10	Dietary		2,940		104,584			10
11	Cafeteria		12,042			353,096		11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS		1,725			274	27,526	12.01
13	Nursing Administration		1,203			7,335		13
14	Central Services & Supply		5,994			1,932		14
15	Pharmacy							15
16	Medical Records & Library		3,438			4,167		16
17	Social Service		19,194			5,811	12,818	17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd		1,127			11		21
22	I&R Services-Other Prgm Costs Apprvd		1,285			821		22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	747,024	139,715		76,228	53,775	7,737	30
31	Intensive Care Unit	184,023	55,772		5,309	20,422	961	31
32	Coronary Care Unit	125,035	41,062		10,689	19,214	359	32
35	NEONATOLOGY	147,608	48,399		90	22,028	2,369	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	106,780	77,659		1,375	19,697	473	50
51	Recovery Room	64,414	9,921		321	2,537	493	51
53	Anesthesiology		7,861			1,854		53
54	Radiology-Diagnostic	58,039	20,011		82	4,840		54
57	CT Scan	11,524	3,177			637		57
58	MRI	35,156	10,721			2,201		58
59	Cardiac Catheterization	17,761	15,925			4,687		59
60	Laboratory	22,312	37,983			21,811		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		4,741			8,433		65
66	Physical Therapy	10,341	12,378			4,521	366	66
67	Occupational Therapy	4,883	651			1,434		67
68	Speech Pathology		5,965			3,755	88	68
69	Electrocardiology		1,920			3,711		69
70	Electroencephalography	22,909	8,507		59	3,544	240	70
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients		11,747			11,879		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis		303					74
76	PSYCHIATRY		24,257		1,676	8,113	40	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	4,176	40,077		5,928	24,782	99	90
90.01	OFFSITE CLINICS	107,548	7,261			13,595	57	90.01
91	Emergency	213,800	31,475		1,204	12,310	906	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	12,871	5,640		1,623	1,251	224	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					178		105
106	Heart Acquisition							106

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	VOLUNTEERS HOURS OF SERVICE	
		8	9	9.01	10	11	12.01	
107	Liver Acquisition					111		107
110	Intestinal Acquisition					16		110
118	SUBTOTALS (sum of lines 1-117)	1,896,204	672,076		104,584	291,687	27,230	118
	NONREIMBURSABLE COST CENTERS							
191	Research		4,639	66,271		14,670		191
191.01	OSA		2,062			9,742		191.01
192	Physicians' Private Offices	31,840	90			4,313	64	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					10,128		194
194.01	NON-REIMBURSABLE CLINICS	1,750	66,026	2,981		22,556	232	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)	2,954,932	14,408,840	625,045	2,458,170	6,109,672	643,584	202
203	Unit Cost Multiplier (Wkst. B, Part I)	1.531216	19.343503	9.025660	23.504265	17.303147	23.380949	203
204	Cost to be allocated (Per Wkst. B, Part II)	270,200	968,236	10,680	601,072	1,050,365	165,873	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.140015	1.299832	0.154219	5.747265	2.974729	6.026048	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		13	14	16	17	21	22	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING - RSCH BLDG							9.01
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
12.01	VOLUNTEERS							12.01
13	Nursing Administration	154,671						13
14	Central Services & Supply		22,648,969					14
15	Pharmacy							15
16	Medical Records & Library			10,000				16
17	Social Service	187			10,000			17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd					26,556		21
22	I&R Services-Other Prgm Costs Apprvd	26					26,556	22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	41,589		2,491	4,810	5,416	5,416	30
31	Intensive Care Unit	19,104		863	360	1,960	1,960	31
32	Coronary Care Unit	17,211		822				32
35	NEONATOLOGY	20,779		1,214	390	1,094	1,094	35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	8,430		393		3,330	3,330	50
51	Recovery Room	2,145						51
53	Anesthesiology	489				2,116	2,116	53
54	Radiology-Diagnostic	3				1,029	1,029	54
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization	1,233				409	409	59
60	Laboratory	316				2,310	2,310	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	15				261	261	65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	59				602	602	69
70	Electroencephalography	559				698	698	70
71	Medical Supplies Charged to Patients		12,884,120					71
72	Impl. Dev. Charged to Patients		9,764,849					72
73	Drugs Charged to Patients							73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis					332	332	74
76	PSYCHIATRY	389				1,051	1,051	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	13,031				530	530	90
90.01	OFFSITE CLINICS	4,012						90.01
91	Emergency	7,705		469	670	2,909	2,909	91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	1,138						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	102						105
106	Heart Acquisition							106

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	
		13	14	16	17	21	22	
107	Liver Acquisition	1						107
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)	138,523	22,648,969	6,252	6,230	24,047	24,047	118
	NONREIMBURSABLE COST CENTERS							
191	Research	949						191
191.01	OSA	603						191.01
192	Physicians' Private Offices	1,354						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	626		92				194
194.01	NON-REIMBURSABLE CLINICS	12,616		3,656	3,770	2,509	2,509	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)	20,768,602	3,355,235	6,545,674	15,724,188	29,809,233	6,519,605	202
203	Unit Cost Multiplier (Wkst. B, Part I)	134.275992	0.148141	654.567400	1,572.418800	1,122.504632	245.504029	203
204	Cost to be allocated (Per Wkst. B, Part II)	1,559,569	703,768	588,429	2,080,960	616,580	231,026	204
205	Unit Cost Multiplier (Wkst. B, Part II)	10.083138	0.031073	58.842900	208.096000	23.218105	8.699578	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
1.01	CAP REL COSTS-INT EXP							1.01
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING - RSCH BLDG							9.01
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							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							

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS**WORKSHEET B-1**

	COST CENTER DESCRIPTIONS							
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							
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	Cost to be allocated (Per Wkst. B, Part I)							202
203	Unit Cost Multiplier (Wkst. B, Part I)							203
204	Cost to be allocated (Per Wkst. B, Part II)							204
205	Unit Cost Multiplier (Wkst. B, Part II)							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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		CODE	LINE NO.		
	1	2	3	4	

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

	COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	COSTS			
		1	2	Total Costs	RCE Dis- allowance	Total Costs	
				3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	119,826,714		119,826,714			30
31	Intensive Care Unit	46,005,731		46,005,731			31
32	Coronary Care Unit	39,735,699		39,735,699			32
35	NEONATOLOGY	49,010,038		49,010,038			35
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	61,020,433		61,020,433			50
51	Recovery Room	6,161,508		6,161,508			51
53	Anesthesiology	6,773,606		6,773,606			53
54	Radiology-Diagnostic	11,166,884		11,166,884			54
57	CT Scan	1,620,555		1,620,555			57
58	MRI	6,055,220		6,055,220			58
59	Cardiac Catheterization	13,693,670		13,693,670			59
60	Laboratory	71,988,301		71,988,301			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	20,079,809		20,079,809			65
66	Physical Therapy	8,724,094		8,724,094			66
67	Occupational Therapy	2,231,717		2,231,717			67
68	Speech Pathology	7,133,667		7,133,667			68
69	Electrocardiology	5,770,973		5,770,973			69
70	Electroencephalography	6,731,492		6,731,492			70
71	Medical Supplies Charged to Patients	17,937,386		17,937,386			71
72	Impl. Dev. Charged to Patients	13,594,713		13,594,713			72
73	Drugs Charged to Patients	79,501,626		79,501,626			73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	2,227,214		2,227,214			74
76	PSYCHIATRY	16,706,816		16,706,816			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	44,078,913		44,078,913			90
90.01	OFFSITE CLINICS	30,462,869		30,462,869			90.01
91	Emergency	30,832,787		30,832,787			91
92	Observation Beds (Non-Distinct Part)	18,399,477		18,399,477		18,399,477	92
92.01	OBSERVATION BEDS-DISTINCT	3,119,970		3,119,970			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	1,932,682		1,932,682			105
106	Heart Acquisition	2,860,733		2,860,733			106
107	Liver Acquisition	920,044		920,044			107
110	Intestinal Acquisition	34,319		34,319			110
200	Subtotal (sum of lines 30 thru 199)	746,339,660		746,339,660		18,399,477	200
201	Less Observation Beds	18,399,477		18,399,477		18,399,477	201
202	Total (line 200 minus line 201)	727,940,183		727,940,183			202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	194,747,531		194,747,531				30
31	Intensive Care Unit	123,290,030		123,290,030				31
32	Coronary Care Unit	114,901,790		114,901,790				32
35	NEONATOLOGY	191,810,456		191,810,456				35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	187,456,770	146,101,756	333,558,526	0.182938	0.182938		50
51	Recovery Room	5,231,031	20,186,458	25,417,489	0.242412	0.242412		51
53	Anesthesiology	19,113,397	34,034,715	53,148,112	0.127448	0.127448		53
54	Radiology-Diagnostic	25,184,104	47,132,145	72,316,249	0.154417	0.154417		54
57	CT Scan	7,325,555	11,725,170	19,050,725	0.085065	0.085065		57
58	MRI	15,559,119	58,067,320	73,626,439	0.082242	0.082242		58
59	Cardiac Catheterization	34,987,036	54,419,302	89,406,338	0.153162	0.153162		59
60	Laboratory	183,759,549	156,031,621	339,791,170	0.211860	0.211860		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	131,537,561	3,456,065	134,993,626	0.148746	0.148746		65
66	Physical Therapy	5,554,895	5,595,389	11,150,284	0.782410	0.782410		66
67	Occupational Therapy	3,382,673	2,476,574	5,859,247	0.380888	0.380888		67
68	Speech Pathology	3,784,449	11,251,923	15,036,372	0.474427	0.474427		68
69	Electrocardiology	3,396,010	9,584,757	12,980,767	0.444579	0.444579		69
70	Electroencephalography	11,857,143	23,886,424	35,743,567	0.188327	0.188327		70
71	Medical Supplies Charged to Patients	27,458,108	34,251,195	61,709,303	0.290676	0.290676		71
72	Impl. Dev. Charged to Patients	18,450,920	19,247,078	37,697,998	0.360622	0.360622		72
73	Drugs Charged to Patients	259,887,641	129,012,246	388,899,887	0.204427	0.204427		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	6,180,119	936,980	7,117,099	0.312938	0.312938		74
76	PSYCHIATRY	456,772	11,065,637	11,522,409	1.449941	1.449941		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,673,835	35,406,410	38,080,245	1.157527	1.157527		90
90.01	OFFSITE CLINICS		93,049,419	93,049,419	0.327384	0.327384		90.01
91	Emergency	17,390,066	70,899,254	88,289,320	0.349224	0.349224		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	248,834	28,593,302	28,842,136	0.108174	0.108174		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	2,727,228		2,727,228				105
106	Heart Acquisition	2,824,629		2,824,629				106
107	Liver Acquisition	1,071,411		1,071,411				107
110	Intestinal Acquisition	1		1				110
200	Subtotal (sum of lines 30 thru 199)	1,602,248,663	1,006,411,140	2,608,659,803				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,602,248,663	1,006,411,140	2,608,659,803				202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	127,235,850		127,235,850		127,235,850	30
31	Intensive Care Unit	48,687,028		48,687,028		48,687,028	31
32	Coronary Care Unit	39,735,699		39,735,699		39,735,699	32
35	NEONATOLOGY	50,506,639		50,506,639		50,506,639	35
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	65,575,901		65,575,901		65,575,901	50
51	Recovery Room	6,161,508		6,161,508		6,161,508	51
53	Anesthesiology	9,668,313		9,668,313		9,668,313	53
54	Radiology-Diagnostic	12,574,565		12,574,565		12,574,565	54
57	CT Scan	1,620,555		1,620,555		1,620,555	57
58	MRI	6,055,220		6,055,220		6,055,220	58
59	Cardiac Catheterization	14,253,185		14,253,185		14,253,185	59
60	Laboratory	75,148,401		75,148,401		75,148,401	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	20,436,860		20,436,860		20,436,860	65
66	Physical Therapy	8,724,094		8,724,094		8,724,094	66
67	Occupational Therapy	2,231,717		2,231,717		2,231,717	67
68	Speech Pathology	7,133,667		7,133,667		7,133,667	68
69	Electrocardiology	6,594,514		6,594,514		6,594,514	69
70	Electroencephalography	7,686,362		7,686,362		7,686,362	70
71	Medical Supplies Charged to Patients	17,937,386		17,937,386		17,937,386	71
72	Impl. Dev. Charged to Patients	13,594,713		13,594,713		13,594,713	72
73	Drugs Charged to Patients	79,501,626		79,501,626		79,501,626	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	2,681,393		2,681,393		2,681,393	74
76	PSYCHIATRY	18,144,593		18,144,593		18,144,593	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	44,803,957		44,803,957		44,803,957	90
90.01	OFFSITE CLINICS	30,462,869		30,462,869		30,462,869	90.01
91	Emergency	34,812,324		34,812,324		34,812,324	91
92	Observation Beds (Non-Distinct Part)	19,537,111		19,537,111		19,537,111	92
92.01	OBSERVATION BEDS-DISTINCT	3,119,970		3,119,970		3,119,970	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	1,932,682		1,932,682		1,932,682	105
106	Heart Acquisition	2,860,733		2,860,733		2,860,733	106
107	Liver Acquisition	920,044		920,044		920,044	107
110	Intestinal Acquisition	34,319		34,319		34,319	110
200	Subtotal (sum of lines 30 thru 199)	780,373,798		783,806,132		783,806,132	200
201	Less Observation Beds	19,537,111		19,537,111		19,537,111	201
202	Total (line 200 minus line 201)	760,836,687		764,269,021		764,269,021	202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	194,747,531		194,747,531				30
31	Intensive Care Unit	123,290,030		123,290,030				31
32	Coronary Care Unit	114,901,790		114,901,790				32
35	NEONATOLOGY	191,810,456		191,810,456				35
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	187,456,770	146,101,756	333,558,526	0.196595	0.196595		50
51	Recovery Room	5,231,031	20,186,458	25,417,489	0.242412	0.242412		51
53	Anesthesiology	19,113,397	34,034,715	53,148,112	0.181913	0.181913		53
54	Radiology-Diagnostic	25,184,104	47,132,145	72,316,249	0.173883	0.173883		54
57	CT Scan	7,325,555	11,725,170	19,050,725	0.085065	0.085065		57
58	MRI	15,559,119	58,067,320	73,626,439	0.082242	0.082242		58
59	Cardiac Catheterization	34,987,036	54,419,302	89,406,338	0.159420	0.159420		59
60	Laboratory	183,759,549	156,031,621	339,791,170	0.221161	0.221161		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	131,537,561	3,456,065	134,993,626	0.151391	0.151391		65
66	Physical Therapy	5,554,895	5,595,389	11,150,284	0.782410	0.782410		66
67	Occupational Therapy	3,382,673	2,476,574	5,859,247	0.380888	0.380888		67
68	Speech Pathology	3,784,449	11,251,923	15,036,372	0.474427	0.474427		68
69	Electrocardiology	3,396,010	9,584,757	12,980,767	0.508022	0.508022		69
70	Electroencephalography	11,857,143	23,886,424	35,743,567	0.215042	0.215042		70
71	Medical Supplies Charged to Patients	27,458,108	34,251,195	61,709,303	0.290676	0.290676		71
72	Impl. Dev. Charged to Patients	18,450,920	19,247,078	37,697,998	0.360622	0.360622		72
73	Drugs Charged to Patients	259,887,641	129,012,246	388,899,887	0.204427	0.204427		73
73.01	OUTPATIENT PHARMACY							73.01
74	Renal Dialysis	6,180,119	936,980	7,117,099	0.376754	0.376754		74
76	PSYCHIATRY	456,772	11,065,637	11,522,409	1.574722	1.574722		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	Clinic	2,673,835	35,406,410	38,080,245	1.176567	1.176567		90
90.01	OFFSITE CLINICS		93,049,419	93,049,419	0.327384	0.327384		90.01
91	Emergency	17,390,066	70,899,254	88,289,320	0.394298	0.394298		91
92	Observation Beds (Non-Distinct Part)							92
92.01	OBSERVATION BEDS-DISTINCT	248,834	28,593,302	28,842,136	0.108174	0.108174		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	2,727,228		2,727,228				105
106	Heart Acquisition	2,824,629		2,824,629				106
107	Liver Acquisition	1,071,411		1,071,411				107
110	Intestinal Acquisition	1		1				110
200	Subtotal (sum of lines 30 thru 199)	1,602,248,663	1,006,411,140	2,608,659,803				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	1,602,248,663	1,006,411,140	2,608,659,803				202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	65,575,901	10,857,173	54,718,728		50
51	Recovery Room	6,161,508	1,086,130	5,075,378		51
53	Anesthesiology	9,668,313	1,025,203	8,643,110		53
54	Radiology-Diagnostic	12,574,565	2,414,715	10,159,850		54
57	CT Scan	1,620,555	331,181	1,289,374		57
58	MRI	6,055,220	1,522,699	4,532,521		58
59	Cardiac Catheterization	14,253,185	2,730,778	11,522,407		59
60	Laboratory	75,148,401	5,386,967	69,761,434		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	20,436,860	1,127,016	19,309,844		65
66	Physical Therapy	8,724,094	1,111,518	7,612,576		66
67	Occupational Therapy	2,231,717	90,240	2,141,477		67
68	Speech Pathology	7,133,667	712,807	6,420,860		68
69	Electrocardiology	6,594,514	410,553	6,183,961		69
70	Electroencephalography	7,686,362	978,270	6,708,092		70
71	Medical Supplies Charged to Patients	17,937,386	674,230	17,263,156		71
72	Impl. Dev. Charged to Patients	13,594,713	510,999	13,083,714		72
73	Drugs Charged to Patients	79,501,626	2,797,826	76,703,800		73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis	2,681,393	67,131	2,614,262		74
76	PSYCHIATRY	18,144,593	2,257,582	15,887,011		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	44,803,957	5,296,526	39,507,431		90
90.01	OFFSITE CLINICS	30,462,869	2,554,276	27,908,593		90.01
91	Emergency	34,812,324	4,080,427	30,731,897		91
92	Observation Beds (Non-Distinct Part)	19,537,111	2,731,386	16,805,725		92
92.01	OBSERVATION BEDS-DISTINCT	3,119,970	590,484	2,529,486		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	1,932,682	34,367	1,898,315		105
106	Heart Acquisition	2,860,733	48,882	2,811,851		106
107	Liver Acquisition	920,044	16,071	903,973		107
110	Intestinal Acquisition	34,319	636	33,683		110
200	Subtotal	514,208,582	51,446,073	462,762,509		200
201	Less Observation Beds	19,537,111	2,731,386	16,805,725		201
202	Total	494,671,471	48,714,687	445,956,784		202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	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		65,575,901	333,558,526	0.196595	50
51	Recovery Room		6,161,508	25,417,489	0.242412	51
53	Anesthesiology		9,668,313	53,148,112	0.181913	53
54	Radiology-Diagnostic		12,574,565	72,316,249	0.173883	54
57	CT Scan		1,620,555	19,050,725	0.085065	57
58	MRI		6,055,220	73,626,439	0.082242	58
59	Cardiac Catheterization		14,253,185	89,406,338	0.159420	59
60	Laboratory		75,148,401	339,791,170	0.221161	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy		20,436,860	134,993,626	0.151391	65
66	Physical Therapy		8,724,094	11,150,284	0.782410	66
67	Occupational Therapy		2,231,717	5,859,247	0.380888	67
68	Speech Pathology		7,133,667	15,036,372	0.474427	68
69	Electrocardiology		6,594,514	12,980,767	0.508022	69
70	Electroencephalography		7,686,362	35,743,567	0.215042	70
71	Medical Supplies Charged to Patients		17,937,386	61,709,303	0.290676	71
72	Impl. Dev. Charged to Patients		13,594,713	37,697,998	0.360622	72
73	Drugs Charged to Patients		79,501,626	388,899,887	0.204427	73
73.01	OUTPATIENT PHARMACY					73.01
74	Renal Dialysis		2,681,393	7,117,099	0.376754	74
76	PSYCHIATRY		18,144,593	11,522,409	1.574722	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		44,803,957	38,080,245	1.176567	90
90.01	OFFSITE CLINICS		30,462,869	93,049,419	0.327384	90.01
91	Emergency		34,812,324	88,289,320	0.394298	91
92	Observation Beds (Non-Distinct Part)		19,537,111			92
92.01	OBSERVATION BEDS-DISTINCT		3,119,970	28,842,136	0.108174	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		1,932,682	2,727,228	0.708662	105
106	Heart Acquisition		2,860,733	2,824,629	1.012782	106
107	Liver Acquisition		920,044	1,071,411	0.858722	107
110	Intestinal Acquisition		34,319	1	34,319.000000	110
200	Subtotal		514,208,582	1,983,909,996		200
201	Less Observation Beds		19,537,111			201
202	Total		494,671,471	1,983,909,996		202

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

☒ Hospital
☐ PARHM Demonstration

☐ PPS
☒ TEFRA

		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)	17,788,165		17,788,165	48,147	369.46	273	100,863	30
31	Intensive Care Unit	6,371,146		6,371,146	14,497	439.48	26	11,426	31
32	Coronary Care Unit	4,930,572		4,930,572	13,820	356.77	92	32,823	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	5,985,901		5,985,901	20,397	293.47			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)	35,075,784		35,075,784	96,861		391	145,112	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

WORKSHEET D PART II

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

		Capital Related Cost (from Wkst. B, Part II (col. 26)	Total Charges (from Wkst. C, Part I, (col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	10,857,173	333,558,526	0.032550	1,183,646	38,528	50
51	Recovery Room	1,086,130	25,417,489	0.042732	17,445	745	51
53	Anesthesiology	1,025,203	53,148,112	0.019290	113,075	2,181	53
54	Radiology-Diagnostic	2,414,715	72,316,249	0.033391	147,918	4,939	54
57	CT Scan	331,181	19,050,725	0.017384	32,290	561	57
58	MRI	1,522,699	73,626,439	0.020681	59,036	1,221	58
59	Cardiac Catheterization	2,730,778	89,406,338	0.030543	190,337	5,813	59
60	Laboratory	5,386,967	339,791,170	0.015854	1,284,418	20,363	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,127,016	134,993,626	0.008349	553,743	4,623	65
66	Physical Therapy	1,111,518	11,150,284	0.099685	23,379	2,331	66
67	Occupational Therapy	90,240	5,859,247	0.015401	17,112	264	67
68	Speech Pathology	712,807	15,036,372	0.047406	6,927	328	68
69	Electrocardiology	410,553	12,980,767	0.031628	26,493	838	69
70	Electroencephalography	978,270	35,743,567	0.027369	30,498	835	70
71	Medical Supplies Charged to Pat	674,230	61,709,303	0.010926	132,620	1,449	71
72	Impl. Dev. Charged to Patients	510,999	37,697,998	0.013555	77,119	1,045	72
73	Drugs Charged to Patients	2,797,826	388,899,887	0.007194	1,743,363	12,542	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	67,131	7,117,099	0.009432	385,790	3,639	74
76	PSYCHIATRY	2,257,582	11,522,409	0.195930	3,358	658	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,296,526	38,080,245	0.139089	23,754	3,304	90
90.01	OFFSITE CLINICS	2,554,276	93,049,419	0.027451			90.01
91	Emergency	4,080,427	88,289,320	0.046217	126,861	5,863	91
92	Observation Beds (Non-Distinct	2,731,384					92
92.01	OBSERVATION BEDS-DISTINCT	590,484	28,842,136	0.020473	28,985	593	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	51,346,115	1,977,286,727		6,208,167	112,663	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☒ Hospital
☐ PARHM Demonstration

☐ PPS
☒ TEFRA

		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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

		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)	48,147		273		30
31	Intensive Care Unit	14,497		26		31
32	Coronary Care Unit	13,820		92		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	20,397				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)	96,861		391		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART IV

Check [] Title V [XX] Hospital [] SUB (Other) [] ICF/IID [] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] SNF [XX] 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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D PART IV

Check [] Title V [XX] Hospital [] SUB (Other) [] ICF/IID [] PPS
Applicable [XX] Title XVIII, Part A [] IPF [] SNF [XX] 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	333,558,526			1,183,646		104,232		50
51	Recovery Room	25,417,489			17,445		11,242		51
53	Anesthesiology	53,148,112			113,075		40,372		53
54	Radiology-Diagnostic	72,316,249			147,918		49,289		54
57	CT Scan	19,050,725			32,290		14,870		57
58	MRI	73,626,439			59,036		114,943		58
59	Cardiac Catheterization	89,406,338			190,337		182,723		59
60	Laboratory	339,791,170			1,284,418		1,303,952		60
62.30	BLOOD CLOTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	134,993,626			553,743		11,130		65
66	Physical Therapy	11,150,284			23,379		4,123		66
67	Occupational Therapy	5,859,247			17,112		1,381		67
68	Speech Pathology	15,036,372			6,927		1,848		68
69	Electrocardiology	12,980,767			26,493		30,314		69
70	Electroencephalography	35,743,567			30,498		4,765		70
71	Medical Supplies Charged to Pat	61,709,303			132,620				71
72	Impl. Dev. Charged to Patients	37,697,998			77,119		13,930		72
73	Drugs Charged to Patients	388,899,887			1,743,363		566,308		73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	7,117,099			385,790		2,885		74
76	PSYCHIATRY	11,522,409			3,358				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	38,080,245			23,754		34,776		90
90.01	OFFSITE CLINICS	93,049,419					33,385		90.01
91	Emergency	88,289,320			126,861		35,731		91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	28,842,136			28,985		15,460		92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,977,286,727			6,208,167		2,577,659		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

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

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.182938	104,232			19,068			50
51	Recovery Room	0.242412	11,242			2,725			51
53	Anesthesiology	0.127448	40,372			5,145			53
54	Radiology-Diagnostic	0.154417	49,289			7,611			54
57	CT Scan	0.085065	14,870			1,265			57
58	MRI	0.082242	114,943			9,453			58
59	Cardiac Catheterization	0.153162	182,723			27,986			59
60	Laboratory	0.211860	1,303,952			276,255			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.148746	11,130			1,656			65
66	Physical Therapy	0.782410	4,123			3,226			66
67	Occupational Therapy	0.380888	1,381			526			67
68	Speech Pathology	0.474427	1,848			877			68
69	Electrocardiology	0.444579	30,314			13,477			69
70	Electroencephalography	0.188327	4,765			897			70
71	Medical Supplies Charged to Pat	0.290676							71
72	Impl. Dev. Charged to Patients	0.360622	13,930			5,023			72
73	Drugs Charged to Patients	0.204427	566,308			115,769			73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.312938	2,885			903			74
76	PSYCHIATRY	1.449941							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	1.157527	34,776			40,254			90
90.01	OFFSITE CLINICS	0.327384	33,385			10,930			90.01
91	Emergency	0.349224	35,731			12,478			91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.108174	15,460			1,672			92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)		2,577,659			557,196			200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		2,577,659			557,196			202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

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

		Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjust- ment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	17,788,165		17,788,165	48,147	369.46	7,574	2,798,290	30
31	Intensive Care Unit	6,371,146		6,371,146	14,497	439.48	1,673	735,250	31
32	Coronary Care Unit	4,930,572		4,930,572	13,820	356.77	2,334	832,701	32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	NEONATOLOGY	5,985,901		5,985,901	20,397	293.47	2,250	660,308	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)	35,075,784		35,075,784	96,861		13,831	5,026,549	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 [] PARHM Demo
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	10,857,173	333,558,526	0.032550	18,552,251	603,876	50
51	Recovery Room	1,086,130	25,417,489	0.042732	458,023	19,572	51
53	Anesthesiology	1,025,203	53,148,112	0.019290	2,055,586	39,652	53
54	Radiology-Diagnostic	2,414,715	72,316,249	0.033391	3,484,756	116,359	54
57	CT Scan	331,181	19,050,725	0.017384	932,532	16,211	57
58	MRI	1,522,699	73,626,439	0.020681	1,638,390	33,884	58
59	Cardiac Catheterization	2,730,778	89,406,338	0.030543	3,979,924	121,559	59
60	Laboratory	5,386,967	339,791,170	0.015854	21,065,890	333,979	60
62.30	BLOOD CLOTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,127,016	134,993,626	0.008349	37,025,511	309,126	65
66	Physical Therapy	1,111,518	11,150,284	0.099685	690,263	68,809	66
67	Occupational Therapy	90,240	5,859,247	0.015401	443,095	6,824	67
68	Speech Pathology	712,807	15,036,372	0.047406	495,928	23,510	68
69	Electrocardiology	410,553	12,980,767	0.031628	459,278	14,526	69
70	Electroencephalography	978,270	35,743,567	0.027369	1,639,145	44,862	70
71	Medical Supplies Charged to Pat	674,230	61,709,303	0.010926	4,202,590	45,917	71
72	Impl. Dev. Charged to Patients	510,999	37,697,998	0.013555	1,793,201	24,307	72
73	Drugs Charged to Patients	2,797,826	388,899,887	0.007194	46,904,510	337,431	73
73.01	OUTPATIENT PHARMACY						73.01
74	Renal Dialysis	67,131	7,117,099	0.009432	1,256,202	11,848	74
76	PSYCHIATRY	2,257,582	11,522,409	0.195930	65,529	12,839	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	Clinic	5,296,526	38,080,245	0.139089	294,210	40,921	90
90.01	OFFSITE CLINICS	2,554,276	93,049,419	0.027451			90.01
91	Emergency	4,080,427	88,289,320	0.046217	2,350,243	108,621	91
92	Observation Beds (Non-Distinct	2,731,386					92
92.01	OBSERVATION BEDS-DISTINCT	590,484	28,842,136	0.020473	15,466	317	92.01
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	51,346,117	1,977,286,727		149,802,523	2,334,950	200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

Check
Applicable
Boxes:

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

☒ Hospital
☐ PARHM Demonstration

		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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

Check ☐ Title V ☒ Hospital
Applicable ☐ Title XVIII, Part A ☐ PARHM Demonstration
Boxes: ☒ Title XIX

		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)	48,147		7,574		30
31	Intensive Care Unit	14,497		1,673		31
32	Coronary Care Unit	13,820		2,334		32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	NEONATOLOGY	20,397		2,250		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)	96,861		13,831		200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART IV

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART IV

Check [] Title V [XX] Hospital [] SUB (Other) [] ICF/IID [] PPS
Applicable [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
Boxes: [XX] Title XIX [] IRF [] NF [XX] 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	333,558,526			18,552,251				50
51	Recovery Room	25,417,489			458,023				51
53	Anesthesiology	53,148,112			2,055,586				53
54	Radiology-Diagnostic	72,316,249			3,484,756				54
57	CT Scan	19,050,725			932,532				57
58	MRI	73,626,439			1,638,390				58
59	Cardiac Catheterization	89,406,338			3,979,924				59
60	Laboratory	339,791,170			21,065,890				60
62.30	BLOOD CLOTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	134,993,626			37,025,511				65
66	Physical Therapy	11,150,284			690,263				66
67	Occupational Therapy	5,859,247			443,095				67
68	Speech Pathology	15,036,372			495,928				68
69	Electrocardiology	12,980,767			459,278				69
70	Electroencephalography	35,743,567			1,639,145				70
71	Medical Supplies Charged to Pat	61,709,303			4,202,590				71
72	Impl. Dev. Charged to Patients	37,697,998			1,793,201				72
73	Drugs Charged to Patients	388,899,887			46,904,510				73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	7,117,099			1,256,202				74
76	PSYCHIATRY	11,522,409			65,529				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	38,080,245			294,210				90
90.01	OFFSITE CLINICS	93,049,419							90.01
91	Emergency	88,289,320			2,350,243				91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	28,842,136			15,466				92.01
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,977,286,727			149,802,523				200

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

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

			Program Charges			Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.196595							50
51	Recovery Room	0.242412							51
53	Anesthesiology	0.181913							53
54	Radiology-Diagnostic	0.173883							54
57	CT Scan	0.085065							57
58	MRI	0.082242							58
59	Cardiac Catheterization	0.159420							59
60	Laboratory	0.221161							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.151391							65
66	Physical Therapy	0.782410							66
67	Occupational Therapy	0.380888							67
68	Speech Pathology	0.474427							68
69	Electrocardiology	0.508022							69
70	Electroencephalography	0.215042							70
71	Medical Supplies Charged to Pat	0.290676							71
72	Impl. Dev. Charged to Patients	0.360622							72
73	Drugs Charged to Patients	0.204427							73
73.01	OUTPATIENT PHARMACY								73.01
74	Renal Dialysis	0.376754							74
76	PSYCHIATRY	1.574722							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	1.176567							90
90.01	OFFSITE CLINICS	0.327384							90.01
91	Emergency	0.394298							91
92	Observation Beds (Non-Distinct								92
92.01	OBSERVATION BEDS-DISTINCT	0.108174							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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 ☐ PARHM Demo ☒ 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)	48,147	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	48,147	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)	40,754	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)	273	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)	119,826,714	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)	119,826,714	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	119,826,714	37

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 ☐ PARHM Demo ☒ 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)					2,488.77	38				
39	Program general inpatient routine service cost (line 9 x line 38)					679,434	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)					679,434	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					46,005,731	14,497	3,173.47	26	82,510	43
44	Coronary Care Unit					39,735,699	13,820	2,875.23	92	264,521	44
45	Burn Intensive Care Unit										45
46	Surgical Intensive Care Unit										46
47	NEONATOLOGY					49,010,038	20,397	2,402.81			47
							1				
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,318,152				48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						2,344,617				49
PASS THROUGH COST ADJUSTMENTS											
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						145,112				50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						112,663				51
52	Total Program excludable cost (sum of lines 50 and 51)						257,775				52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						2,086,842				53
TARGET AMOUNT AND LIMIT COMPUTATION											
54	Program discharges						60				54
55	Target amount per discharge						21,725				55
56	Target amount (line 54 x line 55)						1,303,479				56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						-783,363				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)						130,348				62
63	Allowable Inpatient cost plus incentive payment (see instructions)						1,691,602				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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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
☐ PARHM Demo

☐ PPS
☒ TEFRA
☐ Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,393	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,488.77	88
89	Observation bed cost (line 87 x line 88) (see instructions)					18,399.477	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	17,788,165	119,826,714	0.148449	18,399,477	2,731,384	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 ☐ PARHM Demo ☐ 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)	48,147	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	48,147	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)	40,754	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)	7,574	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)	127,235,850	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)	127,235,850	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	127,235,850	37

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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 ☐ PARHM Demo ☐ 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)					2,642.65	38
39	Program general inpatient routine service cost (line 9 x line 38)					20,015,431	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)					20,015,431	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	48,687,028	14,497	3,358.42	1,673	5,618,637	43
44	Coronary Care Unit	39,735,699	13,820	2,875.23	2,334	6,710,787	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	NEONATOLOGY	50,506,639	20,397	2,476.18	2,250	5,571,405	47

						1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,688,752	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					68,605,012	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,026,549	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,334,950	51
52	Total Program excludable cost (sum of lines 50 and 51)					7,361,499	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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST**COMPONENT CCN: 14-3300****WORKSHEET D-1
PARTS III & IV**

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					7,393	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,642.65	88
89	Observation bed cost (line 87 x line 88) (see instructions)					19,537,111	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	17,788,165	127,235,850	0.139805	19,537,111	2,731,386	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

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

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		1,046,136		30
31	Intensive Care Unit		228,384		31
32	Coronary Care Unit		806,860		32
35	NEONATOLOGY				35
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.182938	1,183,646	216,534	50
51	Recovery Room	0.242412	17,445	4,229	51
53	Anesthesiology	0.127448	113,075	14,411	53
54	Radiology-Diagnostic	0.154417	147,918	22,841	54
57	CT Scan	0.085065	32,290	2,747	57
58	MRI	0.082242	59,036	4,855	58
59	Cardiac Catheterization	0.153162	190,337	29,152	59
60	Laboratory	0.211860	1,284,418	272,117	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.148746	553,743	82,367	65
66	Physical Therapy	0.782410	23,379	18,292	66
67	Occupational Therapy	0.380888	17,112	6,518	67
68	Speech Pathology	0.474427	6,927	3,286	68
69	Electrocardiology	0.444579	26,493	11,778	69
70	Electroencephalography	0.188327	30,498	5,744	70
71	Medical Supplies Charged to Patients	0.290676	132,620	38,549	71
72	Impl. Dev. Charged to Patients	0.360622	77,119	27,811	72
73	Drugs Charged to Patients	0.204427	1,743,363	356,390	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.312938	385,790	120,728	74
76	PSYCHIATRY	1.449941	3,358	4,869	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	1.157527	23,754	27,496	90
90.01	OFFSITE CLINICS	0.327384			90.01
91	Emergency	0.349224	126,861	44,303	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.108174	28,985	3,135	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		6,208,167	1,318,152	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		6,208,167		202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

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

		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		24,560,911		30
31	Intensive Care Unit		24,097,999		31
32	Coronary Care Unit		13,895,261		32
35	NEONATOLOGY		20,248,529		35
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.196595	18,552,251	3,647,280	50
51	Recovery Room	0.242412	458,023	111,030	51
53	Anesthesiology	0.181913	2,055,586	373,938	53
54	Radiology-Diagnostic	0.173883	3,484,756	605,940	54
57	CT Scan	0.085065	932,532	79,326	57
58	MRI	0.082242	1,638,390	134,744	58
59	Cardiac Catheterization	0.159420	3,979,924	634,479	59
60	Laboratory	0.221161	21,065,890	4,658,953	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.151391	37,025,511	5,605,329	65
66	Physical Therapy	0.782410	690,263	540,069	66
67	Occupational Therapy	0.380888	443,095	168,770	67
68	Speech Pathology	0.474427	495,928	235,282	68
69	Electrocardiology	0.508022	459,278	233,323	69
70	Electroencephalography	0.215042	1,639,145	352,485	70
71	Medical Supplies Charged to Patients	0.290676	4,202,590	1,221,592	71
72	Impl. Dev. Charged to Patients	0.360622	1,793,201	646,668	72
73	Drugs Charged to Patients	0.204427	46,904,510	9,588,548	73
73.01	OUTPATIENT PHARMACY				73.01
74	Renal Dialysis	0.376754	1,256,202	473,279	74
76	PSYCHIATRY	1.574722	65,529	103,190	76
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90	Clinic	1.176567	294,210	346,158	90
90.01	OFFSITE CLINICS	0.327384			90.01
91	Emergency	0.394298	2,350,243	926,696	91
92	Observation Beds (Non-Distinct Part)				92
92.01	OBSERVATION BEDS-DISTINCT	0.108174	15,466	1,673	92.01
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		149,802,523	30,688,752	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		149,802,523		202

(A) Worksheet A line numbers

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

OPO CCN:

**WORKSHEET D-4
PART I**

Check
Applicable
Box:

[] HEART
[XX] KIDNEY

[] LIVER
[] LUNG

[] PANCREAS
[] INTESTINE

[] ISLET

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
			D	2			
		1			3	4	
1	Adults & Pediatrics	65	38	2,488.77			1
2	Intensive Care Unit	50,399	43	3,173.47	5	15,867	2
3	Coronary Care Unit		44	2,875.23			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,402.81			6
7	TOTAL (sum of lines 1-6)	50,464			5	15,867	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	0.182938	286,821	52,470	8
9	Recovery Room	51	0.242412			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.127448	13,733	1,750	11
12	Radiology-Diagnostic	54	0.154417	2,371	366	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.085065	4,943	420	15
16	MRI	58	0.082242			16
17	Cardiac Catheterization	59	0.153162	7,891	1,209	17
18	Laboratory	60	0.211860	54,490	11,544	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	0.148746	19,291	2,869	23
24	Physical Therapy	66	0.782410			24
25	Occupational Therapy	67	0.380888			25
26	Speech Pathology	68	0.474427			26
27	Electrocardiology	69	0.444579	229	102	27
28	Electroencephalography	70	0.188327			28
29	Medical Supplies Charged to Patients	71	0.290676			29
30	Impl. Dev. Charged to Patients	72	0.360622			30
31	Drugs Charged to Patients	73	0.204427	28,642	5,855	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.312938			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.449941			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	1.157527			37
37.01	OFFSITE CLINICS	90.01	0.327384			37.01
38	Emergency	91	0.349224			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.108174			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			418,411	76,585	41

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

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		5		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)			5		48

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

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4
PARTS III & IV

Check
Applicable
Box :

[] HEART
[XX] KIDNEY

[] LIVER
[] LUNG

[] PANCREAS
[] INTESTINE

[] ISLET

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	92,452		468,875		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	1,932,682		1,294,227		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	2,025,134		1,763,102		61
62	Total Usable Organs (see instructions)		41			62
63	Medicare Usable Organs (see instructions)		16			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.390244			64
65	Medicare Cost/Charges (see instructions)	790,296		688,040		65
66	Revenue for Organs Sold	32,750		32,750		66
67	Subtotal (line 65 minus line 66)	757,546		655,290		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	757,546		655,290		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)	7			71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		22		73
74	Total (sum of lines 70 thru 73)	7	34		74
75	Organs Transplanted	7	22		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		12	32,750	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)	7	34		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.

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

OPO CCN:

**WORKSHEET D-4
PART I**

Check
Applicable
Box:

☒ HEART ☐ LIVER ☐ PANCREAS ☐ ISLET
☐ KIDNEY ☐ LUNG ☐ INTESTINE

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	2,488.77			1
2	Intensive Care Unit	5,727	43	3,173.47	1	3,173	2
3	Coronary Care Unit		44	2,875.23			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,402.81			6
7	TOTAL (sum of lines 1-6)	5,727			1	3,173	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	0.182938	21,573	3,947	8
9	Recovery Room	51	0.242412			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.127448	1,807	230	11
12	Radiology-Diagnostic	54	0.154417	422	65	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.085065			15
16	MRI	58	0.082242			16
17	Cardiac Catheterization	59	0.153162	1,038	159	17
18	Laboratory	60	0.211860	8,409	1,782	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	0.148746	2,629	391	23
24	Physical Therapy	66	0.782410			24
25	Occupational Therapy	67	0.380888			25
26	Speech Pathology	68	0.474427			26
27	Electrocardiology	69	0.444579			27
28	Electroencephalography	70	0.188327			28
29	Medical Supplies Charged to Patients	71	0.290676	115	33	29
30	Impl. Dev. Charged to Patients	72	0.360622			30
31	Drugs Charged to Patients	73	0.204427	2,944	602	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.312938			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.449941			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	1.157527			37
37.01	OFFSITE CLINICS	90.01	0.327384			37.01
38	Emergency	91	0.349224			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.108174			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			38,937	7,209	41

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

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		1		43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	NEONATOLOGY	7				47
48	TOTAL (sum of lines 42-47)			1		48

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

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4
PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1	2	3	4	
56	Routine and Ancillary from Part I	10,382		44,664		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	2,860,733		1,811,023		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	2,871,115		1,855,687		61
62	Total Usable Organs (see instructions)		30			62
63	Medicare Usable Organs (see instructions)		1			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.033333			64
65	Medicare Cost/Charges (see instructions)	95,703		61,856		65
66	Revenue for Organs Sold	2,500		2,500		66
67	Subtotal (line 65 minus line 66)	93,203		59,356		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	93,203		59,356		69

PART IV - STATISTICS

		Living Related	Cadaveric	Revenue	
		1	2	3	
70	Organs Excised in Provider (1)		1		70
71	Organs Purchased from Other Trnsplant Hospitals (2)				71
72	Organs Purchased from Non-Transplant Hospitals				72
73	Organs Purchased from OPSs		29		73
74	Total (sum of lines 70 thru 73)		30		74
75	Organs Transplanted		29		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		1	2,500	77
78	Organs Sold to Transplant Hospitals				78
79	Organs Sold to Military or VA Hospitals				79
80	Organs Sold Outside the U.S.				80
81	Organs Sent Outside THE U.S. (no revenue received)				81
82	Organs Used for Research				82
83	Unusable/Discarded Organs				83
84	Total (sum of lines 75 through 83 should equal line 74)		30		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.

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

OPO CCN:

**WORKSHEET D-4
PART I**

Check
Applicable
Box:

[] HEART
[] KIDNEY

[XX] LIVER
[] LUNG

[] PANCREAS
[] INTESTINE

[] ISLET

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

	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst D-1, Part II)		Organ Acquisition Days	Cost (col. 2 x col. 3)	
		1	D	2	3	4	
1	Adults & Pediatrics	32	38	2,488.77			1
2	Intensive Care Unit	15,997	43	3,173.47	2	6,347	2
3	Coronary Care Unit		44	2,875.23			3
4	Burn Intensive Care Unit		45				4
5	Surgical Intensive Care Unit		46				5
6	NEONATOLOGY		47	2,402.81			6
7	TOTAL (sum of lines 1-6)	16,029			2	6,347	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	0.182938	100,424	18,371	8
9	Recovery Room	51	0.242412			9
10	Delivery Room & Labor Room	52				10
11	Anesthesiology	53	0.127448	3,253	415	11
12	Radiology-Diagnostic	54	0.154417	905	140	12
13	Radiology-Therapeutic	55				13
14	Radioisotope	56				14
15	CT Scan	57	0.085065	1,220	104	15
16	MRI	58	0.082242			16
17	Cardiac Catheterization	59	0.153162	1,869	286	17
18	Laboratory	60	0.211860	15,994	3,388	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	0.148746	4,804	715	23
24	Physical Therapy	66	0.782410			24
25	Occupational Therapy	67	0.380888			25
26	Speech Pathology	68	0.474427			26
27	Electrocardiology	69	0.444579	115	51	27
28	Electroencephalography	70	0.188327			28
29	Medical Supplies Charged to Patients	71	0.290676			29
30	Impl. Dev. Charged to Patients	72	0.360622			30
31	Drugs Charged to Patients	73	0.204427	10,717	2,191	31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	Renal Dialysis	74	0.312938			32
33	ASC (Non-Distinct Part)	75				33
34	PSYCHIATRY	76	1.449941			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	1.157527			37
37.01	OFFSITE CLINICS	90.01	0.327384			37.01
38	Emergency	91	0.349224			38
39	Observation Beds (Non-Distinct Part)	92				39
39.01	OBSERVATION BEDS-DISTINCT	92.01	0.108174			39.01
40	Other Outpatient Service (specify)	93				40
41	TOTAL (sum of lines 8-40)			139,301	25,661	41

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

**COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM**

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM

OPO CCN:

WORKSHEET D-4
PARTS III & IV

Check
Applicable
Box :

[] HEART
[] KIDNEY

[XX] LIVER
[] LUNG

[] PANCREAS
[] INTESTINE

[] ISLET

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	32,008		155,330		56
57	Interns and Residents (inpatient)					57
58	Interns and Residents (outpatient)					58
59	Direct Organ Acquisition (see instructions)	920,044		1,398,553		59
60	Cost of physicians' services in a teaching hospital (see instructions)					60
61	Total (sum of lines 56 thru 60)	952,052		1,553,883		61
62	Total Usable Organs (see instructions)		16			62
63	Medicare Usable Organs (see instructions)		5			63
64	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.312500			64
65	Medicare Cost/Charges (see instructions)	297,516		485,588		65
66	Revenue for Organs Sold	11,375		11,375		66
67	Subtotal (line 65 minus line 66)	286,141		474,213		67
68	Organs Furnished Part B					68
69	Net Organ Acquisition Cost and Charges (see instructions)	286,141		474,213		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		10		73
74	Total (sum of lines 70 thru 73)	1	15		74
75	Organs Transplanted	1	10		75
76	Organs Sold to Other Hospitals				76
77	Organs Sold to OPOs		5	11,375	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	15		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.

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

WORKSHEET E PART B

Check applicable box: ☒ Hospital ☐ IPF ☐ IRF ☐ SUB (Other) ☐ SNF ☐ PARHM Demonstration

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)	557,196			2
3	OPPS payments	331,427			3
4	Outlier payment (see instructions)	14,251			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	512,620			6
7	Sum of lines 3, 4, and 4.01, divided by line 6	0.6743			7
8	Transitional corridor payment (see instructions)	166,942			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)	512,620			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)	44,590			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)	468,030			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)	7,862			28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	475,892			30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)	475,892			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)	475,892			37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	475,892			40
40.01	Sequestration adjustment (see instructions)	6,329			40.01
40.02	Demonstration payment adjustment amount after sequestration				40.02
40.03	Sequestration adjustment - PARHM pass-throughs				40.03
41	Interim payments	306,213			41
41.01	Interim payments - PARHM				41.01
42	Tentative settlement (for contractors use only)				42
42.01	Tentative settlement - PARHM (for contractor use only)				42.01
43	Balance due provider/program (see instructions)	163,350			43
43.01	Balance due provider/program - PARHM (see instructions)				43.01
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

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

WORKSHEET E-1
PART I

```
[ ] PARHM Demonstration
[ ] PARHM CAH Swing Bed-SNF
```

				INPATIENT PART A		PART B		
DESCRIPTION				mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider				3,058,344		304,487	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero							2
3	List separately each retroactive lump sum adjustment		.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	12/18/2019	105,761			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	05/11/2020	276,375	05/11/2020	1,726	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		382,136		1,726	3.99
4	Total interim payments (sum of lines 1, 2, and 3.99)				3,440,480		306,213	4
	(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)							
	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)		.01				163,350	6.01
	based on the cost report (1)		.02		-674,070			6.02
7	Total Medicare program liability (see instructions)				2,766,410		469,563	7
8	Name of Contractor	Contractor Number			NPR Date (Month/Day/Year)			8

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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

1	Inpatient hospital services (see instructions)	1,691,602	1
1.01	Nursing and allied health managed care payment (see instructions)		1.01
2	Organ acquisition	1,136,890	2
3	Cost of physicians' services in a teaching hospital (see instructions)		3
4	Subtotal (sum of lines 1 through 3)	2,828,492	4
5	Primary payer payments		5
6	Subtotal (line 4 less line 5)	2,828,492	6
7	Deductibles	52,800	7
8	Subtotal (line 6 minus line 7)	2,775,692	8
9	Coinsurance	21,120	9
10	Subtotal (line 8 minus line 9)	2,754,572	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)	2,754,572	14
15	Direct graduate medical education payments (from Wkst. E-4, line 49)	49,127	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)	2,803,699	18
18.01	Sequestration adjustment (see instructions)	37,289	18.01
18.02	Demonstration payment adjustment amount after sequestration		18.02
19	Interim payments	3,440,480	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)	-674,070	21
22	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		22

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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	68,605,012		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	68,605,012		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	68,605,012		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	Routine service charges	82,802,700		8
9	Ancillary service charges	149,802,523		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)	232,605,223		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)	232,605,223		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	164,000,211		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)	68,605,012		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)	68,605,012		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)	68,605,012		31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)	68,605,012		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)	68,605,012		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)	68,605,012		40
41	Interim payments	59,569,015		41
42	Balance due provider/program (line 40 minus line 41)	9,035,997		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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

WORKSHEET E-4

Check ☐ Title V
 Applicable ☒ Title XVIII
 Box: ☐ Title XIX

☒ Hospital
☐ PARHM Demonstration
☐ CAH-based IPF
☐ CAH-based IRF

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)				261.56	6
7	Enter the lesser of line 5 or line 6				149.46	7
		Primary Care 1	Other 2	Total 3		
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	96.69	115.50	212.19		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	55.25	66.00	121.25		9
10	Weighted dental and podiatric resident FTE count for the current year		4.00			10
10.01	Unweighted dental and podiatric resident FTE count for the current year					10.01
11	Total weighted FTE count	55.25	70.00			11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.86	68.49			12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	59.46	67.22			13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	57.19	68.57			14
15	Adjustment for residents in initial years of new programs	0.00	0.00			15
15.01	Unweighted adjustment for residents in initial years of new programs					15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16
16.01	Unweighted adjustment for residents displaced by program or hospital closure					16.01
17	Adjusted rolling average FTE count	57.19	68.57			17
18	Per resident amount	103,697.65	103,697.65			18
19	Approved amount for resident costs	5,930,469	7,110,548	13,041,017		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)			112.10		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)			13,041,017		25
		Inpatient Part A 1	Managed Care Prior to 1/1 2	Managed Care On or After 1/1 2.01	3	
COMPUTATION OF PROGRAM PATIENT LOAD						
26	Inpatient days (see instructions)	391				26
27	Total inpatient days (see instructions)	89,468				27
28	Ratio of inpatient days to total inpatient days	0.004370	0.000000	0.000000		28
29	Program direct GME amount	56,989			56,989	29
29.01	Percent reduction for MA DGME					29.01
30	Reduction for direct GME payments for Medicare Advantage					30
31	Net Program direct GME amount				56,989	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)				7,117,099	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)				2,344,617	37
38	Organ acquisition costs (Wkst. D-4, Pt. III, col 1, line 69)				1,136,890	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)				3,481,507	41
Part B Reasonable Cost						
42	Reasonable cost (see instructions)				557,196	42
43	Primary payer payments (see instructions)					43
44	Total Part B reasonable cost (line 42 minus line 43)				557,196	44
45	Total reasonable cost (sum of lines 41 and 44)				4,038,703	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)				0.862036	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)				0.137964	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B						
48	Total program GME payment (line 31)				56,989	48
49	Part A Medicare GME payment (line 46 x line 48) (title XVIII only) (see instructions)				49,127	49
50	Part B Medicare GME payment (line 47 x line 48) (title XVIII only) (see instructions)				7,862	50

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

WORKSHEET E-4

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 1	Other 2	Total 3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	0.00	0.00	0.00	8
9	If line 6 is less than line 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	0.00	0.00	0.00	9
10	Weighted dental and podiatric resident FTE count for the current year		0.00		10
10.01	Unweighted dental and podiatric resident FTE count for the current year				10.01
11	Total weighted FTE count	0.00	0.00		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	0.00	0.00		14
15	Adjustment for residents in initial years of new programs	0.00	0.00		15
15.01	Unweighted adjustment for residents in initial years of new programs				15.01
16	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16
16.01	Unweighted adjustment for residents displaced by program or hospital closure				16.01
17	Adjusted rolling average FTE count	0.00	0.00		17
18	Per resident amount	0.00	0.00		18
19	Approved amount for resident costs				19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 §413.79(c)(4)				20
21	Direct GME FTE unweighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 times line 23				24
25	Total direct GME amount (sum of lines 19 and 24)				25
		Inpatient Part A 1	Managed Care Prior to 1/1 2	Managed Care On or After 1/1 2.01	3
COMPUTATION OF PROGRAM PATIENT LOAD					
26	Inpatient days (see instructions)	13,831	35,516		26
27	Total inpatient days (see instructions)	89,468	89,468		27
28	Ratio of inpatient days to total inpatient days	0.154592	0.396969	0.000000	28
29	Program direct GME amount				29
29.01	Percent reduction for MA DGME				29.01
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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Assets (Omit Cents)	1	2	3	4	
	CURRENT ASSETS					
1	Cash on hand and in banks	22,055,115				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	228,554,319				4
5	Other receivables	5,517,000				5
6	Allowances for uncollectible notes and accounts receivable	-19,828,953				6
7	Inventory					7
8	Prepaid expenses					8
9	Other current assets	49,312,318				9
10	Due from other funds	-2,244,932				10
11	Total current assets (sum of lines 1-10)	283,364,867				11
	FIXED ASSETS					
12	Land	34,812,506				12
13	Land improvements	35,805				13
14	Accumulated depreciation					14
15	Buildings	1,033,940,382				15
16	Accumulated depreciation	-337,579,109				16
17	Leasehold improvements	30,028,701				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	434,045,988				23
24	Accumulated depreciation	-306,743,573				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)	888,540,700				30
	OTHER ASSETS					
31	Investments	974,966,493	292,509,507	209,564,060		31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	90,352,373				34
35	Total other assets (sum of lines 31-34)	1,065,318,866	292,509,507	209,564,060		35
36	Total assets (sum of lines 11, 30 and 35)	2,237,224,433	292,509,507	209,564,060		36
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	Liabilities and Fund Balances (Omit Cents)	1	2	3	4	
	CURRENT LIABILITIES					
37	Accounts payable	133,730,685				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	34,175,696				44
45	Total current liabilities (sum of lines 37 thru 44)	167,906,381				45
	LONG TERM LIABILITIES					
46	Mortgage payable					46
47	Notes payable	355,249,925				47
48	Unsecured loans					48
49	Other long term liabilities	181,672,576				49
50	Total long term liabilities (sum of lines 46 thru 49)	536,922,501				50
51	Total liabilities (sum of lines 45 and 50)	704,828,882				51
	CAPITAL ACCOUNTS					
52	General fund balance	1,532,395,551				52
53	Specific purpose fund		292,509,507			53
54	Donor created - endowment fund balance - restricted			209,564,060		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)	1,532,395,551	292,509,507	209,564,060		59
60	Total liabilities and fund balances (sum of lines 51 and 59)	2,237,224,433	292,509,507	209,564,060		60

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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		1,427,243,292		277,185,176
2	Net income (loss) (from Worksheet G-3, line 29)		175,215,220		
3	Total (sum of line 1 and line 2)		1,602,458,512		277,185,176
4	Additions (credit adjustments) (specify)	6,545,566		51,204,993	
5	GRANTS			66,162,801	
6	INVESTMENT RETURN			10,676,300	
7	TRANSFER FROM AFFILIATES				
8					
9					
10	Total additions (sum of lines 4-9)		6,545,566		128,044,094
11	Subtotal (line 3 plus line 10)		1,609,004,078		405,229,270
12	Deductions (debit adjustments) (specify)			111,065,165	
13	TRANSFER TO AFFILIATES	76,608,527		-779,314	
14	CAPITAL ASSETS			2,433,912	
15					
16					
17					
18	Total deductions (sum of lines 12-17)		76,608,527		112,719,763
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,532,395,551		292,509,507

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period		203,673,656		
2	Net income (loss) (from Worksheet G-3, line 29)				
3	Total (sum of line 1 and line 2)		203,673,656		
4	Additions (credit adjustments) (specify)	5,790,695			
5	GRANTS				
6	INVESTMENT RETURN				
7	TRANSFER FROM AFFILIATES	-779,314			
8					
9					
10	Total additions (sum of lines 4-9)		5,011,381		
11	Subtotal (line 3 plus line 10)		208,685,037		
12	Deductions (debit adjustments) (specify)	-879,023			
13	TRANSFER TO AFFILIATES				
14	CAPITAL ASSETS				
15					
16					
17					
18	Total deductions (sum of lines 12-17)		-879,023		
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		209,564,060		

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II****PART I - PATIENT REVENUES**

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	198,622,029		198,622,029	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)	198,622,029		198,622,029	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	96,648,165		96,648,165	11
12	Coronary Care Unit	114,840,848		114,840,848	12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	NEONATOLOGY	191,686,245		191,686,245	15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	403,175,258		403,175,258	16
17	Total inpatient routine care services (sum of lines 10 and 16)	601,797,287		601,797,287	17
18	Ancillary services	1,000,468,012	1,020,736,545	2,021,204,557	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)	1,602,265,299	1,020,736,545	2,623,001,844	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		1,033,120,360	29
30	Add (specify)			30
31	FINANCE COSTS			31
32	RESEARCH CORP			32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		1,033,120,360	43

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	2,623,001,844	1
2	Less contractual allowances and discounts on patients' accounts	1,733,799,765	2
3	Net patient revenues (line 1 minus line 2)	889,202,079	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	1,033,120,360	4
5	Net income from service to patients (line 3 minus line 4)	-143,918,281	5

OTHER INCOME

6	Contributions, donations, bequests, etc.	110,543,730	6
7	Income from investments	69,751,187	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	3,130,292	11
12	Parking lot receipts	3,125,979	12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,979,690	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	61,998	21
22	Rental of hosptial space	6,330,876	22
23	Governmental appropriations		23
24	Other (specify)		24
24.01	Other (SELF INSURANCE INCOME)	4,029,996	24.01
24.02	Other (INTEREST INCOME)	8,475,911	24.02
24.03	Other (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	Other (SPECIMEN REVENUE)	2,341,505	24.04
24.05	Other (ASSETS RELEASED FROM RESTRICTION)	10,231,046	24.05
24.06	Other (CMRI)	48,084,049	24.06
24.07	Other (INTEREST RATE SWAP)		24.07
24.08	Other (CONTRACT REVENUE-70412)	24,073	24.08
24.09	Other (SHUTTLE REVENUE)	122,063	24.09
24.10	Other (CLINIC REVENUE)		24.10
24.11	Other (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	Other (TRUST INCOME)	1,435,376	24.12
24.13	Other (CDH REVENUE)	2,003,785	24.13
24.14	Other (INDIRECT COST RECOVERY)	3,709,904	24.14
24.15	Other (ENDOWMENT & SP FUND RECOVERY)	502,576	24.15
24.16	Other (RECHARGE REVENUE - RESEARCH)	9,702	24.16
24.50	COVID-19 PHE FUNDING	43,239,763	24.50
25	Total other income (sum of lines 6-24)	319,133,501	25
26	Total (line 5 plus line 25)	175,215,220	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)	175,215,220	29

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	---------------------------------------	--	--

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
1.02	CAP REL COSTS-RSCH BLDG & FIXT							1.02
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
7.01	OPERATION OF PLANT - RSCH BLDG							7.01
8	Laundry & Linen Service							8
9	Housekeeping							9
9.01	HOUSEKEEPING - RSCH BLDG							9.01
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

Health Financial Systems Compu-Max 2552-10

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2019 To: 08/31/2020	Run Date: 01/25/2021 Run Time: 16:39 Version: 2020.06 (11/06/2020)
---	--------------------------------	--	--

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		
110	Intestinal Acquisition							110
118	SUBTOTALS (sum of lines 1-117)							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							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