

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT  
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 01-31-2013 TIME: 12:42\_\_\_\_  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5.  COST REPORT STATUS 6. DATE RECEIVED: \_\_\_\_\_ 10. NPR DATE: \_\_\_\_\_  
 1 - AS SUBMITTED 7. CONTRACTOR NO: \_\_\_\_\_ 11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_  
 2 - SETTLED WITHOUT AUDIT 8.  INITIAL REPORT FOR THIS PROVIDER CCN 12.  IF LINE 5, COLUMN 1 IS 4: ENTER  
 3 - SETTLED WITH AUDIT 9.  FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.  
 4 - REOPENED  
 5 - AMENDED

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 WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE 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 HOSPITA (14-3300) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 09/01/2011 AND ENDING 08/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		140,710	-674,614		111,788,537	1
2 SUBPROVIDER - IPF					601,422	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		140,710	-674,614		112,389,959	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.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 225 EAST CHICAGO AVENUE  
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:  
 ZIP CODE: 60611-2605 COUNTY: COOK COUNTY

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)		
											6	7	8
3	HOSPITAL	ANN & ROBERT H. LURIE CHILDREN	14-3300	16974	7	07/01/1973	N	T	O	3			
4	SUBPROVIDER - IPF	LCH PSYCH	14-S300	16974	7	07/01/1973	N	N	O	4			
5	SUBPROVIDER - IRF												
6	SUBPROVIDER - (OTHER)												
7	SWING BEDS - SNF												
8	SWING BEDS - NF												
9	HOSPITAL-BASED SNF												
10	HOSPITAL-BASED NF												
11	HOSPITAL-BASED OLTC												
12	HOSPITAL-BASED HHA												
13	SEPARATELY CERTIFIED ASC												
14	HOSPITAL-BASED HOSPICE												
15	HOSPITAL-BASED HEALTH CLINIC - RHC												
16	HOSPITAL-BASED HEALTH CLINIC - FQHC												
17	HOSPITAL-BASED (CMHC)												
18	RENAL DIALYSIS												
19	OTHER												
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2011											20
21	TYPE OF CONTROL												21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND '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
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		OUT-OF-STATE		OUT-OF-STATE		MEDICAID HMO	OTHER MEDICAID	6
		MEDICAID PAID	ELIGIBLE UNPAID	MEDICAID PAID	UNPAID	MEDICAID ELIGIBLE	UNPAID			
		1	2	3	4	5				
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.									24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.									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 IN EFFECT IN THE COST REPORTING PERIOD.									37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX
		1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	N
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
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 NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
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 NON-PROVIDER 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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
	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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
	PROGRAM NAME	PROGRAM CODE			
	1	2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER 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)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
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 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, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
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.			N 86
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 XIX 2 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/MR 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
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES. COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			106
107	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N N N	RESPI- RATORY N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 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 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.			118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			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 IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	Y		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		01/01/1980	126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		03/23/2009	127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		10/26/2000	128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 N	2	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 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	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	N 156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
PERIOD FROM 09/01/2011 TO 08/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165  
ENTER 'Y' FOR YES OR 'N' FOR NO.

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.  
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 A MEANINGFUL USER (LINE 167 IS 'Y'),  
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH  
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169

HOSPITAL AND 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		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
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)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 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	
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
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.	1 N	2	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 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 INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT 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	Y/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.			13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14	
<b>BED COMPLEMENT</b>					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		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

HOSPITAL AND 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 RELIEFED 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 CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 27

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 28
- 29 DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. 31

PURCHASED SERVICES

- 32 HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. 34
- 35 IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. 35

HOME OFFICE COSTS

- |   | Y/N | DATE |    |
|---|-----|------|----|
|   | 1   | 2    |    |
| 36 WERE 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. | N   |      | 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 PA | 41 |
| 42 EMPLOYER: ANN & ROBERT H. LURIE CHILDREN |  |                             | 42 |
| 43 PHONE NUMBER: 312-227-7134               | E-MAIL ADDRESS: PTUTEJA@LURIECHILDRENS.ORG |                             | 43 |





RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		30,588,856	30,588,856	69,488	1
2	00200		23,372,774	23,372,774		2
3	00300					3
4	00400	45,571	38,878,188	38,923,759	-29,038,778	4
4.01	00401	4,500,472	1,762,086	6,262,558	34,222,088	4.01
5.01	00590	39,673,319	83,054,158	122,727,477	-1,078,131	5.01
5.02	00591	2,909,803	930,636	3,840,439		5.02
5.03 00592 ADMIN & GEN						
6	00600					6
7	00700	7,757,048	16,003,147	23,760,195		7
8	00800		1,613,204	1,613,204		8
9	00900	2,432,950	2,848,130	5,281,080		9
10	01000	1,309,097	2,736,589	4,045,686	-3,213,523	10
11	01100				3,582,469	11
12 01200 MAINTENANCE OF PERSONNEL						
12.01	01850	293,917	63,092	357,009		12.01
13	01300	4,671,867	654,015	5,325,882	196,835	13
14	01400					14
15	01500					15
16	01600	2,019,493	858,100	2,877,593	7,476	16
17	01700	1,440,056	849,940	2,289,996	2,979,908	17
19	01900					19
20	02000					20
21	02100	3,829,650	344,374	4,174,024	-5,070	21
22	02200	6,693,387	655,977	7,349,364		22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	27,136,913	4,060,701	31,197,614	439,227	30
31	03100	11,915,083	3,025,804	14,940,887	-2,205	31
32	03200	3,071,274	445,319	3,516,593		32
35	02061	11,033,473	2,606,544	13,640,017	277,789	35
40	04000	2,139,557	161,491	2,301,048	75,928	40
ANCILLARY SERVICE COST CENTERS						
50	05000	12,290,383	19,832,576	32,122,959	86,420	50
51	05100	2,031,395	215,673	2,247,068		51
53	05300	840,457	4,076,237	4,916,694	3,369	53
54	05400	3,110,789	1,368,816	4,479,605	4,732	54
57	05700	660,513	97,054	757,567		57
58	05800	806,184	300,960	1,107,144		58
59	05900	2,449,381	2,429,206	4,878,587		59
60	06000	12,084,700	17,075,645	29,160,345	1,722,809	60
62.30	06250					62.30
65	06500	4,901,769	3,997,664	8,899,433		65
66	06600	3,112,011	707,910	3,819,921	313,022	66
67	06700	723,603	68,908	792,511	19,674	67
68	06800	2,139,238	1,137,113	3,276,351	248,392	68
69	06900	1,009,515	404,462	1,413,977	259,743	69
70	07000	1,065,706	237,646	1,303,352	897,230	70
71	07100	566,276	2,133,653	2,699,929		71
73	07300	7,252,912	19,031,258	26,284,170	-540,201	73
73.01	07301					73.01
74	07400	320,048	1,086,379	1,406,427		74
75.01	03550					75.01
76	03551	3,288,182	1,354,471	4,642,653	-65,604	76
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	9,282,337	1,329,291	10,611,628	770,199	90
90.01	09001	10,210,258	5,879,174	16,089,432	62,248	90.01
91	09100	6,819,122	2,687,590	9,506,712	337,752	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	2,279,510	342,497	2,622,007	156,946	95
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
SPECIAL PURPOSE COST CENTERS						
105	10500	212,596	640,505	853,101	-110,274	105
106	10600	354,552	1,119,883	1,474,435	-314,889	106
107	10700	409,472	956,583	1,366,055	-517,198	107
110	11000	123,425	13,035	136,460	-76,802	110
118		221,217,264	304,037,314	525,254,578	11,771,069	118
NONREIMBURSABLE COST CENTERS						
191	19100	3,083,443	2,381,350	5,464,793	35,852,370	191

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
192	19200 PHYSICIANS' PRIVATE OFFICES	887,509	640,027	1,527,536	23,512	192
192.01	19201 OFFSITE FACILITIES				182,550	192.01
193.01	19301 ENDOWMENTS & OTHER SERVICES					193.01
193.02	19302 NON-REIMBURSABLE CLINICS				422,414	193.02
194	07950 ENDOWMENTS & OTHER SERVICES	24,611,856	35,436,635	60,048,491	-49,164,280	194
194.01	07951 NON-REIMBURSABLE CLINICS	4,158,821	418,674	4,577,495	912,365	194.01
194.02	07952 KOHL HOUSE		19,903	19,903		194.02
200	TOTAL (SUM OF LINES 118-199)	253,958,893	342,933,903	596,892,796		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	30,658,344	-662,834	29,995,510	1
2	00200	23,372,774	-5,185,643	18,187,131	2
3	00300				3
4	00400	9,884,981		9,884,981	4
4.01	00401	40,484,646		40,484,646	4.01
5.01	00590	121,649,346	-44,204,465	77,444,881	5.01
5.02	00591	3,840,439		3,840,439	5.02
5.03	00592				5.03
6	00600				6
7	00700	23,760,195	-110,121	23,650,074	7
8	00800	1,613,204		1,613,204	8
9	00900	5,281,080		5,281,080	9
10	01000	832,163	-88,204	743,959	10
11	01100	3,582,469	-1,401,588	2,180,881	11
12	01200				12
12.01	01850	357,009		357,009	12.01
13	01300	5,522,717		5,522,717	13
14	01400				14
15	01500				15
16	01600	2,885,069	-20,524	2,864,545	16
17	01700	5,269,904		5,269,904	17
19	01900				19
20	02000				20
21	02100	4,168,954		4,168,954	21
22	02200	7,349,364		7,349,364	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	31,636,841		31,636,841	30
31	03100	14,938,682	-317,506	14,621,176	31
32	03200	3,516,593		3,516,593	32
35	02061	13,917,806		13,917,806	35
40	04000	2,376,976	-8,571	2,368,405	40
ANCILLARY SERVICE COST CENTERS					
50	05000	32,209,379	-3,000	32,206,379	50
51	05100	2,247,068		2,247,068	51
53	05300	4,920,063	-1,569,959	3,350,104	53
54	05400	4,484,337		4,484,337	54
57	05700	757,567		757,567	57
58	05800	1,107,144		1,107,144	58
59	05900	4,878,587		4,878,587	59
60	06000	30,883,154	-1,572,564	29,310,590	60
62.30	06250				62.30
65	06500	8,899,433	-90,784	8,808,649	65
66	06600	4,132,943		4,132,943	66
67	06700	812,185		812,185	67
68	06800	3,524,743		3,524,743	68
69	06900	1,673,720		1,673,720	69
70	07000	2,200,582		2,200,582	70
71	07100	2,699,929		2,699,929	71
73	07300	25,743,969	-36,606	25,707,363	73
73.01	07301				73.01
74	07400	1,406,427		1,406,427	74
75.01	03550				75.01
76	03551	4,577,049	-268,872	4,308,177	76
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	11,381,827	-697,995	10,683,832	90
90.01	09001	16,151,680	-1,235,124	14,916,556	90.01
91	09100	9,844,464	-1,080,000	8,764,464	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500	2,778,953	-246,452	2,532,501	95
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
105	10500	742,827		742,827	105
106	10600	1,159,546	-28,700	1,130,846	106
107	10700	848,857		848,857	107
110	11000	59,658		59,658	110
118		537,025,647	-58,829,512	478,196,135	118
NONREIMBURSABLE COST CENTERS					
191	19100	41,317,163		41,317,163	191

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192	19200	1,551,048	-276,454	1,274,594	192
192.01	19201	182,550		182,550	192.01
193.01	19301				193.01
193.02	19302	422,414		422,414	193.02
194	07950	10,884,211		10,884,211	194
194.01	07951	5,489,860	-833,074	4,656,786	194.01
194.02	07952	19,903		19,903	194.02
200	TOTAL (SUM OF LINES 118-199)	596,892,796	-59,939,040	536,953,756	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1 APPORTION PHYSICIAN TO IP PSYCH	A	SUBPROVIDER - IPF	40		75,928		1
500 TOTAL RECLASSIFICATIONS					75,928		500
CODE LETTER - A							
1 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADULTS & PEDIATRICS	30		274,735	40,909	1
2 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01		494,902	88,867	2
3 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CLINIC	90		496,387	273,812	3
4 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01		298,067	30,529	4
5 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B						5
6 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B						6
7 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B						7
8							8
500 TOTAL RECLASSIFICATIONS					1,564,091	434,117	500
CODE LETTER - B							
1 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66		11,951	1,040	1
2 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66		98,499	8,569	2
3 APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01		12,829	1,116	3
4 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68		114,605	9,971	4
5 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68		64,914	5,647	5
6 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66		82,625	7,188	6
7 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66		45,666	3,973	7
8 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68		1,710	149	8
9 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		10,922	950	9
10 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		23,899	2,079	10
11 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		66,483	5,784	11
12 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		25,426	2,212	12
13 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		13,894	1,209	13
14 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		2,147	187	14
15 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		11,155	970	15
16 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01		14,014	1,219	16
17 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68		41,479	3,609	17
18 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66		40,111	3,490	18
19 APPORTION REHAB ADMIN	C	OCCUPATIONAL THERAPY	67		18,099	1,575	19
20 APPORTION REHAB ADMIN	C	ELECTROENCEPHALOGRAPHY	70		3,694	321	20
21 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68		5,803	505	21
22 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192		6,230	542	22
23 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192		7,965	693	23
24 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192		4,000	348	24
25 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192		3,435	299	25
500 TOTAL RECLASSIFICATIONS					731,555	63,645	500
CODE LETTER - C							
1 RECALSS RENTAL-104007 RES & FELLOW	D	CAP REL COSTS-BLDG & FIXT	1			69,488	1
2 RECLASS RENTAL-107017 SPEC ID	D						2
500 TOTAL RECLASSIFICATIONS						69,488	500
CODE LETTER - D							
1 RECLASS DIETARY TO CAFETERIA	E	CAFETERIA	11		1,063,983	2,518,486	1
500 TOTAL RECLASSIFICATIONS					1,063,983	2,518,486	500
CODE LETTER - E							
1 RECALSS SPEC NUTR	F	DIETARY	10		343,134	25,812	1
500 TOTAL RECLASSIFICATIONS					343,134	25,812	500
CODE LETTER - F							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 RECLASS SPEC PURP FNDS	G	LABORATORY	60	71,209	171,616	1
2 RECLASS SPEC PURP FNDS	G	ANESTHESIOLOGY	53		3,369	2
3 RECLASS SPEC PURP FNDS	G	ADULTS & PEDIATRICS	30	85,353	38,230	3
4 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	16,838	62,382	4
5 RECLASS SPEC PURP FNDS	G	ELECTROCARDIOLOGY	69	222,078	84,645	5
6 RECLASS SPEC PURP FNDS	G	SOCIAL SERVICE	17	2,458,978	607,997	6
7 RECLASS SPEC PURP FNDS	G	DRUGS CHARGED TO PATIENTS	73		5,947	7
8 RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	193.02		6,891	8
9 RECLASS SPEC PURP FNDS	G	EMERGENCY	91	127,923	209,829	9
10 RECLASS SPEC PURP FNDS	G	LABORATORY	60	36,828	1,607	10
11 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	5,943	35,762	11
12 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	5,830	832	12
13 RECLASS SPEC PURP FNDS	G	OFFSITE CLINICS	90.01	19,310	76,090	13
14 RECLASS SPEC PURP FNDS	G	LABORATORY	60	382,739	566,780	14
15 RECLASS SPEC PURP FNDS	G	LABORATORY	60	166,761	97,761	15
16 RECLASS SPEC PURP FNDS	G	LABORATORY	60	98,517	83,350	16
17 RECLASS SPEC PURP FNDS	G	MEDICAL RECORDS & LIBRARY	16		7,476	17
18 RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	95,503	83,334	18
19 RECLASS SPEC PURP FNDS	G	LABORATORY	60	14,199	223,037	19
20 RECLASS SPEC PURP FNDS	G	ELECTROENCEPHALOGRAPHY	70	428,535	491,012	20
21 RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	98,855	11,755	21
22 RECLASS SPEC PURP FNDS	G	NURSING ADMINISTRATION	13		39,206	22
23 RECLASS SPEC PURP FNDS	G	NURSING ADMINISTRATION	13	27,256	130,373	23
24 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	15,874	47,520	24
25 RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	193.02	415,523		25
26 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	40,104		26
27 RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	7,451	2,873	27
28 RECLASS SPEC PURP FNDS	G	PHYSICAL THERAPY	66		9,910	28
29 RECLASS SPEC PURP FNDS	G	RADIOLOGY-DIAGNOSTIC	54		4,732	29
30 RECLASS SPEC PURP FNDS	G	AMBULANCE SERVICES	95	131,171	25,775	30
31 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50		1,250	31
32 RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		5,183,310	32
33 RECLASS SPEC PURP FNDS	G	RESEARCH	191	15,963,699	19,888,671	33
34 RECLASS SPEC PURP FNDS	G	LABORATORY	60	21,381	3,100	34
500 TOTAL RECLASSIFICATIONS				20,957,858	28,206,422	500
CODE LETTER - G						
1 SPACE RECOV	H	ADMINISTRATION & GENERAL	5.01		431,845	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
23						23
500 TOTAL RECLASSIFICATIONS					431,845	500
CODE LETTER - H						
1 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	4.01		29,038,778	1
500 TOTAL RECLASSIFICATIONS					29,038,778	500
CODE LETTER - I						
GRAND TOTAL (INCREASES)				24,736,549	60,788,593	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	76	75,928		1
500 TOTAL RECLASSIFICATIONS				75,928		500
CODE LETTER - A						
1 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	DRUGS CHARGED TO PATIENTS	73	56,370		1
2 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	HEART ACQUISITION	106	259,204	55,685	2
3 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	KIDNEY ACQUISITION	105	109,369	905	3
4 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMINISTRATION & GENERAL	5.01	587,559	127,217	4
5 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	LIVER ACQUISITION	107	268,079	249,119	5
6 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	INTESTINAL ACQUISITION	110	75,611	1,191	6
7 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	DRUGS CHARGED TO PATIENTS	73	120,832		7
8		SOCIAL SERVICE	17	87,067		8
500 TOTAL RECLASSIFICATIONS				1,564,091	434,117	500
CODE LETTER - B						
1 APPORTION REHAB ADMIN	C	ADMINISTRATION & GENERAL	5.01	731,555	63,645	1
2 APPORTION REHAB ADMIN	C					2
3 APPORTION REHAB ADMIN	C					3
4 APPORTION REHAB ADMIN	C					4
5 APPORTION REHAB ADMIN	C					5
6 APPORTION REHAB ADMIN	C					6
7 APPORTION REHAB ADMIN	C					7
8 APPORTION REHAB ADMIN	C					8
9 APPORTION REHAB ADMIN	C					9
10 APPORTION REHAB ADMIN	C					10
11 APPORTION REHAB ADMIN	C					11
12 APPORTION REHAB ADMIN	C					12
13 APPORTION REHAB ADMIN	C					13
14 APPORTION REHAB ADMIN	C					14
15 APPORTION REHAB ADMIN	C					15
16 APPORTION REHAB ADMIN	C					16
17 APPORTION REHAB ADMIN	C					17
18 APPORTION REHAB ADMIN	C					18
19 APPORTION REHAB ADMIN	C					19
20 APPORTION REHAB ADMIN	C					20
21 APPORTION REHAB ADMIN	C					21
22 APPORTION REHAB ADMIN	C					22
23 APPORTION REHAB ADMIN	C					23
24 APPORTION REHAB ADMIN	C					24
25 APPORTION REHAB ADMIN	C					25
500 TOTAL RECLASSIFICATIONS				731,555	63,645	500
CODE LETTER - C						
1 RECALSS RENTAL-104007 RES & FELLOW	D	I&R SRVCES-SALARY & FRINGES A	21		5,070	10 1
2 RECLASS RENTAL-107017 SPEC ID	D	LABORATORY	60		64,418	2
500 TOTAL RECLASSIFICATIONS					69,488	500
CODE LETTER - D						
1 RECLASS DIETARY TO CAFETERIA	E	DIETARY	10	1,063,983	2,518,486	1
500 TOTAL RECLASSIFICATIONS				1,063,983	2,518,486	500
CODE LETTER - E						
1 RECALSS SPEC NUTR	F	DRUGS CHARGED TO PATIENTS	73	343,134	25,812	1
500 TOTAL RECLASSIFICATIONS				343,134	25,812	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 RECLASS SPEC PURP FNDS	G	ENDOWMENTS & OTHER SERVICES	194	20,957,858	28,206,422	1
2 RECLASS SPEC PURP FNDS	G					2
3 RECLASS SPEC PURP FNDS	G					3
4 RECLASS SPEC PURP FNDS	G					4
5 RECLASS SPEC PURP FNDS	G					5
6 RECLASS SPEC PURP FNDS	G					6
7 RECLASS SPEC PURP FNDS	G					7
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
500 TOTAL RECLASSIFICATIONS				20,957,858	28,206,422	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	OFFSITE CLINICS	90.01		13,572	6
7 SPACE RECOV	H	LABORATORY	60		13,386	7
8 SPACE RECOV	H	OPERATING ROOM	50		21,924	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	OFFSITE CLINICS	90.01		33,525	12
13 SPACE RECOV	H	LABORATORY	60		17,516	13
14 SPACE RECOV	H	OPERATING ROOM	50		11,714	14
15 SPACE RECOV	H	OPERATING ROOM	50		22,318	15
16 SPACE RECOV	H	ELECTROENCEPHALOGRAPHY	70		26,332	16
17 SPACE RECOV	H	OPERATING ROOM	50		9,571	17
18 SPACE RECOV	H	OPERATING ROOM	50		20,190	18
19 SPACE RECOV	H	OPERATING ROOM	50		20,794	19
20 SPACE RECOV	H	OPERATING ROOM	50		7,819	20
21 SPACE RECOV	H	OPERATING ROOM	50		13,252	21
22 SPACE RECOV	H	OPERATING ROOM	50		18,115	22
23		OPERATING ROOM	50		218	23
500 TOTAL RECLASSIFICATIONS					431,845	500
CODE LETTER - H						
1 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS	4		29,038,778	1
500 TOTAL RECLASSIFICATIONS					29,038,778	500
CODE LETTER - I						
GRAND TOTAL (DECREASES)				24,736,549	60,788,593	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	39,289,353					39,289,353	1
2 LAND IMPROVEMENTS	499,477				50,007	449,470	2
3 BUILDINGS AND FIXTURES	304,625,672	800,141,687		800,141,687	60,908,301	1,043,859,058	3
4 BUILDING IMPROVEMENTS	12,181,129	10,249,923		10,249,923	1,972,621	20,458,431	4
5 FIXED EQUIPMENT	22,218,838	12,409,424		12,409,424	14,033,577	20,594,685	5
6 MOVABLE EQUIPMENT	238,424,961	123,379,988		123,379,988	135,652,335	226,152,614	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	617,239,430	946,181,022		946,181,022	212,616,841	1,350,803,611	8
9 RECONCILING ITEMS	-720,454,319	705,489,015		705,489,015		-14,965,304	9
10 TOTAL (LINE 7 MINUS LINE 9)	1,337,693,749	240,692,007		240,692,007	212,616,841	1,365,768,915	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	21,939,505	-431,845	8,541,378	539,818			30,588,856
2 CAP REL COSTS-MVBLE EQUIP	23,372,774						23,372,774
3 TOTAL (SUM OF LINES 1-2)	45,312,279	-431,845	8,541,378	539,818			53,961,630

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	21,939,505	-362,357	8,056,075	539,818		-177,531	29,995,510
2 CAP REL COSTS-MVBLE EQUIP	18,187,131						18,187,131
3 TOTAL	40,126,636	-362,357	8,056,075	539,818		-177,531	48,182,641

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	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	-5,106,456	ADMINISTRATION & GENERAL	5.01	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	-2,519,666	ADMINISTRATION & GENERAL	5.01	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,965,162			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	-1,401,588	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-1,185,207	OFFSITE CLINICS	90.01	15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-36,606	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-20,524	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-88,204	DIETARY	10	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					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 AND					32
33 MISCELLANEOUS INCOME	B	-2,727,194	ADMINISTRATION & GENERAL	5.01	33
34 BAD DEBT	A	-5,671,437	ADMINISTRATION & GENERAL	5.01	34
35 ADVERTISING	A	-729,725	ADMINISTRATION & GENERAL	5.01	35
36 TRANSPORT SERVICES	B	-246,452	AMBULANCE SERVICES	95	36
37 NON-PATIENT SERVICES LABORATORY	B	-946,268	LABORATORY	60	37
38 LOSS ON FIXED ASSET	A	158,669	CAP REL COSTS-BLDG & FIXT	1	14 38
38.01 ADD LOSS ON ADV REFUNDING 1 OF 20	A	-485,303	CAP REL COSTS-BLDG & FIXT	1	11 38.01
39					11 39
40					11 40
41 NON-PATIENT CARE COSTS	A	-585,207	ADMINISTRATION & GENERAL	5.01	41
42 RENTAL INCOME PROPERTIES	B	-336,200	CAP REL COSTS-BLDG & FIXT	1	14 42
43 SHUTTLE BUS RECOVERY	B	-110,121	OPERATION OF PLANT	7	43
44					9 44
45 TAX ASSESSMENT	A	-13,729,114	ADMINISTRATION & GENERAL	5.01	45
45.01 NON PATIENT PSYCH	A	-8,571	SUBPROVIDER - IPF	40	9 45.01
45.02 ACCELERATED DEPRECIATION 100100-53	A	-5,185,643	CAP REL COSTS-MVBLE EQUIP	2	9 45.02
46 NEW HOSPITAL TRANSITION	A	-13,135,666	ADMINISTRATION & GENERAL	5.01	46
47					47
48					48
49					49
49.03 RENTAL INCOME OFFSITE	B	-276,454	PHYSICIANS' PRIVATE OFFICES	192	49.03
49.04 CLINIC SPACE RECOVERY	B	-3,000	OPERATING ROOM	50	49.04
49.05 CLINIC SPACE RECOVERY	B	-16,955	ANESTHESIOLOGY	53	49.05
49.06 CLINIC SPACE RECOVERY	B	-697,995	CLINIC	90	49.06
49.07 CLINIC SPACE RECOVERY	B	-49,917	OFFSITE CLINICS	90.01	49.07
49.08 CLINIC SPACE RECOVERY	B	-833,074	NON-REIMBURSABLE CLINICS	194.01	49.08
50 TOTAL (SUM OF LINES 1 THRU 49)		-59,939,040			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

THE SECRETARY, BY VIRTUE OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6					
7					
8					
9					
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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
1	2	3	4	5	6	7	8	9		
1	31 INTENSIVE CARE UNIT	PEDIATRICIAN	417,684		417,684	140,600	1,482	100,178	5,009	1
3	50 OPERATING ROOM	SURGEON	1,722,428		1,722,428	208,000	17,906	1,790,600	89,530	3
4	53 ANESTHESIOLOGY	ANESTHESIOLOGIS	2,775,219		2,775,219	200,300	12,692	1,222,215	61,111	4
5	54 RADIOLOGY-DIAGNOSTIC	RADIOLOGIST	549,996		549,996	225,300	9,475	1,026,306	51,315	5
6	60 LABORATORY	PATHOLOGIST	2,257,527		2,257,527	215,700	15,730	1,631,231	81,562	6
7	65 RESPIRATORY THERAPY	PEDIATRICIAN	144,996		144,996	140,600	802	54,212	2,711	7
8	69 ELECTROCARDIOLOGY	PEDIATRICIAN	110,004		110,004	140,600	1,854	125,323	6,266	8
9	70 ELECTROENCEPHALOGRAPHY	PEDIATRICIAN	15,000		15,000	140,600	668	45,154	2,258	9
10	76 PSYCHIATRY	PSYCHIATRIST	1,028,148	268,872	759,276	154,100	11,843	877,407	43,870	10
11	90 CLINIC	PEDIATRICIAN	8,004		8,004	140,600	2,638	178,319	8,916	11
12	90.01 OFFSITE CLINICS	PEDIATRICIAN	30,000		30,000	140,600	2,724	184,132	9,207	12
13	91 EMERGENCY	PEDIATRICIAN	1,215,000	1,080,000	135,000	140,600	21,837	1,476,097	73,805	13
14	95 AMBULANCE SERVICES	PEDIATRICIAN	50,004		50,004	140,600	1,053	71,179	3,559	14
15	106 HEART ACQUISITION	SURGEON	50,000		50,000	208,000	213	21,300	1,065	15
200	TOTAL		10,374,010	1,348,872	9,025,138		100,917	8,803,653	440,184	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1	31	INTENSIVE CARE UNIT			PEDIATRICIAN		100,178	317,506	317,506	1
3	50	OPERATING ROOM			SURGEON		1,790,600			3
4	53	ANESTHESIOLOGY			ANESTHESIOLOGIS		1,222,215	1,553,004	1,553,004	4
5	54	RADIOLOGY-DIAGNOSTIC			RADIOLOGIST		1,026,306			5
6	60	LABORATORY			PATHOLOGIST		1,631,231	626,296	626,296	6
7	65	RESPIRATORY THERAPY			PEDIATRICIAN		54,212	90,784	90,784	7
8	69	ELECTROCARDIOLOGY			PEDIATRICIAN		125,323			8
9	70	ELECTROENCEPHALOGRAPHY			PEDIATRICIAN		45,154			9
10	76	PSYCHIATRY			PSYCHIATRIST		877,407		268,872	10
11	90	CLINIC			PEDIATRICIAN		178,319			11
12	90.01	OFFSITE CLINICS			PEDIATRICIAN		184,132			12
13	91	EMERGENCY			PEDIATRICIAN		1,476,097		1,080,000	13
14	95	AMBULANCE SERVICES			PEDIATRICIAN		71,179			14
15	106	HEART ACQUISITION			SURGEON		21,300	28,700	28,700	15
200		TOTAL					8,803,653	2,616,290	3,965,162	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	EMPLOYEE BENEFITS FTE BASED 4.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	29,995,510	29,995,510				1
2 CAP REL COSTS-MVBLE EQUIP	18,187,131		18,187,131			2
4 EMPLOYEE BENEFITS	9,884,981	19,043		9,904,024		4
4.01 EMPLOYEE BENEFITS FTE BASED	40,484,646	292,571	399,193	175,545	41,351,955	4.01
5.01 ADMINISTRATION & GENERAL	77,444,881	2,128,901	7,717,645	1,495,925	5,527,157	5.01
5.02 ADMIN & GENERAL CHCRC	3,840,439	324,439	14,593	113,500	23,456	5.02
5.03 ADMIN & GEN						
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	23,650,074	609,343	1,582,533	302,571	1,606,366	7
8 LAUNDRY & LINEN SERVICE	1,613,204	78,292				8
9 HOUSEKEEPING	5,281,080	238,268	8,242	94,900	1,030,514	9
10 DIETARY	743,959	429,405	38,808	22,945	99,746	10
11 CAFETERIA	2,180,881	86,630	15,829	41,502	432,747	11
12 MAINTENANCE OF PERSONNEL						
12.01 VOLUNTEERS	357,009	40,418	410	11,465	62,549	12.01
13 NURSING ADMINISTRATION	5,522,717	85,111	573,287	183,294	532,138	13
14 CENTRAL SERVICES & SUPPLY						
15 PHARMACY						
16 MEDICAL RECORDS & LIBRARY	2,864,545	189,265	12,317	78,772	481,199	16
17 SOCIAL SERVICE	5,269,904	544,935	12,725	148,690	672,873	17
19 NONPHYSICIAN ANESTHETISTS						
20 NURSING SCHOOL						
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,168,954	25,932	1,173	149,379	1,658	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	7,349,364	37,415		261,082	49,162	22
23 PARAMED ED PRGM-(SPECIFY)						
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,636,841	3,490,921	388,062	1,072,548	4,532,416	30
31 INTENSIVE CARE UNIT	14,621,176	1,095,665	195,736	464,760	1,963,889	31
32 CORONARY CARE UNIT	3,516,593	753,243	122,356	119,798	465,917	32
35 NEONATOLOGY	13,917,806	940,106	240,547	437,953	1,702,440	35
40 SUBPROVIDER - IPF	2,368,405	299,001	1,400	86,417	391,877	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,206,379	3,022,018	1,197,284	482,698	2,627,877	50
51 RECOVERY ROOM	2,247,068	273,987	21,400	79,237	286,563	51
53 ANESTHESIOLOGY	3,350,104	212,583	48,660	32,783	175,445	53
54 RADIOLOGY-DIAGNOSTIC	4,484,337	740,807	1,616,120	121,339	615,418	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	757,567	82,885	76,951	25,764	108,631	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,107,144	235,936	697,751	31,446	118,345	58
59 CARDIAC CATHETERIZATION	4,878,587	415,379	407,328	95,541	362,380	59
60 LABORATORY	29,310,590	1,915,859	521,752	502,254	2,674,433	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						
65 RESPIRATORY THERAPY	8,808,649	247,313	95,448	191,198	949,012	65
66 PHYSICAL THERAPY	4,132,943	409,867	11,931	132,264	580,590	66
67 OCCUPATIONAL THERAPY	812,185	22,541	595	28,931	137,418	67
68 SPEECH PATHOLOGY	3,524,743	188,841	26,590	92,356	464,851	68
69 ELECTROCARDIOLOGY	1,673,720	356,024	266,386	48,040	328,973	69
70 ELECTROENCEPHALOGRAPHY	2,200,582	302,640	78,406	58,428	339,635	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,699,929	176,157	96,271	22,088	194,636	71
73 DRUGS CHARGED TO PATIENTS	25,707,363	338,641	89,718	262,611	1,066,764	73
73.01 OUTPATIENT PHARMACY						
74 RENAL DIALYSIS	1,406,427	8,373	1,143	12,484	43,476	74
75.01 PSYCHIATRY						
76 PSYCHIATRY	4,308,177	713,956	16,306	125,588	656,880	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	10,683,832	1,808,031	100,205	381,429	1,759,184	90
90.01 OFFSITE CLINICS	14,916,556	1,924,657	213,240	399,515	2,203,185	90.01
91 EMERGENCY	8,764,464	966,639	139,290	270,976	1,101,711	91
92 OBSERVATION BEDS						
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,532,501	202,938	33,169	94,031	289,406	95
99.10 CORF						
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	742,827	565	286	4,026	16,466	105
106 HEART ACQUISITION	1,130,846	530	181	3,719	12,083	106
107 LIVER ACQUISITION	848,857	848	333	5,515	17,888	107
110 INTESTINAL ACQUISITION	59,658	177	57	1,865		110

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
 PERIOD FROM 09/01/2011 TO 08/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	EMPLOYEE BENEFITS FTE BASED 4.01	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	478,196,135	26,277,096	17,081,657	8,767,172	36,707,354	118
191 RESEARCH	41,317,163	2,734,287	846,149	742,953	652,142	191
192 PHYSICIANS' PRIVATE OFFICES	1,274,594	263,070	19,003	35,462	134,693	192
192.01 OFFSITE FACILITIES	182,550			6,551		192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS	422,414			16,208		193.02
194 ENDOWMENTS & OTHER SERVICES	10,884,211			142,528	2,986,940	194
194.01 NON-REIMBURSABLE CLINICS	4,656,786	712,578	240,322	193,150	870,826	194.01
194.02 KOHL HOUSE	19,903	8,479				194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	536,953,756	29,995,510	18,187,131	9,904,024	41,351,955	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL	94,314,509	94,314,509				5.01
5.02 ADMIN & GENERAL CHCRC	4,316,427	919,714	5,236,141			5.02
5.03 ADMIN & GEN						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	27,750,887	5,912,965		33,663,852		7
8 LAUNDRY & LINEN SERVICE	1,691,496	360,412		99,004	2,150,912	8
9 HOUSEKEEPING	6,653,004	1,417,576		301,302		9
10 DIETARY	1,334,863	284,423		543,004		10
11 CAFETERIA	2,757,589	587,568		109,548		11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	471,851	100,539		51,110		12.01
13 NURSING ADMINISTRATION	6,896,547	1,469,468		107,627		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,626,098	772,624		239,335		16
17 SOCIAL SERVICE	6,649,127	1,416,749		689,098		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,347,096	926,249		32,793		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	7,697,023	1,640,028		47,313		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	41,120,788	8,761,730		4,414,446	847,543	30
31 INTENSIVE CARE UNIT	18,341,226	3,908,020		1,385,523	194,826	31
32 CORONARY CARE UNIT	4,977,907	1,060,658		952,514	26,760	32
35 NEONATOLOGY	17,238,852	3,673,134		1,188,810	238,288	35
40 SUBPROVIDER - IPF	3,147,100	670,562		378,101	44,047	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,536,256	8,424,109		3,821,492	195,819	50
51 RECOVERY ROOM	2,908,255	619,671		346,470	1,352	51
53 ANESTHESIOLOGY	3,819,575	813,848		268,822		53
54 RADIOLOGY-DIAGNOSTIC	7,578,021	1,614,672		936,787	10,516	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,051,798	224,110		104,812	1,096	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,190,622	466,762		298,353	834	58
59 CARDIAC CATHETERIZATION	6,159,215	1,312,362		525,268	1,123	59
60 LABORATORY	34,924,888	7,441,551		2,422,700	793	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	10,291,620	2,192,866		312,739		65
66 PHYSICAL THERAPY	5,267,595	1,122,382		518,298	82,617	66
67 OCCUPATIONAL THERAPY	1,001,670	213,429		28,504		67
68 SPEECH PATHOLOGY	4,297,381	915,656		238,799		68
69 ELECTROCARDIOLOGY	2,673,143	569,575		450,210		69
70 ELECTROENCEPHALOGRAPHY	2,979,691	634,892		382,703	32,998	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,189,081	679,507		222,760	1,417	71
73 DRUGS CHARGED TO PATIENTS	27,465,097	5,852,071		428,229		73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,471,903	313,623		10,588		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	5,820,907	1,240,278		902,833		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	14,732,681	3,139,137		2,286,346	147,097	90
90.01 OFFSITE CLINICS	19,657,153	4,188,409		2,433,824	49,919	90.01
91 EMERGENCY	11,243,080	2,395,597		1,222,363	190,109	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	3,152,045	671,616		256,625	4,790	95
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	764,170	162,824		715		105
106 HEART ACQUISITION	1,147,359	244,471		670		106
107 LIVER ACQUISITION	873,441	186,107		1,072		107
110 INTESTINAL ACQUISITION	61,757	13,159		223		110
118 SUBTOTALS (SUM OF LINES 1-117)	467,590,794	79,535,103		28,961,733	2,071,944	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SUBTOTAL (COLS.0-4) 4A	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
191 RESEARCH	46,292,694	9,863,755	5,236,141	3,457,642		191
192 PHYSICIANS' PRIVATE OFFICES	1,726,822	367,939		332,665	9,557	192
192.01 OFFSITE FACILITIES	189,101	40,292				192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS	438,622	93,459				193.02
194 ENDOWMENTS & OTHER SERVICES	14,013,679	2,985,937				194
194.01 NON-REIMBURSABLE CLINICS	6,673,662	1,421,977		901,090	69,411	194.01
194.02 KOHL HOUSE	28,382	6,047		10,722		194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	536,953,756	94,314,509	5,236,141	33,663,852	2,150,912	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	VOLUNTEERS 12.01	NURSING ADMINIS-TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	8,371,882					9
10 DIETARY	59,631	2,221,921				10
11 CAFETERIA	68,095		3,522,800			11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	15,254		6,752	645,506		12.01
13 NURSING ADMINISTRATION	144,415		57,447		8,675,504	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	176,597		51,948	389		16
17 SOCIAL SERVICE	75,650		72,640	291,459		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	15,876		179			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	10,233		5,307			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,068,858	1,587,843	489,301	144,472	2,561,510	30
31 INTENSIVE CARE UNIT	503,108	61,318	212,013	15,012	1,251,395	31
32 CORONARY CARE UNIT	111,132	32,270	50,298	238	272,275	32
35 NEONATOLOGY	402,304	115,984	183,788	45,436	1,019,321	35
40 SUBPROVIDER - IPF	154,313	243,752	42,305	26,590	87,072	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	760,806	22,350	283,694	11,167	707,898	50
51 RECOVERY ROOM	82,823		30,936	16,330	170,984	51
53 ANESTHESIOLOGY	50,067		18,940		31,160	53
54 RADIOLOGY-DIAGNOSTIC	210,597		66,438			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	30,796		11,727			57
58 MAGNETIC RESONANCE IMAGING (MRI)	28,500		12,776			58
59 CARDIAC CATHETERIZATION	86,840		39,121		80,577	59
60 LABORATORY	833,109	7,250	288,720		15,185	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	227,190		102,451			65
66 PHYSICAL THERAPY	192,760		62,678	16,135		66
67 OCCUPATIONAL THERAPY	32,278		14,835	389		67
68 SPEECH PATHOLOGY	105,394		50,183	1,652		68
69 ELECTROCARDIOLOGY	65,943		35,514	162	1,404	69
70 ELECTROENCEPHALOGRAPHY	77,946		36,665		19,223	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	54,323		21,012			71
73 DRUGS CHARGED TO PATIENTS	256,025		115,163	1,663		73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	10,425	20,462	4,693		26,069	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	340,713	13,051	70,914	2,700	8,690	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	408,282	91,793	189,914	42,779	810,330	90
90.01 OFFSITE CLINICS	734,840		237,846	3,510	315,723	90.01
91 EMERGENCY	345,112	25,848	118,936	15,908	487,936	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	66,278		31,243		118,232	95
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	3,873		1,778		5,003	105
106 HEART ACQUISITION	4,543		1,304		2,809	106
107 LIVER ACQUISITION	2,487		1,931		7,812	107
110 INTESTINAL ACQUISITION	5,643				1,229	110
118 SUBTOTALS (SUM OF LINES 1-117)	7,823,059	2,221,921	3,021,390	635,991	8,001,837	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	
	9	10	11	12.01	13	
191 RESEARCH	184,487		70,402	9,515		191
192 PHYSICIANS' PRIVATE OFFICES	36,199		14,541		42,922	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			322,457		165,542	194
194.01 NON-REIMBURSABLE CLINICS	328,137		94,010		465,203	194.01
194.02 KOHL HOUSE						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	8,371,882	2,221,921	3,522,800	645,506	8,675,504	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS						12.01
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,866,991					16
17 SOCIAL SERVICE		9,194,723				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			5,322,193			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				9,399,904		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,335,016	3,484,800	1,078,310	1,904,484	68,799,101	30
31 INTENSIVE CARE UNIT	412,721	275,842	386,832	683,211	27,631,047	31
32 CORONARY CARE UNIT	72,031				7,556,083	32
35 NEONATOLOGY	487,672	312,621	192,643	340,240	25,439,093	35
40 SUBPROVIDER - IPF					4,793,842	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	233,616		698,550	1,233,759	55,929,516	50
51 RECOVERY ROOM					4,176,821	51
53 ANESTHESIOLOGY			453,108	800,266	6,255,786	53
54 RADIOLOGY-DIAGNOSTIC			261,349	461,587	11,139,967	54
57 COMPUTED TOMOGRAPHY (CT) SCAN					1,424,339	57
58 MAGNETIC RESONANCE IMAGING (MRI)					2,997,847	58
59 CARDIAC CATHETERIZATION			78,206	138,125	8,420,837	59
60 LABORATORY			461,503	815,093	47,210,792	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			71,357	126,029	13,324,252	65
66 PHYSICAL THERAPY					7,262,465	66
67 OCCUPATIONAL THERAPY					1,291,105	67
68 SPEECH PATHOLOGY					5,609,065	68
69 ELECTROCARDIOLOGY			114,216	201,725	4,111,892	69
70 ELECTROENCEPHALOGRAPHY			106,705	188,458	4,459,281	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					4,168,100	71
73 DRUGS CHARGED TO PATIENTS					34,118,248	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS			61,858	109,251	2,028,872	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY			183,806	324,632	8,908,524	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	1,898,613	4,468,635	137,854	243,474	28,596,935	90
90.01 OFFSITE CLINICS			158,621	280,152	28,059,997	90.01
91 EMERGENCY	367,458	652,825	569,975	1,006,673	18,641,820	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					4,300,829	95
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					938,363	105
106 HEART ACQUISITION					1,401,156	106
107 LIVER ACQUISITION					1,072,850	107
110 INTESTINAL ACQUISITION					82,011	110
118 SUBTOTALS (SUM OF LINES 1-117)	4,807,127	9,194,723	5,014,893	8,857,159	440,150,836	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
191 RESEARCH					65,114,636	191
192 PHYSICIANS' PRIVATE OFFICES					2,530,645	192
192.01 OFFSITE FACILITIES					229,393	192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS					532,081	193.02
194 ENDOWMENTS & OTHER SERVICES	59,864				17,547,479	194
194.01 NON-REIMBURSABLE CLINICS			307,300	542,745	10,803,535	194.01
194.02 KOHL HOUSE					45,151	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,866,991	9,194,723	5,322,193	9,399,904	536,953,756	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	25	26		
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				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				5.03
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
12.01 VOLUNTEERS				12.01
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE				17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	-2,982,794	65,816,307		30
31 INTENSIVE CARE UNIT	-1,070,043	26,561,004		31
32 CORONARY CARE UNIT		7,556,083		32
35 NEONATOLOGY	-532,883	24,906,210		35
40 SUBPROVIDER - IPF		4,793,842		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	-1,932,309	53,997,207		50
51 RECOVERY ROOM		4,176,821		51
53 ANESTHESIOLOGY	-1,253,374	5,002,412		53
54 RADIOLOGY-DIAGNOSTIC	-722,936	10,417,031		54
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,424,339		57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,997,847		58
59 CARDIAC CATHETERIZATION	-216,331	8,204,506		59
60 LABORATORY	-1,276,596	45,934,196		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	-197,386	13,126,866		65
66 PHYSICAL THERAPY		7,262,465		66
67 OCCUPATIONAL THERAPY		1,291,105		67
68 SPEECH PATHOLOGY		5,609,065		68
69 ELECTROCARDIOLOGY	-315,941	3,795,951		69
70 ELECTROENCEPHALOGRAPHY	-295,163	4,164,118		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		4,168,100		71
73 DRUGS CHARGED TO PATIENTS		34,118,248		73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	-171,109	1,857,763		74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	-508,438	8,400,086		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	-381,328	28,215,607		90
90.01 OFFSITE CLINICS	-438,773	27,621,224		90.01
91 EMERGENCY	-1,576,648	17,065,172		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES		4,300,829		95
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		938,363		105
106 HEART ACQUISITION		1,401,156		106
107 LIVER ACQUISITION		1,072,850		107
110 INTESTINAL ACQUISITION		82,011		110
118 SUBTOTALS (SUM OF LINES 1-117)	-13,872,052	426,278,784		118
NONREIMBURSABLE COST CENTERS				

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
191 RESEARCH		65,114,636	191
192 PHYSICIANS' PRIVATE OFFICES		2,530,645	192
192.01 OFFSITE FACILITIES		229,393	192.01
193.01 ENDOWMENTS & OTHER SERVICES			193.01
193.02 NON-REIMBURSABLE CLINICS		532,081	193.02
194 ENDOWMENTS & OTHER SERVICES		17,547,479	194
194.01 NON-REIMBURSABLE CLINICS	-850,045	9,953,490	194.01
194.02 KOHL HOUSE		45,151	194.02
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-14,722,097	522,231,659	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		19,043		19,043	19,043	4
4.01 EMPLOYEE BENEFITS FTE BASED		292,571	399,193	691,764	338	4.01
5.01 ADMINISTRATION & GENERAL		2,128,901	7,717,645	9,846,546	2,878	5.01
5.02 ADMIN & GENERAL CHCRC		324,439	14,593	339,032	218	5.02
5.03 ADMIN & GEN						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		609,343	1,582,533	2,191,876	582	7
8 LAUNDRY & LINEN SERVICE		78,292		78,292		8
9 HOUSEKEEPING		238,268	8,242	246,510	182	9
10 DIETARY		429,405	38,808	468,213	44	10
11 CAFETERIA		86,630	15,829	102,459	80	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		40,418	410	40,828	22	12.01
13 NURSING ADMINISTRATION		85,111	573,287	658,398	352	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		189,265	12,317	201,582	151	16
17 SOCIAL SERVICE		544,935	12,725	557,660	286	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		25,932	1,173	27,105	287	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		37,415		37,415	502	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		3,490,921	388,062	3,878,983	2,062	30
31 INTENSIVE CARE UNIT		1,095,665	195,736	1,291,401	894	31
32 CORONARY CARE UNIT		753,243	122,356	875,599	230	32
35 NEONATOLOGY		940,106	240,547	1,180,653	842	35
40 SUBPROVIDER - IPF		299,001	1,400	300,401	166	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		3,022,018	1,197,284	4,219,302	928	50
51 RECOVERY ROOM		273,987	21,400	295,387	152	51
53 ANESTHESIOLOGY		212,583	48,660	261,243	63	53
54 RADIOLOGY-DIAGNOSTIC		740,807	1,616,120	2,356,927	233	54
57 COMPUTED TOMOGRAPHY (CT) SCAN		82,885	76,951	159,836	50	57
58 MAGNETIC RESONANCE IMAGING (MRI)		235,936	697,751	933,687	60	58
59 CARDIAC CATHETERIZATION		415,379	407,328	822,707	184	59
60 LABORATORY		1,915,859	521,752	2,437,611	966	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		247,313	95,448	342,761	368	65
66 PHYSICAL THERAPY		409,867	11,931	421,798	254	66
67 OCCUPATIONAL THERAPY		22,541	595	23,136	56	67
68 SPEECH PATHOLOGY		188,841	26,590	215,431	178	68
69 ELECTROCARDIOLOGY		356,024	266,386	622,410	92	69
70 ELECTROENCEPHALOGRAPHY		302,640	78,406	381,046	112	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		176,157	96,271	272,428	42	71
73 DRUGS CHARGED TO PATIENTS		338,641	89,718	428,359	505	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS		8,373	1,143	9,516	24	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY		713,956	16,306	730,262	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		1,808,031	100,205	1,908,236	733	90
90.01 OFFSITE CLINICS		1,924,657	213,240	2,137,897	768	90.01
91 EMERGENCY		966,639	139,290	1,105,929	521	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		202,938	33,169	236,107	181	95
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		565	286	851	8	105
106 HEART ACQUISITION		530	181	711	7	106
107 LIVER ACQUISITION		848	333	1,181	11	107
110 INTESTINAL ACQUISITION		177	57	234	4	110
118 SUBTOTALS (SUM OF LINES 1-117)		26,277,096	17,081,657	43,358,753	16,857	118
NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	4	
	0	1	2			
191 RESEARCH		2,734,287	846,149	3,580,436	1,429	191
192 PHYSICIANS' PRIVATE OFFICES		263,070	19,003	282,073	68	192
192.01 OFFSITE FACILITIES					13	192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS					31	193.02
194 ENDOWMENTS & OTHER SERVICES					274	194
194.01 NON-REIMBURSABLE CLINICS		712,578	240,322	952,900	371	194.01
194.02 KOHL HOUSE		8,479		8,479		194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		29,995,510	18,187,131	48,182,641	19,043	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS FTE BASED 4.01	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED	692,102					4.01
5.01 ADMINISTRATION & GENERAL	92,509	9,941,933				5.01
5.02 ADMIN & GENERAL CHCRC	393	96,951	436,594			5.02
5.03 ADMIN & GEN						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	26,886	623,313		2,842,657		7
8 LAUNDRY & LINEN SERVICE		37,993		8,360	124,645	8
9 HOUSEKEEPING	17,248	149,433		25,443		9
10 DIETARY	1,669	29,982		45,853		10
11 CAFETERIA	7,243	61,938		9,250		11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	1,047	10,598		4,316		12.01
13 NURSING ADMINISTRATION	8,906	154,903		9,088		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	8,054	81,446		20,210		16
17 SOCIAL SERVICE	11,262	149,346		58,189		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	28	97,640		2,769		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	823	172,883		3,995		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	75,858	923,614		372,765	49,114	30
31 INTENSIVE CARE UNIT	32,869	411,962		116,997	11,290	31
32 CORONARY CARE UNIT	7,798	111,809		80,433	1,551	32
35 NEONATOLOGY	28,493	387,202		100,386	13,809	35
40 SUBPROVIDER - IPF	6,559	70,687		31,928	2,553	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	43,982	888,024		322,696	11,348	50
51 RECOVERY ROOM	4,796	65,322		29,257	78	51
53 ANESTHESIOLOGY	2,936	85,791		22,700		53
54 RADIOLOGY-DIAGNOSTIC	10,300	170,210		79,105	609	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,818	23,624		8,851	64	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,981	49,204		25,194	48	58
59 CARDIAC CATHETERIZATION	6,065	138,342		44,355	65	59
60 LABORATORY	44,762	784,448		204,579	46	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	15,883	231,160		26,408		65
66 PHYSICAL THERAPY	9,717	118,315		43,766	4,788	66
67 OCCUPATIONAL THERAPY	2,300	22,499		2,407		67
68 SPEECH PATHOLOGY	7,780	96,523		20,165		68
69 ELECTROCARDIOLOGY	5,506	60,041		38,017		69
70 ELECTROENCEPHALOGRAPHY	5,684	66,927		32,316	1,912	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,258	71,630		18,810	82	71
73 DRUGS CHARGED TO PATIENTS	17,854	616,894		36,161		73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	728	33,060		894		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	10,994	130,743		76,237		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	29,443	330,911		193,065	8,524	90
90.01 OFFSITE CLINICS	36,874	441,519		205,518	2,893	90.01
91 EMERGENCY	18,439	252,531		103,219	11,017	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	4,844	70,798		21,670	278	95
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	276	17,164		60		105
106 HEART ACQUISITION	202	25,771		57		106
107 LIVER ACQUISITION	299	19,618		91		107
110 INTESTINAL ACQUISITION		1,387		19		110
118 SUBTOTALS (SUM OF LINES 1-117)	614,366	8,384,156		2,445,599	120,069	118
NONREIMBURSABLE COST CENTERS						

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS FTE BASED 4.01	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
191	RESEARCH	10,915	1,039,597	436,594	291,972		191
192	PHYSICIANS' PRIVATE OFFICES	2,254	38,786		28,091	554	192
192.01	OFFSITE FACILITIES		4,247				192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS		9,852				193.02
194	ENDOWMENTS & OTHER SERVICES	49,992	314,761				194
194.01	NON-REIMBURSABLE CLINICS	14,575	149,897		76,090	4,022	194.01
194.02	KOHL HOUSE		637		905		194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	692,102	9,941,933	436,594	2,842,657	124,645	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	VOLUNTEERS 12.01	NURSING ADMINIS-TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	438,816					9
10 DIETARY	3,126	548,887				10
11 CAFETERIA	3,569		184,539			11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	800		354	57,965		12.01
13 NURSING ADMINISTRATION	7,570		3,009		842,226	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,256		2,721	35		16
17 SOCIAL SERVICE	3,965		3,805	26,174		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	832		9			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	536		278			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	56,026	392,248	25,633	12,973	248,674	30
31 INTENSIVE CARE UNIT	26,371	15,148	11,106	1,348	121,487	31
32 CORONARY CARE UNIT	5,825	7,972	2,635	21	26,433	32
35 NEONATOLOGY	21,087	28,652	9,628	4,080	98,957	35
40 SUBPROVIDER - IPF	8,088	60,215	2,216	2,388	8,453	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,878	5,521	14,861	1,003	68,723	50
51 RECOVERY ROOM	4,341		1,621	1,466	16,599	51
53 ANESTHESIOLOGY	2,624		992		3,025	53
54 RADIOLOGY-DIAGNOSTIC	11,039		3,480			54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,614		614			57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,494		669			58
59 CARDIAC CATHETERIZATION	4,552		2,049		7,822	59
60 LABORATORY	43,668	1,791	15,124		1,474	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	11,908		5,367			65
66 PHYSICAL THERAPY	10,104		3,283	1,449		66
67 OCCUPATIONAL THERAPY	1,692		777	35		67
68 SPEECH PATHOLOGY	5,524		2,629	148		68
69 ELECTROCARDIOLOGY	3,456		1,860	15	136	69
70 ELECTROENCEPHALOGRAPHY	4,086		1,921		1,866	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,847		1,101			71
73 DRUGS CHARGED TO PATIENTS	13,420		6,033	149		73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	546	5,055	246		2,531	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	17,859	3,224	3,715	242	844	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	21,400	22,676	9,948	3,841	78,668	90
90.01 OFFSITE CLINICS	38,517		12,459	315	30,651	90.01
91 EMERGENCY	18,089	6,385	6,230	1,429	47,369	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	3,474		1,637		11,478	95
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	203		93		486	105
106 HEART ACQUISITION	238		68		273	106
107 LIVER ACQUISITION	130		101		758	107
110 INTESTINAL ACQUISITION	296				119	110
118 SUBTOTALS (SUM OF LINES 1-117)	410,050	548,887	158,272	57,111	776,826	118
NONREIMBURSABLE COST CENTERS						

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WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS-TRATION	
	9	10	11	12.01	13	
191 RESEARCH	9,670		3,688	854		191
192 PHYSICIANS' PRIVATE OFFICES	1,897		762		4,167	192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES			16,892		16,071	194
194.01 NON-REIMBURSABLE CLINICS	17,199		4,925		45,162	194.01
194.02 KOHL HOUSE						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	438,816	548,887	184,539	57,965	842,226	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
	16	17	21	22	24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS						12.01
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	323,455					16
17 SOCIAL SERVICE		810,687				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			128,670			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				216,432		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	88,724	307,250			6,433,924	30
31 INTENSIVE CARE UNIT	27,429	24,321			2,092,623	31
32 CORONARY CARE UNIT	4,787				1,125,093	32
35 NEONATOLOGY	32,410	27,563			1,933,762	35
40 SUBPROVIDER - IPF					493,654	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,526				5,631,792	50
51 RECOVERY ROOM					419,019	51
53 ANESTHESIOLOGY					379,374	53
54 RADIOLOGY-DIAGNOSTIC					2,631,903	54
57 COMPUTED TOMOGRAPHY (CT) SCAN					196,471	57
58 MAGNETIC RESONANCE IMAGING (MRI)					1,012,337	58
59 CARDIAC CATHETERIZATION					1,026,141	59
60 LABORATORY					3,534,469	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					633,855	65
66 PHYSICAL THERAPY					613,474	66
67 OCCUPATIONAL THERAPY					52,902	67
68 SPEECH PATHOLOGY					348,378	68
69 ELECTROCARDIOLOGY					731,533	69
70 ELECTROENCEPHALOGRAPHY					495,870	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					370,198	71
73 DRUGS CHARGED TO PATIENTS					1,119,375	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS					52,600	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY					974,361	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	126,180	393,994			3,127,619	90
90.01 OFFSITE CLINICS					2,907,411	90.01
91 EMERGENCY	24,421	57,559			1,653,138	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					350,467	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
105 KIDNEY ACQUISITION					19,141	105
106 HEART ACQUISITION					27,327	106
107 LIVER ACQUISITION					22,189	107
110 INTESTINAL ACQUISITION					2,059	110
118 SUBTOTALS (SUM OF LINES 1-117)	319,477	810,687			40,412,459	118
NONREIMBURSABLE COST CENTERS						

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WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
191 RESEARCH					5,375,155	191
192 PHYSICIANS' PRIVATE OFFICES					358,652	192
192.01 OFFSITE FACILITIES					4,260	192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS					9,883	193.02
194 ENDOWMENTS & OTHER SERVICES	3,978				401,968	194
194.01 NON-REIMBURSABLE CLINICS					1,265,141	194.01
194.02 KOHL HOUSE					10,021	194.02
200 CROSS FOOT ADJUSTMENTS				128,670	216,432	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	323,455	810,687	128,670	216,432	48,182,641	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			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			5.03
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
12.01 VOLUNTEERS			12.01
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	6,433,924		30
31 INTENSIVE CARE UNIT	2,092,623		31
32 CORONARY CARE UNIT	1,125,093		32
35 NEONATOLOGY	1,933,762		35
40 SUBPROVIDER - IPF	493,654		40
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	5,631,792		50
51 RECOVERY ROOM	419,019		51
53 ANESTHESIOLOGY	379,374		53
54 RADIOLOGY-DIAGNOSTIC	2,631,903		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	196,471		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,012,337		58
59 CARDIAC CATHETERIZATION	1,026,141		59
60 LABORATORY	3,534,469		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	633,855		65
66 PHYSICAL THERAPY	613,474		66
67 OCCUPATIONAL THERAPY	52,902		67
68 SPEECH PATHOLOGY	348,378		68
69 ELECTROCARDIOLOGY	731,533		69
70 ELECTROENCEPHALOGRAPHY	495,870		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	370,198		71
73 DRUGS CHARGED TO PATIENTS	1,119,375		73
73.01 OUTPATIENT PHARMACY			73.01
74 RENAL DIALYSIS	52,600		74
75.01 PSYCHIATRY			75.01
76 PSYCHIATRY	974,361		76
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	3,127,619		90
90.01 OFFSITE CLINICS	2,907,411		90.01
91 EMERGENCY	1,653,138		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES	350,467		95
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION	19,141		105
106 HEART ACQUISITION	27,327		106
107 LIVER ACQUISITION	22,189		107
110 INTESTINAL ACQUISITION	2,059		110
118 SUBTOTALS (SUM OF LINES 1-117)	40,412,459		118
NONREIMBURSABLE COST CENTERS			

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WORKSHEET B  
PART II

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS	TOTAL	
		25	26	
191	RESEARCH		5,375,155	191
192	PHYSICIANS' PRIVATE OFFICES		358,652	192
192.01	OFFSITE FACILITIES		4,260	192.01
193.01	ENDOWMENTS & OTHER SERVICES			193.01
193.02	NON-REIMBURSABLE CLINICS		9,883	193.02
194	ENDOWMENTS & OTHER SERVICES		401,968	194
194.01	NON-REIMBURSABLE CLINICS		1,265,141	194.01
194.02	KOHL HOUSE		10,021	194.02
200	CROSS FOOT ADJUSTMENTS		345,102	200
201	NEGATIVE COST CENTER			201
202	TOTAL (SUM OF LINES 118-201)		48,182,641	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON-CILIATION	
	1	2	4	4.01	5A.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	849,001					1
2 CAP REL COSTS-MVBLE EQUIP		18,853,869				2
4 EMPLOYEE BENEFITS	539		253,913,322			4
4.01 EMPLOYEE BENEFITS FTE BASED	8,281	413,827	4,500,472	349,069		4.01
5.01 ADMINISTRATION & GENERAL	60,257	8,000,579	38,354,205	46,657	-94,314,509	5.01
5.02 ADMIN & GENERAL CHCRC	9,183	15,128	2,909,803	198		5.02
5.03 ADMIN & GEN						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	17,247	1,640,548	7,757,048	13,560		7
8 LAUNDRY & LINEN SERVICE	2,216					8
9 HOUSEKEEPING	6,744	8,544	2,432,950	8,699		9
10 DIETARY	12,154	40,231	588,248	842		10
11 CAFETERIA	2,452	16,409	1,063,983	3,653		11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	1,144	425	293,917	528		12.01
13 NURSING ADMINISTRATION	2,409	594,303	4,699,123	4,492		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	5,357	12,769	2,019,493	4,062		16
17 SOCIAL SERVICE	15,424	13,191	3,811,967	5,680		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	734	1,216	3,829,650	14		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,059		6,693,387	415		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	98,808	402,288	27,497,001	38,260		30
31 INTENSIVE CARE UNIT	31,012	202,912	11,915,083	16,578		31
32 CORONARY CARE UNIT	21,320	126,842	3,071,274	3,933		32
35 NEONATOLOGY	26,609	249,365	11,227,831	14,371		35
40 SUBPROVIDER - IPF	8,463	1,451	2,215,485	3,308		40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	85,536	1,241,176	12,374,972	22,183		50
51 RECOVERY ROOM	7,755	22,185	2,031,395	2,419		51
53 ANESTHESIOLOGY	6,017	50,444	840,457	1,481		53
54 RADIOLOGY-DIAGNOSTIC	20,968	1,675,366	3,110,789	5,195		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,346	79,772	660,513	917		57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,678	723,330	806,184	999		58
59 CARDIAC CATHETERIZATION	11,757	422,260	2,449,381	3,059		59
60 LABORATORY	54,227	540,879	12,876,334	22,576		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7,000	98,947	4,901,769	8,011		65
66 PHYSICAL THERAPY	11,601	12,368	3,390,863	4,901		66
67 OCCUPATIONAL THERAPY	638	617	741,702	1,160		67
68 SPEECH PATHOLOGY	5,345	27,565	2,367,749	3,924		68
69 ELECTROCARDIOLOGY	10,077	276,152	1,231,593	2,777		69
70 ELECTROENCEPHALOGRAPHY	8,566	81,280	1,497,935	2,867		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,986	99,800	566,276	1,643		71
73 DRUGS CHARGED TO PATIENTS	9,585	93,007	6,732,576	9,005		73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	237	1,185	320,048	367		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	20,208	16,904	3,219,705	5,545		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	51,175	103,878	9,778,724	14,850		90
90.01 OFFSITE CLINICS	54,476	221,057	10,242,397	18,598		90.01
91 EMERGENCY	27,360	144,396	6,947,045	9,300		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	5,744	34,385	2,410,681	2,443		95
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	16	296	103,227	139		105
106 HEART ACQUISITION	15	188	95,348	102		106
107 LIVER ACQUISITION	24	345	141,393	151		107
110 INTESTINAL ACQUISITION	5	59	47,814			110
118 SUBTOTALS (SUM OF LINES 1-117)	743,754	17,707,869	224,767,790	309,862	-94,314,509	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON- CILIATION
	1	2	4	4.01	5A.01
191 RESEARCH	77,392	877,168	19,047,142	5,505	191
192 PHYSICIANS' PRIVATE OFFICES	7,446	19,700	909,139	1,137	192
192.01 OFFSITE FACILITIES			167,940		192.01
193.01 ENDOWMENTS & OTHER SERVICES					193.01
193.02 NON-REIMBURSABLE CLINICS			415,523		193.02
194 ENDOWMENTS & OTHER SERVICES			3,653,998	25,214	194
194.01 NON-REIMBURSABLE CLINICS	20,169	249,132	4,951,790	7,351	194.01
194.02 KOHL HOUSE	240				194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	29,995,510	18,187,131	9,904,024	41,351,955	202
203 UNIT COST MULT-WS B PT I	35.330359	0.964637	0.039006	118.463556	203
204 COST TO BE ALLOC PER B PT II			19,043	692,102	204
205 UNIT COST MULT-WS B PT II			0.000075	1.982708	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMIN +	ADMIN +	OPERATION	LAUNDRY	HOUSE-	
	GENERAL	GENERAL	OF PLANT	& LINEN	KEEPING	
	ACCUM	DIRECT	SQUARE	POUNDS OF	HOURS OF	
	COST	COST	FEET	LAUNDRY	SERVICE	
	5.01	5.02	7	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL	442,639,247					5.01
5.02 ADMIN & GENERAL CHCRC	4,316,427	100				5.02
5.03 ADMIN & GEN						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	27,750,887		753,494			7
8 LAUNDRY & LINEN SERVICE	1,691,496		2,216	1,732,999		8
9 HOUSEKEEPING	6,653,004		6,744		175,073	9
10 DIETARY	1,334,863		12,154		1,247	10
11 CAFETERIA	2,757,589		2,452		1,424	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	471,851		1,144		319	12.01
13 NURSING ADMINISTRATION	6,896,547		2,409		3,020	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,626,098		5,357		3,693	16
17 SOCIAL SERVICE	6,649,127		15,424		1,582	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,347,096		734		332	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	7,697,023		1,059		214	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	41,120,788		98,808	682,867	22,352	30
31 INTENSIVE CARE UNIT	18,341,226		31,012	156,972	10,521	31
32 CORONARY CARE UNIT	4,977,907		21,320	21,561	2,324	32
35 NEONATOLOGY	17,238,852		26,609	191,990	8,413	35
40 SUBPROVIDER - IPF	3,147,100		8,463	35,489	3,227	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	39,536,256		85,536	157,772	15,910	50
51 RECOVERY ROOM	2,908,255		7,755	1,089	1,732	51
53 ANESTHESIOLOGY	3,819,575		6,017		1,047	53
54 RADIOLOGY-DIAGNOSTIC	7,578,021		20,968	8,473	4,404	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,051,798		2,346	883	644	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,190,622		6,678	672	596	58
59 CARDIAC CATHETERIZATION	6,159,215		11,757	905	1,816	59
60 LABORATORY	34,924,888		54,227	639	17,422	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	10,291,620		7,000		4,751	65
66 PHYSICAL THERAPY	5,267,595		11,601	66,565	4,031	66
67 OCCUPATIONAL THERAPY	1,001,670		638		675	67
68 SPEECH PATHOLOGY	4,297,381		5,345		2,204	68
69 ELECTROCARDIOLOGY	2,673,143		10,077		1,379	69
70 ELECTROENCEPHALOGRAPHY	2,979,691		8,566	26,587	1,630	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,189,081		4,986	1,142	1,136	71
73 DRUGS CHARGED TO PATIENTS	27,465,097		9,585		5,354	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,471,903		237		218	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	5,820,907		20,208		7,125	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	14,732,681		51,175	118,517	8,538	90
90.01 OFFSITE CLINICS	19,657,153		54,476	40,220	15,367	90.01
91 EMERGENCY	11,243,080		27,360	153,172	7,217	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	3,152,045		5,744	3,859	1,386	95
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	764,170		16		81	105
106 HEART ACQUISITION	1,147,359		15		95	106
107 LIVER ACQUISITION	873,441		24		52	107
110 INTESTINAL ACQUISITION	61,757		5		118	110
118 SUBTOTALS (SUM OF LINES 1-117)	373,276,285		648,247	1,669,374	163,596	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		ADMIN + GENERAL	ADMIN + GENERAL OTHER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		ACCUM COST	DIRECT COST	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	
		5.01	5.02	7	8	9	
191	RESEARCH	46,292,694	100	77,392		3,858	191
192	PHYSICIANS' PRIVATE OFFICES	1,726,822		7,446	7,700	757	192
192.01	OFFSITE FACILITIES	189,101					192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS	438,622					193.02
194	ENDOWMENTS & OTHER SERVICES	14,013,679					194
194.01	NON-REIMBURSABLE CLINICS	6,673,662		20,169	55,925	6,862	194.01
194.02	KOHL HOUSE	28,382		240			194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	94,314,509	5,236,141	33,663,852	2,150,912	8,371,882	202
203	UNIT COST MULT-WS B PT I	0.213073	52,361.410000	44.677001	1.241150	47.819378	203
204	COST TO BE ALLOC PER B PT II	9,941,933	436,594	2,842,657	124,645	438,816	204
205	UNIT COST MULT-WS B PT II	0.022461	4,365.940000	3.772634	0.071924	2.506474	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	MEDICAL RECORDS & LIBRARY TIME SPENT	
	MEALS SERVED	FTES	HOURS OF SERVICE			
	10	11	12.01	13	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						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						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	96,533					10
11 CAFETERIA		275,460				11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		528	59,769			12.01
13 NURSING ADMINISTRATION		4,492		98,839		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		4,062	36		10,000	16
17 SOCIAL SERVICE		5,680	26,987			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		14				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		415				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	68,985	38,260	13,377	29,183	2,743	30
31 INTENSIVE CARE UNIT	2,664	16,578	1,390	14,257	848	31
32 CORONARY CARE UNIT	1,402	3,933	22	3,102	148	32
35 NEONATOLOGY	5,039	14,371	4,207	11,613	1,002	35
40 SUBPROVIDER - IPF	10,590	3,308	2,462	992		40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	971	22,183	1,034	8,065	480	50
51 RECOVERY ROOM		2,419	1,512	1,948		51
53 ANESTHESIOLOGY		1,481		355		53
54 RADIOLOGY-DIAGNOSTIC		5,195				54
57 COMPUTED TOMOGRAPHY (CT) SCAN		917				57
58 MAGNETIC RESONANCE IMAGING (MRI)		999				58
59 CARDIAC CATHETERIZATION		3,059		918		59
60 LABORATORY	315	22,576		173		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		8,011				65
66 PHYSICAL THERAPY		4,901	1,494			66
67 OCCUPATIONAL THERAPY		1,160	36			67
68 SPEECH PATHOLOGY		3,924	153			68
69 ELECTROCARDIOLOGY		2,777	15	16		69
70 ELECTROENCEPHALOGRAPHY		2,867		219		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,643				71
73 DRUGS CHARGED TO PATIENTS		9,005	154			73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	889	367		297		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	567	5,545	250	99		76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,988	14,850	3,961	9,232	3,901	90
90.01 OFFSITE CLINICS		18,598	325	3,597		90.01
91 EMERGENCY	1,123	9,300	1,473	5,559	755	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		2,443		1,347		95
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		139		57		105
106 HEART ACQUISITION		102		32		106
107 LIVER ACQUISITION		151		89		107
110 INTESTINAL ACQUISITION				14		110
118 SUBTOTALS (SUM OF LINES 1-117)	96,533	236,253	58,888	91,164	9,877	118
NONREIMBURSABLE COST CENTERS						

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	MEDICAL RECORDS & LIBRARY TIME SPENT	
		MEALS SERVED	FTES	HOURS OF SERVICE			
		10	11	12.01	13	16	
191	RESEARCH		5,505	881			191
192	PHYSICIANS' PRIVATE OFFICES		1,137		489		192
192.01	OFFSITE FACILITIES						192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS						193.02
194	ENDOWMENTS & OTHER SERVICES		25,214		1,886	123	194
194.01	NON-REIMBURSABLE CLINICS		7,351		5,300		194.01
194.02	KOHL HOUSE						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,221,921	3,522,800	645,506	8,675,504	4,866,991	202
203	UNIT COST MULT-WS B PT I	23.017217	12.788790	10.800013	87.774097	486.699100	203
204	COST TO BE ALLOC PER B PT II	548,887	184,539	57,965	842,226	323,455	204
205	UNIT COST MULT-WS B PT II	5.686004	0.669930	0.969817	8.521191	32.345500	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED	I&R PROGRAM COSTS ASSIGNED	
	TIME SPENT	TIME	TIME	
	17	21	22	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				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				5.03
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
12.01 VOLUNTEERS				12.01
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE	1,000			17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		24,091		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			24,091	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	379	4,881	4,881	30
31 INTENSIVE CARE UNIT	30	1,751	1,751	31
32 CORONARY CARE UNIT				32
35 NEONATOLOGY	34	872	872	35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		3,162	3,162	50
51 RECOVERY ROOM				51
53 ANESTHESIOLOGY		2,051	2,051	53
54 RADIOLOGY-DIAGNOSTIC		1,183	1,183	54
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
59 CARDIAC CATHETERIZATION		354	354	59
60 LABORATORY		2,089	2,089	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		323	323	65
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY		517	517	69
70 ELECTROENCEPHALOGRAPHY		483	483	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
73 DRUGS CHARGED TO PATIENTS				73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS		280	280	74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY		832	832	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	486	624	624	90
90.01 OFFSITE CLINICS		718	718	90.01
91 EMERGENCY	71	2,580	2,580	91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
99.10 CORF				99.10
99.20 OUTPATIENT PHYSICAL THERAPY				99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS				
105 KIDNEY ACQUISITION				105
106 HEART ACQUISITION				106
107 LIVER ACQUISITION				107
110 INTESTINAL ACQUISITION				110
118 SUBTOTALS (SUM OF LINES 1-117)	1,000	22,700	22,700	118
NONREIMBURSABLE COST CENTERS				

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I&R	I&R	
	SERVICE	SALARY &	PROGRAM	
	TIME	FRINGES	COSTS	
	SPENT	ASSIGNED	ASSIGNED	
	17	TIME	TIME	
		21	22	
191 RESEARCH				191
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		1,391	1,391	194.01
194.02 KOHL HOUSE				194.02
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	9,194,723	5,322,193	9,399,904	202
203 UNIT COST MULT-WS B PT I	9,194.723000	220.920385	390.183222	203
204 COST TO BE ALLOC PER B PT II	810,687	128,670	216,432	204
205 UNIT COST MULT-WS B PT II	810.687000	5.340999	8.983936	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT			
	1	2	3	4	5
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	65,816,307		65,816,307		30
31 INTENSIVE CARE UNIT	26,561,004		26,561,004		31
32 CORONARY CARE UNIT	7,556,083		7,556,083		32
35 NEONATOLOGY	24,906,210		24,906,210		35
40 SUBPROVIDER - IPF	4,793,842		4,793,842		40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	53,997,207		53,997,207		50
51 RECOVERY ROOM	4,176,821		4,176,821		51
53 ANESTHESIOLOGY	5,002,412		5,002,412		53
54 RADIOLOGY-DIAGNOSTIC	10,417,031		10,417,031		54
57 COMPUTED TOMOGRAPHY (CT) SC	1,424,339		1,424,339		57
58 MAGNETIC RESONANCE IMAGING	2,997,847		2,997,847		58
59 CARDIAC CATHETERIZATION	8,204,506		8,204,506		59
60 LABORATORY	45,934,196		45,934,196		60
62.30 BLOOD CLOTTING FOR HEMOPHIL					62.30
65 RESPIRATORY THERAPY	13,126,866		13,126,866		65
66 PHYSICAL THERAPY	7,262,465		7,262,465		66
67 OCCUPATIONAL THERAPY	1,291,105		1,291,105		67
68 SPEECH PATHOLOGY	5,609,065		5,609,065		68
69 ELECTROCARDIOLOGY	3,795,951		3,795,951		69
70 ELECTROENCEPHALOGRAPHY	4,164,118		4,164,118		70
71 MEDICAL SUPPLIES CHRGED TO	4,168,100		4,168,100		71
73 DRUGS CHARGED TO PATIENTS	34,118,248		34,118,248		73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS	1,857,763		1,857,763		74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY	8,400,086		8,400,086		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	28,215,607		28,215,607		90
90.01 OFFSITE CLINICS	27,621,224		27,621,224		90.01
91 EMERGENCY	17,065,172		17,065,172		91
92 OBSERVATION BEDS	7,895,758		7,895,758	7,895,758	92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES	4,300,829		4,300,829		95
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THE					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
105 KIDNEY ACQUISITION	938,363		938,363		105
106 HEART ACQUISITION	1,401,156		1,401,156		106
107 LIVER ACQUISITION	1,072,850		1,072,850		107
110 INTestinal ACQUISITION	82,011		82,011		110
200 SUBTOTAL (SEE INSTRUCTIONS)	434,174,542		434,174,542	7,895,758	200
201 LESS OBSERVATION BEDS	7,895,758		7,895,758	7,895,758	201
202 TOTAL (SEE INSTRUCTIONS)	426,278,784		426,278,784		202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	136,915,269		136,915,269			30
31 INTENSIVE CARE UNIT	86,408,499		86,408,499			31
32 CORONARY CARE UNIT	14,124,222		14,124,222			32
35 NEONATOLOGY	88,892,604		88,892,604			35
40 SUBPROVIDER - IPF	8,424,126		8,424,126			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	75,292,496	91,200,612	166,493,108	0.324321	0.324321	50
51 RECOVERY ROOM	3,560,748	9,117,988	12,678,736	0.329435	0.329435	51
53 ANESTHESIOLOGY	10,646,048	16,040,306	26,686,354	0.187452	0.187452	53
54 RADIOLOGY-DIAGNOSTIC	13,553,566	29,919,827	43,473,393	0.239619	0.239619	54
57 COMPUTED TOMOGRAPHY (CT) SC	6,295,046	10,272,506	16,567,552	0.085972	0.085972	57
58 MAGNETIC RESONANCE IMAGING	8,353,988	33,027,077	41,381,065	0.072445	0.072445	58
59 CARDIAC CATHETERIZATION	19,149,145	30,574,028	49,723,173	0.165004	0.165004	59
60 LABORATORY	70,297,001	94,426,981	164,723,982	0.278856	0.278856	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	77,445,576	2,142,842	79,588,418	0.164934	0.164934	65
66 PHYSICAL THERAPY	2,103,823	9,411,887	11,515,710	0.630657	0.630657	66
67 OCCUPATIONAL THERAPY	864,031	2,284,955	3,148,986	0.410007	0.410007	67
68 SPEECH PATHOLOGY	1,703,288	9,581,494	11,284,782	0.497047	0.497047	68
69 ELECTROCARDIOLOGY	1,601,512	4,370,850	5,972,362	0.635586	0.635586	69
70 ELECTROENCEPHALOGRAPHY	764,363	5,652,529	6,416,892	0.648931	0.648931	70
71 MEDICAL SUPPLIES CHRGED TO	270,645	46,881	317,526	13.126799	13.126799	71
73 DRUGS CHARGED TO PATIENTS	144,175,798	40,272,177	184,447,975	0.184975	0.184975	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	2,157,637	3,326,539	5,484,176	0.338750	0.338750	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	195,285	6,752,331	6,947,616	1.209060	1.209060	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	404,906	11,223,409	11,628,315	2.426457	2.426457	90
90.01 OFFSITE CLINICS	72,026	42,320,219	42,392,245	0.651563	0.651563	90.01
91 EMERGENCY	7,702,057	36,413,617	44,115,674	0.386828	0.386828	91
92 OBSERVATION BEDS		28,036,752	28,036,752	0.281622	0.281622	0.281622 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	3,625,496	360,716	3,986,212	1.078926	1.078926	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
105 KIDNEY ACQUISITION	916,846		916,846			105
106 HEART ACQUISITION	1,178,802		1,178,802			106
107 LIVER ACQUISITION	1,113,312		1,113,312			107
110 INTESTINAL ACQUISITION	1		1			110
200 SUBTOTAL (SEE INSTRUCTIONS)	788,208,162	516,776,523	1,304,984,685			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	788,208,162	516,776,523	1,304,984,685			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 ÷ COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	6,433,924		6,433,924	39,661	162.22	351	56,939	30
31 INTENSIVE CARE UNIT	2,092,623		2,092,623	12,213	171.34	96	16,449	31
32 CORONARY CARE UNIT	1,125,093		1,125,093	2,129	528.46			32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 NEONATOLOGY	1,933,762		1,933,762	14,429	134.02			35
40 SUBPROVIDER - IPF	493,654		493,654	3,389	145.66			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)	12,079,056		12,079,056	71,821		447	73,388	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,631,792	166,493,108	0.033826	1,231,492	41,656	50
51 RECOVERY ROOM	419,019	12,678,736	0.033049			51
53 ANESTHESIOLOGY	379,374	26,686,354	0.014216	80,518	1,145	53
54 RADIOLOGY-DIAGNOSTIC	2,631,903	43,473,393	0.060541	181,576	10,993	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	196,471	16,567,552	0.011859	47,468	563	57
58 MAGNETIC RESONANCE IMAGING (M	1,012,337	41,381,065	0.024464	25,537	625	58
59 CARDIAC CATHETERIZATION	1,026,141	49,723,173	0.020637	178,372	3,681	59
60 LABORATORY	3,534,469	164,723,982	0.021457	575,484	12,348	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	633,855	79,588,418	0.007964	320,423	2,552	65
66 PHYSICAL THERAPY	613,474	11,515,710	0.053273	9,356	498	66
67 OCCUPATIONAL THERAPY	52,902	3,148,986	0.016800	3,372	57	67
68 SPEECH PATHOLOGY	348,378	11,284,782	0.030871	1,531	47	68
69 ELECTROCARDIOLOGY	731,533	5,972,362	0.122486	38,950	4,771	69
70 ELECTROENCEPHALOGRAPHY	495,870	6,416,892	0.077276			70
71 MEDICAL SUPPLIES CHRGED TO PA	370,198	317,526	1.165882			71
73 DRUGS CHARGED TO PATIENTS	1,119,375	184,447,975	0.006069	964,720	5,855	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	52,600	5,484,176	0.009591	145,402	1,395	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	974,361	6,947,616	0.140244	2,634	369	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,127,619	11,628,315	0.268966			90
90.01 OFFSITE CLINICS	2,907,411	42,392,245	0.068584			90.01
91 EMERGENCY	1,653,138	44,115,674	0.037473	37,416	1,402	91
92 OBSERVATION BEDS	771,858	28,036,752	0.027530			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	28,684,078	963,024,792		3,844,251	87,957	200

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [XX] TITLE XVIII-PT A  
BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 NEONATOLOGY					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					45
TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
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KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII-PT A  
 BOXES [ ] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	39,661		351		30
31 INTENSIVE CARE UNIT	12,213		96		31
32 CORONARY CARE UNIT	2,129				32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATOLOGY	14,429				35
40 SUBPROVIDER - IPF	3,389				40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	71,821		447		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	HEALTH 3	MEDICAL EDUCATION COST 4
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						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 CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
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						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ] TITLE V	[XX] HOSPITAL (14-3300)	[ ] SUB (OTHER)	[ ] ICF/MR	[ ] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[ ] IPF	[ ] SNF		[XX] TEFRA		
BOXES	[ ] TITLE XIX	[ ] IRF	[ ] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	166,493,108		1,231,492		148,903	50
51	RECOVERY ROOM	12,678,736					51
53	ANESTHESIOLOGY	26,686,354		80,518		24,187	53
54	RADIOLOGY-DIAGNOSTIC	43,473,393		181,576		146,054	54
57	COMPUTED TOMOGRAPHY (CT) SCA	16,567,552		47,468		37,011	57
58	MAGNETIC RESONANCE IMAGING (	41,381,065		25,537		152,796	58
59	CARDIAC CATHETERIZATION	49,723,173		178,372		84,274	59
60	LABORATORY	164,723,982		575,484		168,406	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	79,588,418		320,423		40,599	65
66	PHYSICAL THERAPY	11,515,710		9,356			66
67	OCCUPATIONAL THERAPY	3,148,986		3,372			67
68	SPEECH PATHOLOGY	11,284,782		1,531		4,915	68
69	ELECTROCARDIOLOGY	5,972,362		38,950		37,468	69
70	ELECTROENCEPHALOGRAPHY	6,416,892					70
71	MEDICAL SUPPLIES CHRGED TO P	317,526					71
73	DRUGS CHARGED TO PATIENTS	184,447,975		964,720		4,627,596	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	5,484,176		145,402		5,010	74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	6,947,616		2,634		2,247	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	11,628,315				186	90
90.01	OFFSITE CLINICS	42,392,245					90.01
91	EMERGENCY	44,115,674		37,416		32,389	91
92	OBSERVATION BEDS	28,036,752					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	963,024,792		3,844,251		5,512,041	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [ ] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.324321	148,903			48,292		50
51 RECOVERY ROOM	0.329435						51
53 ANESTHESIOLOGY	0.187452	24,187			4,534		53
54 RADIOLOGY-DIAGNOSTIC	0.239619	146,054	909		34,997	218	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.085972	37,011			3,182		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072445	152,796			11,069		58
59 CARDIAC CATHETERIZATION	0.165004	84,274			13,906		59
60 LABORATORY	0.278856	168,406			46,961		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.164934	40,599			6,696		65
66 PHYSICAL THERAPY	0.630657						66
67 OCCUPATIONAL THERAPY	0.410007						67
68 SPEECH PATHOLOGY	0.497047	4,915			2,443		68
69 ELECTROCARDIOLOGY	0.635586	37,468			23,814		69
70 ELECTROENCEPHALOGRAPHY	0.648931						70
71 MEDICAL SUPPLIES CHRGED TO PATI	13.126799						71
73 DRUGS CHARGED TO PATIENTS	0.184975	4,627,596			855,990		73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	0.338750	5,010			1,697		74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	1.209060	2,247			2,717		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	2.426457	186			451		90
90.01 OFFSITE CLINICS	0.651563						90.01
91 EMERGENCY	0.386828	32,389			12,529		91
92 OBSERVATION BEDS	0.281622						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	1.078926						95
200 SUBTOTAL (SEE INSTRUCTIONS)		5,512,041	909		1,069,278	218	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		5,512,041	909		1,069,278	218	202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED	TOTAL PATIENT DAYS	PER DIEM (COL. 3 ÷ COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	CAP-REL COST (COL. 1 MINUS COL. 2)					
	1	2	3					
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	6,433,924		6,433,924	39,661	162.22	18,504	3,001,719	30
31 INTENSIVE CARE UNIT	2,092,623		2,092,623	12,213	171.34	8,003	1,371,234	31
32 CORONARY CARE UNIT	1,125,093		1,125,093	2,129	528.46			32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 NEONATOLOGY	1,933,762		1,933,762	14,429	134.02	5,369	719,553	35
40 SUBPROVIDER - IPF	493,654		493,654	3,389	145.66	1,845	268,743	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)	12,079,056		12,079,056	71,821		33,721	5,361,249	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-3300) [ ] IPF [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	5,631,792	166,493,108	0.033826	31,716,223	1,072,833	50
51	RECOVERY ROOM	419,019	12,678,736	0.033049	1,586,946	52,447	51
53	ANESTHESIOLOGY	379,374	26,686,354	0.014216	4,597,520	65,358	53
54	RADIOLOGY-DIAGNOSTIC	2,631,903	43,473,393	0.060541	6,742,798	408,216	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	196,471	16,567,552	0.011859	3,101,314	36,778	57
58	MAGNETIC RESONANCE IMAGING (M	1,012,337	41,381,065	0.024464	3,975,023	97,245	58
59	CARDIAC CATHETERIZATION	1,026,141	49,723,173	0.020637	8,882,258	183,303	59
60	LABORATORY	3,534,469	164,723,982	0.021457	33,995,902	729,450	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	633,855	79,588,418	0.007964	43,049,572	342,847	65
66	PHYSICAL THERAPY	613,474	11,515,710	0.053273	1,020,947	54,389	66
67	OCCUPATIONAL THERAPY	52,902	3,148,986	0.016800	458,886	7,709	67
68	SPEECH PATHOLOGY	348,378	11,284,782	0.030871	842,901	26,021	68
69	ELECTROCARDIOLOGY	731,533	5,972,362	0.122486	721,275	88,346	69
70	ELECTROENCEPHALOGRAPHY	495,870	6,416,892	0.077276	447,418	34,575	70
71	MEDICAL SUPPLIES CHRGED TO PA	370,198	317,526	1.165882	223,129	260,142	71
73	DRUGS CHARGED TO PATIENTS	1,119,375	184,447,975	0.006069	75,713,291	459,504	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	52,600	5,484,176	0.009591	917,838	8,803	74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	974,361	6,947,616	0.140244	64,337	9,023	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	3,127,619	11,628,315	0.268966	187,226	50,357	90
90.01	OFFSITE CLINICS	2,907,411	42,392,245	0.068584	5,262	361	90.01
91	EMERGENCY	1,653,138	44,115,674	0.037473	7,088,146	265,614	91
92	OBSERVATION BEDS	771,858	28,036,752	0.027530			92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	28,684,078	963,024,792		225,338,212	4,253,321	200

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
PERIOD FROM 09/01/2011 TO 08/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
01/31/2013 12:42

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

CHECK [ ] TITLE V  
APPLICABLE [ ] TITLE XVIII-PT A  
BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					33
34 BURN INTENSIVE CARE UNIT					34
35 SURGICAL INTENSIVE CARE UNIT					35
40 NEONATOLOGY					40
41 SUBPROVIDER - IPF					41
42 SUBPROVIDER - IRF					42
43 SUBPROVIDER I					43
44 NURSERY					44
45 SKILLED NURSING FACILITY					45
200 NURSING FACILITY					45
TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
 PERIOD FROM 09/01/2011 TO 08/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 01/31/2013 12:42

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII-PT A  
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	39,661		18,504		30
31 INTENSIVE CARE UNIT	12,213		8,003		31
32 CORONARY CARE UNIT	2,129				32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATOLOGY	14,429		5,369		35
40 SUBPROVIDER - IPF	3,389		1,845		40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	71,821		33,721		200

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
 PERIOD FROM 09/01/2011 TO 08/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 01/31/2013 12:42

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						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 CHRGD TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
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						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-3300) [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM PASS-THRU COSTS PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50		OPERATING ROOM				166,493,108			31,716,223			50
51		RECOVERY ROOM				12,678,736			1,586,946			51
53		ANESTHESIOLOGY				26,686,354			4,597,520			53
54		RADIOLOGY-DIAGNOSTIC				43,473,393			6,742,798			54
57		COMPUTED TOMOGRAPHY (CT) SCA				16,567,552			3,101,314			57
58		MAGNETIC RESONANCE IMAGING (				41,381,065			3,975,023			58
59		CARDIAC CATHETERIZATION				49,723,173			8,882,258			59
60		LABORATORY				164,723,982			33,995,902			60
62.30		BLOOD CLOTTING FOR HEMOPHILI										62.30
65		RESPIRATORY THERAPY				79,588,418			43,049,572			65
66		PHYSICAL THERAPY				11,515,710			1,020,947			66
67		OCCUPATIONAL THERAPY				3,148,986			458,886			67
68		SPEECH PATHOLOGY				11,284,782			842,901			68
69		ELECTROCARDIOLOGY				5,972,362			721,275			69
70		ELECTROENCEPHALOGRAPHY				6,416,892			447,418			70
71		MEDICAL SUPPLIES CHRGED TO P				317,526			223,129			71
73		DRUGS CHARGED TO PATIENTS				184,447,975			75,713,291			73
73.01		OUTPATIENT PHARMACY										73.01
74		RENAL DIALYSIS				5,484,176			917,838			74
75.01		PSYCHIATRY										75.01
76		PSYCHIATRY				6,947,616			64,337			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				11,628,315			187,226			90
90.01		OFFSITE CLINICS				42,392,245			5,262			90.01
91		EMERGENCY				44,115,674			7,088,146			91
92		OBSERVATION BEDS				28,036,752						92
OTHER REIMBURSABLE COST CENTERS												
95		AMBULANCE SERVICES				3,986,212						95
200		TOTAL (SUM OF LINES 50-199)				963,024,792			225,338,212			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] IPF [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.324321						50
51 RECOVERY ROOM	0.329435						51
53 ANESTHESIOLOGY	0.187452						53
54 RADIOLOGY-DIAGNOSTIC	0.239619						54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.085972						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072445						58
59 CARDIAC CATHETERIZATION	0.165004						59
60 LABORATORY	0.278856						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.164934						65
66 PHYSICAL THERAPY	0.630657						66
67 OCCUPATIONAL THERAPY	0.410007						67
68 SPEECH PATHOLOGY	0.497047						68
69 ELECTROCARDIOLOGY	0.635586						69
70 ELECTROENCEPHALOGRAPHY	0.648931						70
71 MEDICAL SUPPLIES CHRGED TO PATI	13.126799						71
73 DRUGS CHARGED TO PATIENTS	0.184975						73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	0.338750						74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	1.209060						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	2.426457						90
90.01 OFFSITE CLINICS	0.651563						90.01
91 EMERGENCY	0.386828						91
92 OBSERVATION BEDS	0.281622						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	1.078926						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S300) [ ] IRF	[ ] SUB (OTHER)	[ ] PPS [ ] TEFRA [XX] OTHER		
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	5,631,792	166,493,108	0.033826	16	50
51	RECOVERY ROOM	419,019	12,678,736	0.033049	883	51
53	ANESTHESIOLOGY	379,374	26,686,354	0.014216	2,263	53
54	RADIOLOGY-DIAGNOSTIC	2,631,903	43,473,393	0.060541	7,651	54
57	COMPUTED TOMOGRAPHY (CT) SCAN	196,471	16,567,552	0.011859	2,064	57
58	MAGNETIC RESONANCE IMAGING (M	1,012,337	41,381,065	0.024464	31,684	58
59	CARDIAC CATHETERIZATION	1,026,141	49,723,173	0.020637	12,888	59
60	LABORATORY	3,534,469	164,723,982	0.021457	154,667	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY	633,855	79,588,418	0.007964	7,792	65
66	PHYSICAL THERAPY	613,474	11,515,710	0.053273	666	66
67	OCCUPATIONAL THERAPY	52,902	3,148,986	0.016800		67
68	SPEECH PATHOLOGY	348,378	11,284,782	0.030871		68
69	ELECTROCARDIOLOGY	731,533	5,972,362	0.122486	21,488	69
70	ELECTROENCEPHALOGRAPHY	495,870	6,416,892	0.077276	4,342	70
71	MEDICAL SUPPLIES CHRGED TO PA	370,198	317,526	1.165882		71
73	DRUGS CHARGED TO PATIENTS	1,119,375	184,447,975	0.006069	244,121	73
73.01	OUTPATIENT PHARMACY					73.01
74	RENAL DIALYSIS	52,600	5,484,176	0.009591		74
75.01	PSYCHIATRY					75.01
76	PSYCHIATRY	974,361	6,947,616	0.140244	17,209	76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	3,127,619	11,628,315	0.268966	3,138	90
90.01	OFFSITE CLINICS	2,907,411	42,392,245	0.068584		90.01
91	EMERGENCY	1,653,138	44,115,674	0.037473	90,550	91
92	OBSERVATION BEDS	771,858	28,036,752	0.027530		92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)	28,684,078	963,024,792		601,422	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S300) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						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 CHRGED TO PA						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
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						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK APPLICABLE BOXES	[ ] TITLE V [ ] TITLE XVIII-PT A [XX] TITLE XIX	[ ] HOSPITAL [XX] IPF (14-S300) [ ] IRF	[ ] SUB (OTHER) [ ] SNF [ ] NF	[ ] ICF/MR	[ ] PPS [ ] TEFRA [XX] OTHER	COST CENTER DESCRIPTION		TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS													
50							OPERATING ROOM	166,493,108			16		50
51							RECOVERY ROOM	12,678,736			883		51
53							ANESTHESIOLOGY	26,686,354			2,263		53
54							RADIOLOGY-DIAGNOSTIC	43,473,393			7,651		54
57							COMPUTED TOMOGRAPHY (CT) SCA	16,567,552			2,064		57
58							MAGNETIC RESONANCE IMAGING (	41,381,065			31,684		58
59							CARDIAC CATHETERIZATION	49,723,173			12,888		59
60							LABORATORY	164,723,982			154,667		60
62.30							BLOOD CLOTTING FOR HEMOPHILI						62.30
65							RESPIRATORY THERAPY	79,588,418			7,792		65
66							PHYSICAL THERAPY	11,515,710			666		66
67							OCCUPATIONAL THERAPY	3,148,986					67
68							SPEECH PATHOLOGY	11,284,782					68
69							ELECTROCARDIOLOGY	5,972,362			21,488		69
70							ELECTROENCEPHALOGRAPHY	6,416,892			4,342		70
71							MEDICAL SUPPLIES CHRGED TO P	317,526					71
73							DRUGS CHARGED TO PATIENTS	184,447,975			244,121		73
73.01							OUTPATIENT PHARMACY						73.01
74							RENAL DIALYSIS	5,484,176					74
75.01							PSYCHIATRY						75.01
76							PSYCHIATRY	6,947,616			17,209		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	11,628,315			3,138		90
90.01							OFFSITE CLINICS	42,392,245					90.01
91							EMERGENCY	44,115,674			90,550		91
92							OBSERVATION BEDS	28,036,752					92
OTHER REIMBURSABLE COST CENTERS													
95							AMBULANCE SERVICES	3,986,212					95
200							TOTAL (SUM OF LINES 50-199)	963,024,792			601,422		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B-SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [XX] IPF (14-S300) [ ] SNF [ ] S/B-NF  
 BOXES [XX] TITLE XIX - O/P [ ] IRF [ ] NF [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.324321						50
51 RECOVERY ROOM	0.329435						51
53 ANESTHESIOLOGY	0.187452						53
54 RADIOLOGY-DIAGNOSTIC	0.239619						54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.085972						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072445						58
59 CARDIAC CATHETERIZATION	0.165004						59
60 LABORATORY	0.278856						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.164934						65
66 PHYSICAL THERAPY	0.630657						66
67 OCCUPATIONAL THERAPY	0.410007						67
68 SPEECH PATHOLOGY	0.497047						68
69 ELECTROCARDIOLOGY	0.635586						69
70 ELECTROENCEPHALOGRAPHY	0.648931						70
71 MEDICAL SUPPLIES CHRGED TO PATI	13.126799						71
73 DRUGS CHARGED TO PATIENTS	0.184975						73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	0.338750						74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	1.209060						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	2.426457						90
90.01 OFFSITE CLINICS	0.651563						90.01
91 EMERGENCY	0.386828						91
92 OBSERVATION BEDS	0.281622						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	1.078926						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [XX] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] NF [ ] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	39,661	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,661	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	34,903	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	351	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 TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE 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)	65,816,307	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	65,816,307	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	96,035,346	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	96,035,346	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.685334	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)	2,751.49	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 - LINE 36)	65,816,307	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [XX] TEFRA  
 BOXES [ ] TITLE XIX-INPT [ ] IRF [ ] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,659.47 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 582,474 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) 582,474 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	26,561,004	12,213	2,174.81	96	208,782 43
44 CORONARY CARE UNIT	7,556,083	2,129	3,549.12		44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 NEONATOLOGY	24,906,210	14,429	1,726.12		47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					984,853 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,776,109 49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 73,388 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 87,957 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 161,345 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 1,614,764 53

TARGET AMOUNT AND LIMIT COMPUTATION  
 54 PROGRAM DISCHARGES 71 54  
 55 TARGET AMOUNT PER DISCHARGE 17,076.63 55  
 56 TARGET AMOUNT (LINE 54 x LINE 55) 1,212,441 56  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT -402,323 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 (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 61  
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 121,244 62  
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 1,495,030 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,758 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 1,659.47 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 7,895,758 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
90 CAPITAL-RELATED COST	6,433,924	65,816,307	0.097756	7,895,758	771,858 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	39,661	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,661	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	34,903	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	18,504	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 TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE 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)	65,816,307	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	65,816,307	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	96,035,346	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	96,035,346	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.685334	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)	2,751.49	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 - LINE 36)	65,816,307	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS  
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 1,659.47 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 30,706,833 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) 30,706,833 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	26,561,004	12,213	2,174.81	8,003	17,405,004	43
44 CORONARY CARE UNIT	7,556,083	2,129	3,549.12			44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATOLOGY	24,906,210	14,429	1,726.12	5,369	9,267,538	47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					54,409,162	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					111,788,537	49

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 5,092,506 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 4,253,321 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 9,345,827 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 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 (LINES 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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 4,758 87  
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] ICF/MR [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S300) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX-INPT [ ] IRF [ ] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	3,389	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,389	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,389	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 (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,845	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 TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE 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)	4,793,842	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	4,793,842	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-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 - LINE 36)	4,793,842	37

WORKSHEET D-1  
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [ ] HOSPITAL [ ] SUB (OTHER) [ ] PPS  
APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S300) [ ] TEFRA  
BOXES [XX] TITLE XIX-INPT [ ] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,414.53 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,609,808 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	2,609,808 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	177,066 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,786,874 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	268,743 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	16,106 51
52 TOTAL PROGRAM EXCLUDABLE COST	284,849 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	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 (LINES 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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-3300)	[ ]	SUB (OTHER)	[ ]	S/B SNF	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF	[ ]	SNF	[ ]	S/B NF	[XX]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	IRF	[ ]	NF	[ ]	ICF/MR	[ ]	OTHER

  

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		754,593		30
31 INTENSIVE CARE UNIT		441,592		31
32 CORONARY CARE UNIT				32
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.324321	1,231,492	399,399	50
51 RECOVERY ROOM	0.329435			51
53 ANESTHESIOLOGY	0.187452	80,518	15,093	53
54 RADIOLOGY-DIAGNOSTIC	0.239619	181,576	43,509	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.085972	47,468	4,081	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072445	25,537	1,850	58
59 CARDIAC CATHETERIZATION	0.165004	178,372	29,432	59
60 LABORATORY	0.278856	575,484	160,477	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.164934	320,423	52,849	65
66 PHYSICAL THERAPY	0.630657	9,356	5,900	66
67 OCCUPATIONAL THERAPY	0.410007	3,372	1,383	67
68 SPEECH PATHOLOGY	0.497047	1,531	761	68
69 ELECTROCARDIOLOGY	0.635586	38,950	24,756	69
70 ELECTROENCEPHALOGRAPHY	0.648931			70
71 MEDICAL SUPPLIES CHRGD TO PATI	13.126799			71
73 DRUGS CHARGED TO PATIENTS	0.184975	964,720	178,449	73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	0.338750	145,402	49,255	74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	1.209060	2,634	3,185	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	2.426457			90
90.01 OFFSITE CLINICS	0.651563			90.01
91 EMERGENCY	0.386828	37,416	14,474	91
92 OBSERVATION BEDS	0.281622			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		3,844,251	984,853	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		3,844,251		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		67,892,103		30
31 INTENSIVE CARE UNIT		51,868,583		31
32 CORONARY CARE UNIT		8,386,103		32
35 NEONATOLOGY		39,117,866		35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.324321	31,716,223	10,286,237	50
51 RECOVERY ROOM	0.329435	1,586,946	522,796	51
53 ANESTHESIOLOGY	0.187452	4,597,520	861,814	53
54 RADIOLOGY-DIAGNOSTIC	0.239619	6,742,798	1,615,703	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.085972	3,101,314	266,626	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072445	3,975,023	287,971	58
59 CARDIAC CATHETERIZATION	0.165004	8,882,258	1,465,608	59
60 LABORATORY	0.278856	33,995,902	9,479,961	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.164934	43,049,572	7,100,338	65
66 PHYSICAL THERAPY	0.630657	1,020,947	643,867	66
67 OCCUPATIONAL THERAPY	0.410007	458,886	188,146	67
68 SPEECH PATHOLOGY	0.497047	842,901	418,961	68
69 ELECTROCARDIOLOGY	0.635586	721,275	458,432	69
70 ELECTROENCEPHALOGRAPHY	0.648931	447,418	290,343	70
71 MEDICAL SUPPLIES CHRGD TO PATI	13.126799	223,129	2,928,970	71
73 DRUGS CHARGED TO PATIENTS	0.184975	75,713,291	14,005,066	73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	0.338750	917,838	310,918	74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	1.209060	64,337	77,787	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	2.426457	187,226	454,296	90
90.01 OFFSITE CLINICS	0.651563	5,262	3,429	90.01
91 EMERGENCY	0.386828	7,088,146	2,741,893	91
92 OBSERVATION BEDS	0.281622			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		225,338,212	54,409,162	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		225,338,212		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [ ] S/B SNF [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] IPF (14-S300) [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF		4,466,278			40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.324321	16	5		50
51 RECOVERY ROOM	0.329435	883	291		51
53 ANESTHESIOLOGY	0.187452	2,263	424		53
54 RADIOLOGY-DIAGNOSTIC	0.239619	7,651	1,833		54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.085972	2,064	177		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072445	31,684	2,295		58
59 CARDIAC CATHETERIZATION	0.165004	12,888	2,127		59
60 LABORATORY	0.278856	154,667	43,130		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.164934	7,792	1,285		65
66 PHYSICAL THERAPY	0.630657	666	420		66
67 OCCUPATIONAL THERAPY	0.410007				67
68 SPEECH PATHOLOGY	0.497047				68
69 ELECTROCARDIOLOGY	0.635586	21,488	13,657		69
70 ELECTROENCEPHALOGRAPHY	0.648931	4,342	2,818		70
71 MEDICAL SUPPLIES CHRGD TO PATI	13.126799				71
73 DRUGS CHARGED TO PATIENTS	0.184975	244,121	45,156		73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS	0.338750				74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY	1.209060	17,209	20,807		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	2.426457	3,138	7,614		90
90.01 OFFSITE CLINICS	0.651563				90.01
91 EMERGENCY	0.386828	90,550	35,027		91
92 OBSERVATION BEDS	0.281622				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		601,422	177,066		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		601,422			202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

PART I

CHECK  
 APPLICABLE BOX

[ ] HEART  
 [XX] KIDNEY

[ ] LIVER  
 [ ] LUNG

[ ] PANCREAS  
 [ ] INTESTINE

[ ] ISLET  
 [ ] OTHER (specify)

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D				
1	ADULTS & PEDIATRICS		38	1,659.47			1
2	INTENSIVE CARE UNIT	2,727	43	2,174.81	1	2,175	2
3	CORONARY CARE UNIT		44	3,549.12			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATOLOGY		47	1,726.12			6
7	TOTAL (SUM OF LINES 1-6)	2,727			1	2,175	7
	COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
		C	1		2	3	
8	OPERATING ROOM	50	0.324321		6,295	2,042	8
9	RECOVERY ROOM	51	0.329435				9
10	DELIVERY ROOM & LABOR ROOM	52					10
11	ANESTHESIOLOGY	53	0.187452		1,309	245	11
12	RADIOLOGY-DIAGNOSTIC	54	0.239619		540	129	12
13	RADIOLOGY-THERAPEUTIC	55					13
14	RADIOISOTOPE	56					14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.085972				15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.072445				16
17	CARDIAC CATHETERIZATION	59	0.165004		906	149	17
18	LABORATORY	60	0.278856		6,788	1,893	18
19	PBP CLINICAL LAB SERVICES-PRGM	61					19
20	WHOLE BLOOD & PACKED RED BLOOD	62					20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30
21	BLOOD STORING, PROCESSING & TRA	63					21
22	INTRAVENOUS THERAPY	64					22
23	RESPIRATORY THERAPY	65	0.164934		2,245	370	23
24	PHYSICAL THERAPY	66	0.630657				24
25	OCCUPATIONAL THERAPY	67	0.410007				25
26	SPEECH PATHOLOGY	68	0.497047				26
27	ELECTROCARDIOLOGY	69	0.635586		91	58	27
28	ELECTROENCEPHALOGRAPHY	70	0.648931				28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	13.126799		2,087	27,396	29
30	IMPL. DEV. CHARGED TO PATIENT	72					30
31	DRUGS CHARGED TO PATIENTS	73	0.184975		3,933	728	31
31.01	OUTPATIENT PHARMACY	73.01					31.01
32	RENAL DIALYSIS	74	0.338750				32
33	ASC (NON-DISTINCT PART)	75					33
33.01	PSYCHIATRY	75.01					33.01
34	PSYCHIATRY	76	1.209060				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 (RHC)	88					35
36	FEDERALLY QUALIFIED HLTH CTR (F	89					36
37	CLINIC	90	2.426457				37
37.01	OFFSITE CLINICS	90.01	0.651563				37.01
38	EMERGENCY	91	0.386828				38
39	OBSERVATION BEDS	92	0.281622				39
40	OTHER OUTPATIENT SERV (SPECIFY)	93					40
41	TOTAL (SUM OF LINES 8-40)				24,194	33,010	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

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 INSTR.)	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 (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F		22		50
51	CLINIC		23		51
51.01	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [XX] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	35,185		26,921		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	938,363		938,363		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	973,548		965,284		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	304,234		301,651		65
66 REVENUE FOR ORGANS SOLD	20,194		20,194		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	284,040		281,457		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	284,040		281,457		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		2		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	9			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		5		73
74 TOTAL (SUM OF LINES 70-73)	9	7		74
75 ORGANS TRANSPLANTED	9	5		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		2	20,194	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 RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	9	7		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

PART I

CHECK  
 APPLICABLE BOX

HEART  
 KIDNEY

LIVER  
 LUNG

PANCREAS  
 INTESTINE

ISLET  
 OTHER (specify)

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)	ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
	1	D 2				
1 ADULTS & PEDIATRICS	1,364	38	1,659.47	3		1
2 INTENSIVE CARE UNIT		43	2,174.81			2
3 CORONARY CARE UNIT		44	3,549.12			3
4 BURN INTENSIVE CARE UNIT		45				4
5 SURGICAL INTENSIVE CARE UNIT		46				5
6 NEONATOLOGY		47	1,726.12			6
7 TOTAL (SUM OF LINES 1-6)	1,364					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	C	RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
1		2	3			
8 OPERATING ROOM	50	0.324321		3,148	1,021	8
9 RECOVERY ROOM	51	0.329435				9
10 DELIVERY ROOM & LABOR ROOM	52					10
11 ANESTHESIOLOGY	53	0.187452		654	123	11
12 RADIOLOGY-DIAGNOSTIC	54	0.239619		270	65	12
13 RADIOLOGY-THERAPEUTIC	55					13
14 RADIOISOTOPE	56					14
15 COMPUTED TOMOGRAPHY (CT) SCAN	57	0.085972				15
16 MAGNETIC RESONANCE IMAGING (MRI)	58	0.072445				16
17 CARDIAC CATHETERIZATION	59	0.165004		453	75	17
18 LABORATORY	60	0.278856		3,394	946	18
19 PBP CLINICAL LAB SERVICES-PRGM	61					19
20 WHOLE BLOOD & PACKED RED BLOOD	62					20
20.30 BLOOD CLOTTING FOR HEMOPHILIACS	62.30					20.30
21 BLOOD STORING, PROCESSING & TRA	63					21
22 INTRAVENOUS THERAPY	64					22
23 RESPIRATORY THERAPY	65	0.164934		1,122	185	23
24 PHYSICAL THERAPY	66	0.630657				24
25 OCCUPATIONAL THERAPY	67	0.410007				25
26 SPEECH PATHOLOGY	68	0.497047				26
27 ELECTROCARDIOLOGY	69	0.635586		46	29	27
28 ELECTROENCEPHALOGRAPHY	70	0.648931				28
29 MEDICAL SUPPLIES CHRGD TO PATI	71	13.126799		1,044	13,704	29
30 IMPL. DEV. CHARGED TO PATIENT	72					30
31 DRUGS CHARGED TO PATIENTS	73	0.184975		1,966	364	31
31.01 OUTPATIENT PHARMACY	73.01					31.01
32 RENAL DIALYSIS	74	0.338750				32
33 ASC (NON-DISTINCT PART)	75					33
33.01 PSYCHIATRY	75.01					33.01
34 PSYCHIATRY	76	1.209060				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 (RHC)	88					35
36 FEDERALLY QUALIFIED HLTH CTR (F	89					36
37 CLINIC	90	2.426457				37
37.01 OFFSITE CLINICS	90.01	0.651563				37.01
38 EMERGENCY	91	0.386828				38
39 OBSERVATION BEDS	92	0.281622				39
40 OTHER OUTPATIENT SERV (SPECIFY)	93					40
41 TOTAL (SUM OF LINES 8-40)				12,097	16,512	41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

CHECK [XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

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	2	3	
42	ADULTS & PEDIATRICS	2			42
43	INTENSIVE CARE UNIT	3			43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	NEONATOLOGY	7			47
48	TOTAL (SUM OF LINES 42-47)				48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	RATIO OF COST TO CHARGES (FROM WKST D-2, PART I, COL. 4)	ORGAN ACQUISITION COSTS (COL.1 x COL.2)	
		1	D	3	
49	RURAL HEALTH CLINIC (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F		22		50
51	CLINIC		23		51
51.01	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [XX] HEART [ ] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	16,512		13,461		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,401,156		1,401,156		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,417,668		1,414,617		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		19			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		1			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.052632			64
65 MEDICARE COST/CHARGES	74,615		74,454		65
66 REVENUE FOR ORGANS SOLD	10,097		10,097		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	64,518		64,357		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	64,518		64,357		69

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
70 ORGANS EXCISED IN PROVIDER		1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		18		73
74 TOTAL (SUM OF LINES 70-73)		19		74
75 ORGANS TRANSPLANTED		18		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1	10,097	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 RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)		19		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4

PART I

CHECK [ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COSTS (FROM WKST D-1, PT. II)		ORGAN ACQUISITION DAYS	COST (COL.2 x COL.3)	
		1	D	2		3	4	
1	ADULTS & PEDIATRICS	1,364	38	1,659.47		1	1,659	1
2	INTENSIVE CARE UNIT		43	2,174.81				2
3	CORONARY CARE UNIT		44	3,549.12				3
4	BURN INTENSIVE CARE UNIT		45					4
5	SURGICAL INTENSIVE CARE UNIT		46					5
6	NEONATOLOGY		47	1,726.12				6
7	TOTAL (SUM OF LINES 1-6)	1,364				1	1,659	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST TO CHARGES (FROM WKST C)		ORGAN ACQUISITION ANCILLARY CHARGES		ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2		3		
8	OPERATING ROOM	50	0.324321	3,148		1,021		8
9	RECOVERY ROOM	51	0.329435					9
10	DELIVERY ROOM & LABOR ROOM	52						10
11	ANESTHESIOLOGY	53	0.187452	654		123		11
12	RADIOLOGY-DIAGNOSTIC	54	0.239619	270		65		12
13	RADIOLOGY-THERAPEUTIC	55						13
14	RADIOISOTOPE	56						14
15	COMPUTED TOMOGRAPHY (CT) SCAN	57	0.085972					15
16	MAGNETIC RESONANCE IMAGING (MRI)	58	0.072445					16
17	CARDIAC CATHETERIZATION	59	0.165004	453		75		17
18	LABORATORY	60	0.278856	3,394		946		18
19	PBP CLINICAL LAB SERVICES-PRGM	61						19
20	WHOLE BLOOD & PACKED RED BLOOD	62						20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30						20.30
21	BLOOD STORING, PROCESSING & TRA	63						21
22	INTRAVENOUS THERAPY	64						22
23	RESPIRATORY THERAPY	65	0.164934	1,123		185		23
24	PHYSICAL THERAPY	66	0.630657					24
25	OCCUPATIONAL THERAPY	67	0.410007					25
26	SPEECH PATHOLOGY	68	0.497047					26
27	ELECTROCARDIOLOGY	69	0.635586	45		29		27
28	ELECTROENCEPHALOGRAPHY	70	0.648931					28
29	MEDICAL SUPPLIES CHRGD TO PATI	71	13.126799	1,044		13,704		29
30	IMPL. DEV. CHARGED TO PATIENT	72						30
31	DRUGS CHARGED TO PATIENTS	73	0.184975	1,966		364		31
31.01	OUTPATIENT PHARMACY	73.01						31.01
32	RENAL DIALYSIS	74	0.338750					32
33	ASC (NON-DISTINCT PART)	75						33
33.01	PSYCHIATRY	75.01						33.01
34	PSYCHIATRY	76	1.209060					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 (RHC)	88						35
36	FEDERALLY QUALIFIED HLTH CTR (F	89						36
37	CLINIC	90	2.426457					37
37.01	OFFSITE CLINICS	90.01	0.651563					37.01
38	EMERGENCY	91	0.386828					38
39	OBSERVATION BEDS	92	0.281622					39
40	OTHER OUTPATIENT SERV (SPECIFY)	93						40
41	TOTAL (SUM OF LINES 8-40)			12,097		16,512		41

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PART II

CHECK [ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

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	2	3	
42	ADULTS & PEDIATRICS	2	1		42
43	INTENSIVE CARE UNIT	3			43
44	CORONARY CARE UNIT	4			44
45	BURN INTENSIVE CARE UNIT	5			45
46	SURGICAL INTENSIVE CARE UNIT	6			46
47	NEONATOLOGY	7			47
48	TOTAL (SUM OF LINES 42-47)		1		48

  

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN CHARGES (SEE INSTR.)	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 (RHC)		21		49
50	FEDERALLY QUALIFIED HLTH CTR (F		22		50
51	CLINIC		23		51
51.01	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS		25		53
54	OTHER OUTPATIENT SERV (SPECIFY)		26		54
55	TOTAL (SUM OF LINES 49-54)				55

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4  
 PARTS III & IV

CHECK [ ] HEART [XX] LIVER [ ] PANCREAS [ ] ISLET  
 APPLICABLE BOX [ ] KIDNEY [ ] LUNG [ ] INTESTINE [ ] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
56 ROUTINE & ANCILLARY FROM PART I	18,171		13,461		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,072,850		1,072,850		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,091,021		1,086,311		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		18			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		1			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 +LINE 62)		0.055556			64
65 MEDICARE COST/CHARGES	60,613		60,351		65
66 REVENUE FOR ORGANS SOLD	10,097		10,097		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	50,516		50,254		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	50,516		50,254		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		1		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	3			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		14		73
74 TOTAL (SUM OF LINES 70-73)	3	15		74
75 ORGANS TRANSPLANTED	3	14		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		1	10,097	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 RECVD)				81
82 ORGANS USED FOR RESEARCH				82
83 UNUSABLE/DISCARDED ORGANS				83
84 TOTAL (SUM OF LINES 75-83 SHOULD EQUAL LINE 74)	3	15		84



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-3300) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] 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		1,582,451		2,284,480	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.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 09/17/2012	183,604		NONE	3.01
	.02				3.02
	PROGRAM .03				3.03
	TO .04				3.04
	PROVIDER .05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE	09/17/2012	8,436	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
	.99	183,604		-8,436	3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		183,604		-8,436	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,766,055		2,276,044	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				
	PROVIDER .04				
	TO .05				
	PROGRAM .06				
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:		8

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
PERIOD FROM 09/01/2011 TO 08/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
01/31/2013 12:42

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

CHECK [XX] HOSPITAL (14-3300)  
APPLICABLE BOX: [ ] SUB (OTHER)

PART I - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER TEFRA

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,495,030	1
2	ORGAN ACQUISITION	399,074	2
3	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		3
4	SUBTOTAL (SUM OF LINES 1-3)	1,894,104	4
5	PRIMARY PAYER PAYMENTS		5
6	SUBTOTAL (LINE 4 LESS LINE 5)	1,894,104	6
7	DEDUCTIBLES	33,684	7
8	SUBTOTAL (LINE 6 MINUS LINE 7)	1,860,420	8
9	COINSURANCE	5,492	9
10	SUBTOTAL (LINE 8 MINUS LINE 9)	1,854,928	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)	1,854,928	14
15	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)	51,837	15
16	DO NOT USE THIS LINE		16
17	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,906,765	18
19	INTERIM PAYMENTS	1,766,055	19
20	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		20
21	BALANCE DUE PROVIDER/PROGRAM (LINE 18 MINUS THE SUM OF LINES 19 AND 20)	140,710	21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART II

CHECK [ ] HOSPITAL  
APPLICABLE BOX: [XX] IPF (14-S300)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	1
2	NET IPF PPS OUTLIER PAYMENT	2
3	NET IPF PPS ECT PAYMENT	3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	4
4.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii) (F)(1) OR (2) (SEE INSTRUCTIONS)	4.01
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)	5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	13
14	ORGAN ACQUISITION	14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)	15
16	SUBTOTAL (SEE INSTRUCTIONS)	16
17	PRIMARY PAYER PAYMENTS	17
18	SUBTOTAL (LINE 16 LESS LINE 17)	18
19	DEDUCTIBLES	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	20
21	COINSURANCE	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IPF ONLY)	27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	28
29	OUTLIER PAYMENTS RECONCILIATION	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	31
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	35
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [XX] HOSPITAL (14-3300) [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [ ] IPF [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1 INPATIENT HOSPITAL SNF/NF SERVICES	111,788,537		1
2 MEDICAL AND OTHER SERVICES			2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)			3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	111,788,537		4
5 INPATIENT PRIMARY PAYER PAYMENTS			5
6 OUTPATIENT PRIMARY PAYER PAYMENTS			6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	111,788,537		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8 ROUTINE SERVICE CHARGES			8
9 ANCILLARY SERVICE CHARGES	225,338,212		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) CUSTOMARY CHARGES	225,338,212		12
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE 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)	225,338,212		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	113,549,675		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 TEACHING PHYSICIANS (SEE INSTRUCTIONS)			20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	111,788,537		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 SUM OF LINES 27 AND 21	111,788,537		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)	111,788,537		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)	111,788,537		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			37
38 SUBTOTAL (LINE 36 ± LINE 37)	111,788,537		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)	111,788,537		40
41 INTERIM PAYMENTS			41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	111,788,537		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART VII

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SNF [ ] PPS  
 APPLICABLE [XX] TITLE XIX [XX] IPF (14-S300) [ ] NF [ ] TEFRA  
 BOXES: [ ] IRF [ ] ICF/MR [XX] OTHER  
 [ ] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	2,786,874	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,786,874	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,786,874	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES	601,422	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)	601,422	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE 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	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	601,422	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	2,185,452	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	601,422	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 SUM OF LINES 27 AND 21	601,422	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)	601,422	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)	601,422	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	601,422	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)	601,422	40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	601,422	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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

WORKSHEET E-4

CHECK [ ] TITLE V  
 APPLICABLE [XX] TITLE XVIII  
 BOX: [ ] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			143.97 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		5.49	2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 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 SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 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 PLUS LINE 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)		236.91	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	85.89	106.45	192.34 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	54.19	67.16	121.35 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.50	10
11	TOTAL WEIGHTED FTE COUNT	54.19	70.66	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	56.37	72.25	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	55.13	70.93	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	55.23	71.28	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	55.23	71.28	17
18	PER RESIDENT AMOUNT	91,703.87	91,703.87	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	5,064,805	6,536,652	11,601,457 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			87.45 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)			11,601,457 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	447		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	67,063		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.006665		28
29	PROGRAM DIRECT GME AMOUNT	77,324		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			77,324 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, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			5,484,176 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 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			1,776,109 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			399,074 38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			2,175,183 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			1,069,496 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			1,069,496 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			3,244,679 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.670385 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.329615 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			77,324 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			51,837 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			25,487 50

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

WORKSHEET E-4

CHECK [ ] TITLE V  
 APPLICABLE [ ] TITLE XVIII  
 BOX: [XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH 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 SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 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 PLUS LINE 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			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			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	33,721	953	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	67,063	67,063	27
29	PROGRAM DIRECT GME AMOUNT	0.502826	0.014211	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
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, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			31
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			32
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			33
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			34
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			35
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			36
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			37
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			38
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			39
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			40
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			41
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			42
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			43
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			44
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			45
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			46
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			47
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			48
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49

BALANCE SHEET

WORKSHEET G

	ASSETS			
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	14,256,127			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	110,040,501			4
5 OTHER RECEIVABLES	28,500,000			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,160,386			6
7 INVENTORY				7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	31,348,330			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	175,984,572			11
<b>FIXED ASSETS</b>				
12 LAND	39,289,353			12
13 LAND IMPROVEMENTS	499,477			13
14 ACCUMULATED DEPRECIATION				14
15 BUILDINGS	1,066,872,666			15
16 ACCUMULATED DEPRECIATION	-207,695,589			16
17 LEASEHOLD IMPROVEMENTS	20,458,431			17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT				19
20 ACCUMULATED DEPRECIATION				20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	246,747,299			23
24 ACCUMULATED DEPRECIATION	-122,711,285			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)	1,043,460,352			30
<b>OTHER ASSETS</b>				
31 INVESTMENTS	528,399,087	195,155,061	142,947,767	31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	120,175,755			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	648,574,842	195,155,061	142,947,767	35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,868,019,766	195,155,061	142,947,767	36
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
37 ACCOUNTS PAYABLE	132,979,531			37
38 SALARIES, WAGES & FEES PAYABLE				38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)				40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS				43
44 OTHER CURRENT LIABILITIES	39,554,513			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	172,534,044			45
<b>LONG-TERM LIABILITIES</b>				
46 MORTGAGE PAYABLE				46
47 NOTES PAYABLE	563,987,751			47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	148,512,539			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	712,500,290			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	885,034,334			51
<b>CAPITAL ACCOUNTS</b>				
52 GENERAL FUND BALANCE	982,985,432			52
53 SPECIFIC PURPOSE FUND BALANCE		195,155,061		53
54 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			142,947,767	54
55 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				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 52-58)	982,985,432	195,155,061	142,947,767	59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,868,019,766	195,155,061	142,947,767	60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD	722,301,893		390,048,649		140,625,427				1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	86,903,534								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	809,205,427		390,048,649		140,625,427				3
4 ADDITIONS (CREDIT ADJUSTMENTS)	194,897,231		89,900,185		2,260,669				4
5 GRANTS									5
6 INVESTMENT RETURN			8,882,547						6
7 TRANSFER FROM AFFILIATES					61,671				7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	194,897,231		98,782,732		2,322,340				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	1,004,102,658		488,831,381		142,947,767				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	21,117,226		293,614,649						12
13 TRANSFER TO AFFILIATES			61,671						13
14 CAPITAL ASSETS									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	21,117,226		293,676,320						18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	982,985,432		195,155,061		142,947,767				19

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	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	96,035,564		96,035,564	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				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)	96,035,564		96,035,564	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	86,408,499		86,408,499	12
13 CORONARY CARE UNIT	14,124,222		14,124,222	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATOLOGY	88,892,604		88,892,604	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	189,425,325		189,425,325	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	285,460,889		285,460,889	18
19 ANCILLARY SERVICES	502,748,690	518,808,341	1,021,557,031	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	788,209,579	518,808,341	1,307,017,920	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		596,892,796	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		596,892,796	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,307,017,920	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	781,266,579	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	525,751,341	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	596,892,796	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-71,141,455	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	61,130,231	6
7	INCOME FROM INVESTMENTS	45,378,463	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	1,021,781	11
12	PARKING LOT RECEIPTS	1,314,393	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,401,588	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	20,524	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	88,204	21
22	RENTAL OF HOSPITAL SPACE	3,435,409	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (SELF INSURANCE INCOME)	5,149,968	24.01
24.02	OTHER (INTEREST INCOME)	8,572,304	24.02
24.03	OTHER (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	OTHER (SPECIMEN REVENUE)	1,187,739	24.04
24.05	OTHER (ASSETS RELEASED FROM RESTRICTION)	4,063,890	24.05
24.06	OTHER (CMRI)	16,052,423	24.06
24.07	OTHER (INTEREST RATE SWAP)		24.07
24.08	OTHER (CONTRACT REVENUE-70412)	123,531	24.08
24.09	OTHER (SHUTTLE REVENUE)	110,121	24.09
24.10	OTHER (PRENTICE TRANSPORT)	13,552	24.10
24.11	OTHER (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	OTHER (TRUST INCOME)	1,056,950	24.12
24.13	OTHER (CDH REVENUE)	6,167,982	24.13
24.14	OTHER (INDIRECT COST RECOVERY)	1,914,607	24.14
24.15	OTHER (ENDOWMENT & SP FUND RECOVERY)		24.15
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	158,203,660	25
26	TOTAL (LINE 5 PLUS LINE 25)	87,062,205	26
27			27
27.01	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSETS)	158,671	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
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	158,671	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	86,903,534	29

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	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					1
2					2
4					4
4.01					4.01
5.01					5.01
5.02					5.02
5.03					5.03
6					6
7					7
8					8
9					9
10					10
11					11
12					12
12.01					12.01
13					13
14					14
15					15
16					16
17					17
19					19
20					20
21					21
22					22
23					23
INPATIENT ROUTINE SERV COST CENTERS					
30					30
31					31
32					32
35					35
40					40
ANCILLARY SERVICE COST CENTERS					
50					50
51					51
53					53
54					54
57					57
58					58
59					59
60					60
62.30					62.30
65					65
66					66
67					67
68					68
69					69
70					70
71					71
73					73
73.01					73.01
74					74
75.01					75.01
76					76
76.97					76.97
76.98					76.98
76.99					76.99
OUTPATIENT SERVICE COST CENTERS					
90					90
90.01					90.01
91					91
92					92
OTHER REIMBURSABLE COST CENTERS					
95					95
99.10					99.10
99.20					99.20
99.30					99.30
99.40					99.40
105					105
106					106
107					107
SPECIAL PURPOSE COST CENTERS					
110					110
118					118
SUBTOTALS (SUM OF LINES 1-117)					
NONREIMBURSABLE COST CENTERS					

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN  
 PERIOD FROM 09/01/2011 TO 08/31/2012

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2012.11  
 01/31/2013 12:42

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
191 RESEARCH						191
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 CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204