

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:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 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									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 09/01/2012			TO: 08/31/2013					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		OTHER			
		IN-STATE	IN-STATE	OUT-OF-STATE	OUT-OF-STATE	MEDICAID	MEDICAID		
		MEDICAID PAID	MEDICAID ELIGIBLE	MEDICAID PAID	MEDICAID ELIGIBLE	MEDICAID HMO	MEDICAID OTHER		
		1	2	3	4	5	6		
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 PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38	
39	DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)							1 N	2 N 39

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	45
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	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	1 Y	2	3	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 HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1.)(SEE INSTRUCTIONS)	Y/N N	IME	DIRECT GME	61
61.01	ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)				61.01
61.02	ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS)				61.02
61.03	ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS)				61.03
61.04	ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS)				61.04
61.05	ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS)				61.05
61.06	ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS)				61.06
	OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
			UNWEIGHTED IME	UNWEIGHTED DIRECT GME	
	PROGRAM NAME	PROGRAM CODE	FTE COUNT	FTE COUNT	
	1	2	3	4	
					61.10
	OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT.				
					61.20
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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.		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL 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)			64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME 1	PROGRAM CODE 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		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL 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)			66
ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
PROGRAM NAME 1	PROGRAM CODE 2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
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
INPATIENT REHABILITATION FACILITY PPS		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
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.			N 76
LONG TERM CARE HOSPITAL PPS		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

		V	XIX		
TITLE V AND XIX INPATIENT SERVICES		1	2		
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.	N	Y	90	
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.	N	Y	91	
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92	
93	DOES THIS FACILITY OPERATE AN ICF/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	
RURAL PROVIDERS		1	2		
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.			106	
107	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.			107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.	N		108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.	N	N	N	109
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 15-1§ 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	

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WORKSHEET S-2
 PART I (CONT)

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	2	
	N		140

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
161.10	CORF			161.10

MULTICAMPUS

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

	N	165
--	---	-----

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

	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.

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.

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.

170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE FOR THE REPORTING PERIOD, RESPECTIVELY. (mmdyyy) (SEE INSTRUCTIONS)

	N	167
		168
		169
		170

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	
PROVIDER ORGANIZATION AND OPERATION				
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
FINANCIAL DATA AND REPORTS				
		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
APPROVED EDUCATIONAL ACTIVITIES				
			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
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
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			Y 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

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	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		37,658,169	37,658,169	1	
1.01	00101		24,695,772	24,695,772	1.01	
2	00200		24,588,514	24,588,514	2	
3	00300				3	
4	00400	166,045	45,483,549	45,649,594	-28,736,718	
4.01	00401	4,704,178	2,200,910	6,905,088	34,326,309	
5.01	00590	32,191,716	49,359,721	81,551,437	-1,047,098	
5.02	00591	3,321,009	1,083,296	4,404,305	172,547	
5.03	00592	7,235,439	29,588,123	36,823,562		
6	00600					
7	00700	7,847,028	16,530,808	24,377,836		
8	00800		1,354,744	1,354,744		
9	00900	3,367,447	3,633,565	7,001,012		
10	01000	1,594,507	3,400,826	4,995,333	-4,222,906	
11	01100				4,587,848	
12	01200					
12.01	01201	205,342	68,081	273,423		
13	01300	5,166,306	1,075,242	6,241,548	229,598	
14	01400					
15	01500					
16	01600	2,168,972	676,561	2,845,533	360	
17	01700	1,599,050	917,499	2,516,549	3,319,074	
19	01900					
20	02000					
21	02100	3,861,133	400,595	4,261,728		
22	02200	7,067,520	821,883	7,889,403	2,102,464	
23	02300					
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	26,345,175	4,657,634	31,002,809	475,100	
31	03100	11,117,465	3,408,819	14,526,284	31,527	
32	03200	7,229,328	1,904,595	9,133,923	60,658	
35	02061	11,828,111	2,885,273	14,713,384	207,800	
40	04000	1,931,998	168,569	2,100,567	75,928	
ANCILLARY SERVICE COST CENTERS						
50	05000	13,400,106	20,696,560	34,096,666	632,363	
51	05100	2,304,123	234,978	2,539,101	3,833	
53	05300	1,587,238	4,100,386	5,687,624	-692,095	
54	05400	3,222,908	1,439,827	4,662,735	-98,756	
57	05700	687,015	86,364	773,379	534	
58	05800	769,135	354,082	1,123,217	4,604	
59	05900	2,618,599	2,217,698	4,836,297	125,662	
60	06000	12,023,345	16,151,182	28,174,527	1,332,593	
62.30	06250					
65	06500	4,948,867	3,938,998	8,887,865	-25,707	
66	06600	2,977,131	776,376	3,753,507	414,881	
67	06700	829,643	68,419	898,062	28,880	
68	06800	2,394,465	712,268	3,106,733	301,619	
69	06900	1,189,217	372,374	1,561,591	78,102	
70	07000	2,113,482	279,836	2,393,318	1,228,057	
71	07100	740,634	1,043,461	1,784,095	-1,752,722	
73	07300	7,454,388	21,336,462	28,790,850	-536,997	
73.01	07301					
74	07400		515,992	515,992		
75.01	03550					
76	03551	3,637,560	1,315,239	4,952,799	-226,886	
76.97	07697					
76.98	07698					
76.99	07699					
OUTPATIENT SERVICE COST CENTERS						
90	09000	10,223,497	1,740,418	11,963,915	814,167	
90.01	09001	10,960,376	5,509,079	16,469,455	157,708	
91	09100	6,775,511	2,717,949	9,493,460	486,887	
92	09200					
OTHER REIMBURSABLE COST CENTERS						
94	09400					
95	09500	2,577,423	290,596	2,868,019	2,337	
99.10	09910					
99.20	09920					
99.30	09930					
99.40	09940					
SPECIAL PURPOSE COST CENTERS						
105	10500	226,963	837,864	1,064,827	-110,274	
106	10600	341,766	904,124	1,245,890	-314,889	
107	10700	425,810	874,479	1,300,289	-541,100	
110	11000	144,488	114,715	259,203	-76,799	
118	SUBTOTALS (SUM OF LINES 1-117)		233,521,459	345,192,474	578,713,933	12,818,493
NONREIMBURSABLE COST CENTERS						

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/24/2014 09:59

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	
191	19100 RESEARCH	4,013,777	2,354,961	6,368,738	16,746,078	191
191.01	19101 OSA				9,707,127	191.01
192	19200 PHYSICIANS' PRIVATE OFFICES	1,174,280	788,393	1,962,673	27,212	192
192.01	19201 OFFSITE FACILITIES				199,165	192.01
193.01	19301 ENDOWMENTS & OTHER SERVICES				560,482	193.01
193.02	19302 NON-REIMBURSABLE CLINICS				-40,970,922	193.02
194	07950 ENDOWMENTS & OTHER SERVICES	29,699,764	26,589,776	56,289,540	912,365	194
194.01	07951 NON-REIMBURSABLE CLINICS	3,003,794	310,728	3,314,522		194.01
194.02	07952 KOHL HOUSE		10,633	10,633		194.02
200	TOTAL (SUM OF LINES 118-199)	271,413,074	375,246,965	646,660,039		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	37,658,169		31,964,369	1
1.01	00101	24,695,772	-5,693,800	24,695,772	1.01
2	00200	24,588,514		24,588,514	2
3	00300				3
4	00400	16,912,876		16,912,876	4
4.01	00401	41,231,397	-34,549	41,196,848	4.01
5.01	00590	80,504,339	-9,792,107	70,712,232	5.01
5.02	00591	4,576,852		4,576,852	5.02
5.03	00592	36,823,562	-4,169,040	32,654,522	5.03
6	00600				6
7	00700	24,377,836	-167,695	24,210,141	7
8	00800	1,354,744		1,354,744	8
9	00900	7,001,012	-120,835	6,880,177	9
10	01000	772,427	-35,134	737,293	10
11	01100	4,587,848	-1,919,815	2,668,033	11
12	01200				12
12.01	01201	273,423		273,423	12.01
13	01300	6,471,146		6,471,146	13
14	01400				14
15	01500				15
16	01600	2,845,893	-163,508	2,682,385	16
17	01700	5,835,623		5,835,623	17
19	01900				19
20	02000				20
21	02100	4,261,728		4,261,728	21
22	02200	9,991,867	-3,480	9,988,387	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	31,477,909		31,477,909	30
31	03100	14,557,811	-533	14,557,278	31
32	03200	9,194,581		9,194,581	32
35	02061	14,921,184	-415,878	14,505,306	35
40	04000	2,176,495	-10,792	2,165,703	40
ANCILLARY SERVICE COST CENTERS					
50	05000	34,729,029	-535,236	34,193,793	50
51	05100	2,542,934		2,542,934	51
53	05300	4,995,529	-662,604	4,332,925	53
54	05400	4,563,979	-11,554	4,552,425	54
57	05700	773,913		773,913	57
58	05800	1,127,821		1,127,821	58
59	05900	4,961,959	-1,075	4,960,884	59
60	06000	29,507,120	-1,809,768	27,697,352	60
62.30	06250				62.30
65	06500	8,862,158	-30,250	8,831,908	65
66	06600	4,168,388	-1,677	4,166,711	66
67	06700	926,942		926,942	67
68	06800	3,408,352	-15,562	3,392,790	68
69	06900	1,639,693	-12,969	1,626,724	69
70	07000	3,621,375		3,621,375	70
71	07100	31,373		31,373	71
73	07300	28,253,853	-77,707	28,176,146	73
73.01	07301				73.01
74	07400	515,992		515,992	74
75.01	03550				75.01
76	03551	4,725,913	-238,171	4,487,742	76
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	12,778,082	-742,409	12,035,673	90
90.01	09001	16,627,163	-1,414,359	15,212,804	90.01
91	09100	9,980,347	-1,080,000	8,900,347	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
94	09400				94
95	09500	2,870,356	-204	2,870,152	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	954,553		954,553	105
106	10600	931,001		931,001	106
107	10700	759,189	-11,079	748,110	107
110	11000	182,404		182,404	110
118		591,532,426	-29,171,790	562,360,636	118
NONREIMBURSABLE COST CENTERS					

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	
191	19100 RESEARCH	23,114,816		23,114,816	191
191.01	19101 OSA	9,707,127		9,707,127	191.01
192	19200 PHYSICIANS' PRIVATE OFFICES	1,989,885	-388,923	1,600,962	192
192.01	19201 OFFSITE FACILITIES	199,165		199,165	192.01
193.01	19301 ENDOWMENTS & OTHER SERVICES				193.01
193.02	19302 NON-REIMBURSABLE CLINICS	560,482		560,482	193.02
194	07950 ENDOWMENTS & OTHER SERVICES	15,318,618		15,318,618	194
194.01	07951 NON-REIMBURSABLE CLINICS	4,226,887	-968,933	3,257,954	194.01
194.02	07952 KOHL HOUSE	10,633		10,633	194.02
200	TOTAL (SUM OF LINES 118-199)	646,660,039	-30,529,646	616,130,393	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
	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
2 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	494,902	88,867
3 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CLINIC	90	496,387	273,812
4 APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	298,067	30,529
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
CODE LETTER - B					500
1 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	17,769	1,548
2 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	114,621	9,985
3 APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	13,995	1,219
4 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	114,801	10,001
5 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	64,453	5,615
6 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	95,549	8,324
7 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	53,716	4,680
8 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	2,792	243
9 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	14,013	1,221
10 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	25,533	2,224
11 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	62,875	5,478
12 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	31,442	2,739
13 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	16,352	1,425
14 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	4,697	409
15 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	13,336	1,162
16 APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	14,956	1,303
17 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	60,805	5,297
18 APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	50,692	4,416
19 APPORTION REHAB ADMIN	C	OCCUPATIONAL THERAPY	67	26,526	2,311
20 APPORTION REHAB ADMIN	C				20
21 APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	13,342	1,162
22 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	6,038	526
23 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	8,364	729
24 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	5,473	477
25 APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	4,407	384
500 TOTAL RECLASSIFICATIONS				836,547	72,878
CODE LETTER - C					500
1 RECLASSRENTAL-104007 RES & FELLOW	D				1
2 RECLASS RENTAL-107017 SPEC ID	D				2
500 TOTAL RECLASSIFICATIONS					500
CODE LETTER - D					
1 RECLASS DIETARY TO CAFETERIA	E	CAFETERIA	11	1,331,128	3,256,720
500 TOTAL RECLASSIFICATIONS				1,331,128	3,256,720
CODE LETTER - E					500
1 RECALSS SPEC NUTR	F	DIETARY	10	339,036	25,906
500 TOTAL RECLASSIFICATIONS				339,036	25,906
CODE LETTER - F					500

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		10,340	1
2 RECLASS SPEC PURP FNDS	G	ANESTHESIOLOGY	53		66	2
3 RECLASS SPEC PURP FNDS	G	ADULTS & PEDIATRICS	30		1,061	3
4 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	3,093	1,447	4
5 RECLASS SPEC PURP FNDS	G	ELECTROCARDIOLOGY	69	96,415	48,371	5
6 RECLASS SPEC PURP FNDS	G	SOCIAL SERVICE	17	2,701,869	704,272	6
7 RECLASS SPEC PURP FNDS	G	DRUGS CHARGED TO PATIENTS	73		4,573	7
8 RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	193.02	519,850	33,284	8
9 RECLASS SPEC PURP FNDS	G	EMERGENCY	91	295,718	193,906	9
10 RECLASS SPEC PURP FNDS	G	LABORATORY	60	84,283	75,876	10
11 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	16,787	66,737	11
12 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	4,613	60,161	12
13 RECLASS SPEC PURP FNDS	G	OFFSITE CLINICS	90.01	88,938	49,334	13
14 RECLASS SPEC PURP FNDS	G	LABORATORY	60	4,762	339	14
15 RECLASS SPEC PURP FNDS	G	LABORATORY	60	132,725	144,135	15
16 RECLASS SPEC PURP FNDS	G	LABORATORY	60	38,540	28,423	16
17 RECLASS SPEC PURP FNDS	G	MEDICAL RECORDS & LIBRARY	16		360	17
18 RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	99,709	6,194	18
19 RECLASS SPEC PURP FNDS	G	LABORATORY	60	743,850	465,872	19
20 RECLASS SPEC PURP FNDS	G	ELECTROENCEPHALOGRAPHY	70		2,274	20
21 RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	74,519	67,705	21
22 RECLASS SPEC PURP FNDS	G	NURSING ADMINISTRATION	13	20,843	103,790	22
23 RECLASS SPEC PURP FNDS	G	NURSING ADMINISTRATION	13		104,965	23
24 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	8,002	38,044	24
25 RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	193.02		7,348	25
26 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	74,956	66,661	26
27 RECLASS SPEC PURP FNDS	G					27
28 RECLASS SPEC PURP FNDS	G	PHYSICAL THERAPY	66		21,957	28
29 RECLASS SPEC PURP FNDS	G	RADIOLOGY-DIAGNOSTIC	54		4,200	29
30 RECLASS SPEC PURP FNDS	G	AMBULANCE SERVICES	95		14,327	30
31 RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50		1,457	31
32 RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		5,589,591	32
33 RECLASS SPEC PURP FNDS	G	RESEARCH	191	10,077,439	6,668,639	33
34 RECLASS SPEC PURP FNDS	G	LABORATORY	60	105,511	60,075	34
35 RECLASS SPEC PURP FNDS	G	ADMIN & GENERAL CHCRC	5.02	46,062		35
36 RECLASS SPEC PURP FNDS	G	ADULTS & PEDIATRICS	30	81,018	24,775	36
37 RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	9,283	9,439	37
38 RECLASS SPEC PURP FNDS	G	ELECTROENCEPHALOGRAPHY	70	640,166	614,846	38
39 RECLASS SPEC PURP FNDS	G	OSA	191.01	4,899,543	4,807,584	39
500 TOTAL RECLASSIFICATIONS				20,868,494	20,102,428	500
CODE LETTER - G						
1 SPACE RECOV	H	ADMINISTRATION & GENERAL	5.01		664,636	1
2 SPACE RECOV	H					2
3 SPACE RECOV	H					3
4 SPACE RECOV	H					4
5 SPACE RECOV	H					5
6 SPACE RECOV	H					6
7 SPACE RECOV	H					7
8 SPACE RECOV	H					8
9 SPACE RECOV	H					9
10 SPACE RECOV	H					10
11 SPACE RECOV	H					11
12 SPACE RECOV	H					12
13 SPACE RECOV	H					13
14 SPACE RECOV	H					14
15 SPACE RECOV	H					15
16 SPACE RECOV	H					16
17 SPACE RECOV	H					17
18 SPACE RECOV	H					18
19 SPACE RECOV	H					19
20 SPACE RECOV	H					20
21 SPACE RECOV	H					21
22 SPACE RECOV	H					22
500 TOTAL RECLASSIFICATIONS					664,636	500
CODE LETTER - H						
1 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	4.01		28,736,718	1
500 TOTAL RECLASSIFICATIONS					28,736,718	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
	1	2	3	4	5	
1 SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	58,497		1
500 TOTAL RECLASSIFICATIONS				58,497		500
CODE LETTER - J						
1 RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		67,988	1
500 TOTAL RECLASSIFICATIONS					67,988	500
CODE LETTER - K						
1 TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R SERVICES-OTHER PRGM COSTS	22		2,102,464	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
500 TOTAL RECLASSIFICATIONS					2,102,464	500
CODE LETTER - L						
1 RECLASS CENTRAL SUPPLY	M	ADULTS & PEDIATRICS	30	21,837	30,765	1
2		INTENSIVE CARE UNIT	31	25,802	36,352	2
3		CORONARY CARE UNIT	32	25,181	35,477	3
4		NEONATOLOGY	35	12,248	17,256	4
5		OPERATING ROOM	50	452,216	637,113	5
6		RECOVERY ROOM	51	1,591	2,242	6
7		ANESTHESIOLOGY	53	20,528	28,921	7
8		RADIOLOGY-DIAGNOSTIC	54	491	696	8
9		CT SCAN	57	222	312	9
10		MRI	58	1,911	2,693	10
11		CARDIAC CATHETERIZATION	59	52,166	73,496	11
12		LABORATORY	60	53	74	12
13		RESPIRATORY THERAPY	65	2,777	3,912	13
14		PHYSICAL THERAPY	66	13,128	18,496	14
15		OCCUPATIONAL THERAPY	67	18	25	15
16		SPEECH PATHOLOGY	68	9,593	13,515	16
17		ELECTROCARDIOLOGY	69	14	20	17
18		ELECTROENCEPHALOGRAPHY	70	147	207	18
19		MEDICAL SUPPLIES CHARGED TO P	71	13,024	18,349	19
20		DRUGS CHARGED TO PATIENTS	73	238	336	20
21		CLINIC	90	19,071	26,868	21
22		OFFSITE CLINICS	90.01	54,742	77,125	22
23		EMERGENCY	91	13,074	18,419	23
24		AMBULANCE SERVICES	95	220	309	24
25		LIVER ACQUISITION	107	3	5	25
26		INTESTINAL ACQUISITION	110	1	2	26
27		PHYSICIANS' PRIVATE OFFICES	192	338	476	27
500 TOTAL RECLASSIFICATIONS				740,634	1,043,461	500
CODE LETTER - M						
GRAND TOTAL (INCREASES)				25,814,355	56,507,316	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	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	836,547	72,878	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				836,547	72,878	500
CODE LETTER - C						
1 RECLASSRENTAL-104007 RES & FELLOW	D					10 1
2 RECLASS RENTAL-107017 SPEC ID	D					2
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - D						
1 RECLASS DIETARY TO CAFETERIA	E	DIETARY	10	1,331,128	3,256,720	1
500 TOTAL RECLASSIFICATIONS				1,331,128	3,256,720	500
CODE LETTER - E						
1 RECALSS SPEC NUTR	F	DRUGS CHARGED TO PATIENTS	73	339,036	25,906	1
500 TOTAL RECLASSIFICATIONS				339,036	25,906	500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 RECLASS SPEC PURP FNDS	G	ENDOWMENTS & OTHER SERVICES	194	20,868,494	20,102,428	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
35 RECLASS SPEC PURP FNDS	G					35
36 RECLASS SPEC PURP FNDS	G					36
37 RECLASS SPEC PURP FNDS	G					37
38 RECLASS SPEC PURP FNDS	G					38
39 RECLASS SPEC PURP FNDS	G					39
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				20,868,494	20,102,428	500
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		16,704	8
9 SPACE RECOV	H	LABORATORY	60		18,444	9
10 SPACE RECOV	H	LABORATORY	60		19,024	10
11 SPACE RECOV	H	LABORATORY	60		65,656	11
12 SPACE RECOV	H	OFFSITE CLINICS	90.01		38,745	12
13 SPACE RECOV	H	LABORATORY	60		17,516	13
14 SPACE RECOV	H	OPERATING ROOM	50		41,363	14
15 SPACE RECOV	H	OPERATING ROOM	50		54,743	15
16 SPACE RECOV	H	ELECTROENCEPHALOGRAPHY	70		26,332	16
17 SPACE RECOV	H	OPERATING ROOM	50		39,612	17
18 SPACE RECOV	H	OPERATING ROOM	50		47,518	18
19 SPACE RECOV	H	OPERATING ROOM	50		40,794	19
20 SPACE RECOV	H	OPERATING ROOM	50		41,076	20
21 SPACE RECOV	H	OPERATING ROOM	50		40,652	21
22 SPACE RECOV	H	OPERATING ROOM	50		51,024	22
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					664,636	500
1 FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS DEPARTMENT	4		28,736,718	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					28,736,718	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 SID RESEARCH ADMINISTRATION	J	LABORATORY	60	58,497		1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				58,497		500
1 RECLASS RESEARCH RENT	K	OFFSITE CLINICS	90.01		67,988	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					67,988	500
1 TEACHING PORTION-PRACTICE PLAN ADMN	L	ADMINISTRATION & GENERAL	5.01		87,533	1
2		INTENSIVE CARE UNIT	31		28,422	2
3		NEONATOLOGY	35		58,173	3
4		OPERATING ROOM	50		425,438	4
5		ANESTHESIOLOGY	53		741,610	5
6		RADIOLOGY-DIAGNOSTIC	54		104,143	6
7		LABORATORY	60		352,110	7
8		RESPIRATORY THERAPY	65		32,396	8
9		ELECTROCARDIOLOGY	69		19,738	9
10		ELECTROENCEPHALOGRAPHY	70		3,251	10
11		PSYCHIATRY	76		169,680	11
12		CLINIC	90		1,971	12
13		OFFSITE CLINICS	90.01		7,340	13
14		EMERGENCY	91		34,230	14
15		AMBULANCE SERVICES	95		12,519	15
16		LIVER ACQUISITION	107		23,910	16
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					2,102,464	500
1 RECLASS CENTRAL SUPPLY	M	MEDICAL SUPPLIES CHARGED TO P	71	740,634	1,043,461	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				740,634	1,043,461	500
GRAND TOTAL (DECREASES)				25,814,355	56,507,316	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	39,289,353				1,196,847	38,092,506		1
2 LAND IMPROVEMENTS	449,470					449,470		2
3 BUILDINGS AND FIXTURES	1,043,859,058	18,200,051		18,200,051	8,992,064	1,053,067,045		3
4 BUILDING IMPROVEMENTS	20,458,431	22,551		22,551		20,480,982		4
5 FIXED EQUIPMENT	20,594,685	3,892,179		3,892,179	270,935	24,215,929		5
6 MOVABLE EQUIPMENT	226,152,614	9,035,393		9,035,393		235,188,007		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	1,350,803,611	31,150,174		31,150,174	10,459,846	1,371,493,939		8
9 RECONCILING ITEMS	-14,965,304	11,362,690		11,362,690		-3,602,614		9
10 TOTAL (LINE 7 MINUS LINE 9)	1,365,768,915	19,787,484		19,787,484	10,459,846	1,375,096,553		10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	37,640,575	-664,637		682,231			37,658,169 1
1.01 CAP REL COSTS-INT EXP			24,695,772				24,695,772 1.01
2 CAP REL COSTS-MVBLE EQUIP	24,588,514						24,588,514 2
3 TOTAL (SUM OF LINES 1-2)	62,229,089	-664,637	24,695,772	682,231			86,942,455 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL
								(SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT								1
1.01 CAP REL COSTS-INT EXP								1.01
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	37,640,575	-664,637		682,231		-5,693,800	31,964,369 1
1.01 CAP REL COSTS-INT EXP			24,695,772				24,695,772 1.01
2 CAP REL COSTS-MVBLE EQUIP	24,588,514						24,588,514 2
3 TOTAL	62,229,089	-664,637	24,695,772	682,231		-5,693,800	81,248,655 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-4,169,040	ADMIN & GEN PATIENT RELATED	5.03	3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	B	-3,952,068	ADMINISTRATION & GENERAL	5.01	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,416,396			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	-1,919,815	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-1,097,527	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	-73,466	DRUGS CHARGED TO PATIENTS	73	17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-20	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-35,134	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	-5,706,939	ADMINISTRATION & GENERAL	5.01	33
33.01 MISCELLANEOUS INCOME	B	-34,549	EMPLOYEE BENEFITS FTE BASED	4.01	33.01
33.02 MISCELLANEOUS INCOME	B	-13,747	OPERATION OF PLANT	7	33.02
33.03 MISCELLANEOUS INCOME	B	-120,835	HOUSEKEEPING	9	33.03
33.04 MISCELLANEOUS INCOME	B	-163,488	MEDICAL RECORDS & LIBRARY	16	33.04
33.05 MISCELLANEOUS INCOME	B	-3,480	I&R SERVICES-OTHER PRGM COSTS A	22	33.05
33.07 MISCELLANEOUS INCOME	B	-530,836	OPERATING ROOM	50	33.07
33.08 MISCELLANEOUS INCOME	B	-11,554	RADIOLOGY-DIAGNOSTIC	54	33.08
33.09 MISCELLANEOUS INCOME	B	-1,075	CARDIAC CATHETERIZATION	59	33.09
33.10 MISCELLANEOUS INCOME	B	-12,969	LABORATORY	60	33.10
33.12 MISCELLANEOUS INCOME	B	-1,677	PHYSICAL THERAPY	66	33.12
33.13 MISCELLANEOUS INCOME	B	-15,562	SPEECH PATHOLOGY	68	33.13
33.14 MISCELLANEOUS INCOME	B	-12,969	ELECTROCARDIOLOGY	69	33.14
33.15 MISCELLANEOUS INCOME	B	-4,241	DRUGS CHARGED TO PATIENTS	73	33.15
33.16 MISCELLANEOUS INCOME	B	-26,113	PSYCHIATRY	76	33.16
33.17 MISCELLANEOUS INCOME	B	-2,416	CLINIC	90	33.17
33.18 MISCELLANEOUS INCOME	B	-266,915	OFFSITE CLINICS	90.01	33.18
33.19 MISCELLANEOUS INCOME	B	-74	PHYSICIANS' PRIVATE OFFICES	192	33.19
33.20 MISCELLANEOUS INCOME	B	-415	NON-REIMBURSABLE CLINICS	194.01	33.20
34					34
35					35
36 TRANSPORT SERVICES	B	-133,100	ADMINISTRATION & GENERAL	5.01	36
37 NON-PATIENT SERVICES LABORATORY	B	-775,757	LABORATORY	60	37
38 LOSS ON FIXED ASSET	A	-4,981,022	CAP REL COSTS-BLDG & FIXT	1	14
39					11
40					11
41					41
42 RENTAL INCOME PROPERTIES	B	-712,778	CAP REL COSTS-BLDG & FIXT	1	14
43 SHUTTLE BUS RECOVERY	B	-153,948	OPERATION OF PLANT	7	43

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/24/2014 09:59

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7	
					REF 5	
44					9	44
45						45
45.01 NON PATIENT PSYCH	A	-10,792	SUBPROVIDER - IPF	40	9	45.01
46						46
47						47
48						48
49						49
49.03 RENTAL INCOME OFFSITE	B	-388,849	PHYSICIANS' PRIVATE OFFICES	192		49.03
49.04 CLINIC SPACE RECOVERY	B	-4,400	OPERATING ROOM	50		49.04
49.05 CLINIC SPACE RECOVERY	B	-17,252	ANESTHESIOLOGY	53		49.05
49.06 CLINIC SPACE RECOVERY	B	-739,993	CLINIC	90		49.06
49.07 CLINIC SPACE RECOVERY	B	-49,917	OFFSITE CLINICS	90.01		49.07
49.08 CLINIC SPACE RECOVERY	B	-968,518	NON-REIMBURSABLE CLINICS	194.01		49.08
50 TOTAL (SUM OF LINES 1 THRU 49)		-30,529,646				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						1
2						2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)				5
		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						6
7						7
8						8
9						9
10						10

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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			
LINE NO.	1	2	3	4	5	6	7	8	9		
1	31	INTENSIVE CARE UNIT	PEDIATRICIAN	129,439	129,439	140,600	1,907	128,906	6,445	1	
2	35	NEONATOLOGY	AGGREGATE	433,278	180,000	253,278	208,000	174	17,400	870	2
3	50	OPERATING ROOM	SURGEON	568,121		568,121	200,300	7,617	733,502	36,675	3
4	53	ANESTHESIOLOGY	ANESTHESIOLOGIS	719,549		719,549	225,300	685	74,197	3,710	4
5	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGIST	40,068		40,068	215,700	2,470	256,144	12,807	5
6	60	LABORATORY	PATHOLOGIST	1,551,064		1,551,064	140,600	7,841	530,022	26,501	6
7	65	RESPIRATORY THERAPY	PEDIATRICIAN	63,237		63,237	140,600	488	32,987	1,649	7
8	69	ELECTROCARDIOLOGY	PEDIATRICIAN	65,678		65,678	140,600	1,870	126,405	6,320	8
9	70	ELECTROENCEPHALOGRAPHY	PEDIATRICIAN	7,094		7,094	140,600	480	32,446	1,622	9
10	76	PSYCHIATRY	PSYCHIATRIST	535,679	212,058	323,621	154,100	5,901	437,185	21,859	10
11	90	CLINIC	PEDIATRICIAN	1,210		1,210	140,600	713	48,196	2,410	11
12	90.01	OFFSITE CLINICS	PEDIATRICIAN	4,623		4,623	140,600	483	32,649	1,632	12
13	91	EMERGENCY	PEDIATRICIAN	1,115,352	1,080,000	35,352	140,600	8,478	573,080	28,654	13
14	95	AMBULANCE SERVICES	PEDIATRICIAN	17,171		17,171	140,600	251	16,967	848	14
15	107	LIVER ACQUISITION		31,879		31,879	208,000	208	20,800	1,040	15
200		TOTAL		5,283,442	1,472,058	3,811,384		39,566	3,060,886	153,042	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				128,906	533	533	1
2	35	NEONATOLOGY	AGGREGATE				17,400	235,878	415,878	2
3	50	OPERATING ROOM	SURGEON				733,502			3
4	53	ANESTHESIOLOGY	ANESTHESIOLOGIS				74,197	645,352	645,352	4
5	54	RADIOLOGY-DIAGNOSTIC	RADIOLOGIST				256,144			5
6	60	LABORATORY	PATHOLOGIST				530,022	1,021,042	1,021,042	6
7	65	RESPIRATORY THERAPY	PEDIATRICIAN				32,987	30,250	30,250	7
8	69	ELECTROCARDIOLOGY	PEDIATRICIAN				126,405			8
9	70	ELECTROENCEPHALOGRAPHY	PEDIATRICIAN				32,446			9
10	76	PSYCHIATRY	PSYCHIATRIST				437,185		212,058	10
11	90	CLINIC	PEDIATRICIAN				48,196			11
12	90.01	OFFSITE CLINICS	PEDIATRICIAN				32,649			12
13	91	EMERGENCY	PEDIATRICIAN				573,080		1,080,000	13
14	95	AMBULANCE SERVICES	PEDIATRICIAN				16,967	204	204	14
15	107	LIVER ACQUISITION					20,800	11,079	11,079	15
200		TOTAL					3,060,886	1,944,338	3,416,396	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	INTEREST EXPENSE 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	31,964,369	31,964,369				1
1.01 CAP REL COSTS-INT EXP	24,695,772		24,695,772			1.01
2 CAP REL COSTS-MVBLE EQUIP	24,588,514			24,588,514		2
4 EMPLOYEE BENEFITS DEPARTMENT	16,912,876				16,912,876	4
4.01 EMPLOYEE BENEFITS FTE BASED	41,196,848	314,917	270,395	19,983	293,315	4.01
5.01 ADMINISTRATION & GENERAL	70,712,232	1,549,960	1,330,830	9,191,271	1,918,503	5.01
5.02 ADMIN & GENERAL CHCRC	4,576,852	445,417		369,242	213,591	5.02
5.03 ADMIN & GEN PATIENT RELATED	32,654,522	11,177	9,597	276,095	451,144	5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	24,210,141	731,043	627,690	1,799,535	489,278	7
8 LAUNDRY & LINEN SERVICE	1,354,744	90,610	77,799			8
9 HOUSEKEEPING	6,880,177	322,009	276,484	22,233	209,967	9
10 DIETARY	737,293	196,674	168,869	46,163	37,562	10
11 CAFETERIA	2,668,033	396,046	340,054	92,946	82,998	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	273,423	44,630	38,321	1,798	12,803	12.01
13 NURSING ADMINISTRATION	6,471,146	51,606	44,310	508,665	323,429	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,682,385	115,931	99,541		135,240	16
17 SOCIAL SERVICE	5,835,623	667,798	573,386	27,585	262,742	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	4,261,728			970	240,749	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	9,988,387	52,994	45,502		440,674	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	31,477,909	4,378,588	3,759,555	1,302,934	1,666,218	30
31 INTENSIVE CARE UNIT	14,557,278	1,312,972	1,127,347	301,961	694,805	31
32 CORONARY CARE UNIT	9,194,581	1,101,575	945,837	531,959	452,333	32
35 NEONATOLOGY	14,505,306	1,194,420	1,025,556	654,142	749,134	35
40 SUBPROVIDER - IPF	2,165,703	364,635	313,084		125,198	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,193,793	3,261,328	2,800,250	1,973,478	870,420	50
51 RECOVERY ROOM	2,542,934	366,447	314,639	91,760	143,766	51
53 ANESTHESIOLOGY	4,332,925	264,737	227,309	182,018	100,247	53
54 RADIOLOGY-DIAGNOSTIC	4,552,425	878,462	754,267	4,033,091	200,985	54
57 CT SCAN	773,913	91,920	78,925	4,020	42,851	57
58 MRI	1,127,821	291,523	250,308	136,853	48,076	58
59 CARDIAC CATHETERIZATION	4,960,884	542,309	465,638	246,172	166,528	59
60 LABORATORY	27,697,352	1,871,005	1,606,487	656,225	815,226	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	8,831,908	178,290	153,084	133,157	308,745	65
66 PHYSICAL THERAPY	4,166,711	458,829	393,961	18,416	207,171	66
67 OCCUPATIONAL THERAPY	926,942	24,897	21,377	3,035	53,385	67
68 SPEECH PATHOLOGY	3,392,790	221,726	190,379	60,187	165,872	68
69 ELECTROCARDIOLOGY	1,626,724	442,526	379,963	91,856	80,163	69
70 ELECTROENCEPHALOGRAPHY	3,621,375	346,444	297,464	101,561	171,705	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	31,373	217,794	187,003	337,663	812	71
73 DRUGS CHARGED TO PATIENTS	28,176,146	408,495	350,743	90,174	432,622	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	515,992	10,560	9,067	1,502		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	4,487,742	831,712	714,127	52,363	222,654	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	12,035,673	2,313,223	1,986,185	209,514	669,595	90
90.01 OFFSITE CLINICS	15,212,804	1,009,193	866,515	181,005	693,233	90.01
91 EMERGENCY	8,900,347	1,021,140	876,774	488,052	441,720	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	2,870,152	284,316	244,120	30,283	160,721	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	954,553	4,278	3,673	34	7,332	105
106 HEART ACQUISITION	931,001	9,789	8,405	30	5,148	106

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	INTEREST EXPENSE 1.01	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS DEPARTMENT 4	
107 LIVER ACQUISITION	748,110	3,392	2,912	37	9,835	107
110 INTESTINAL ACQUISITION	182,404	2,158	1,853	12	4,295	110
118 SUBTOTALS (SUM OF LINES 1-117)	562,360,636	28,699,495	24,259,585	24,269,980	14,822,790	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	23,114,816	2,595,303		166,768	878,616	191
191.01 OSA	9,707,127	161,563		23,497	305,496	191.01
192 PHYSICIANS' PRIVATE OFFICES	1,600,962	12,449	10,689	19,731	74,754	192
192.01 OFFSITE FACILITIES	199,165				11,423	192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS	560,482				32,414	193.02
194 ENDOWMENTS & OTHER SERVICES	15,318,618				550,647	194
194.01 NON-REIMBURSABLE CLINICS	3,257,954	483,534	415,173	108,538	236,736	194.01
194.02 KOHL HOUSE	10,633	12,025	10,325			194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	616,130,393	31,964,369	24,695,772	24,588,514	16,912,876	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS FTE BASED 4.01	SUBTOTAL (COLS.0-4) 4A	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	ADMIN + GEN NON-RESRCH 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED	42,095,458					4.01
5.01 ADMINISTRATION & GENERAL	4,070,333	88,773,129	88,773,129			5.01
5.02 ADMIN & GENERAL CHCRC	290,326	5,895,428	992,413	6,887,841		5.02
5.03 ADMIN & GEN PATIENT RELATED	1,482,911	34,885,446	5,872,476		40,757,922	5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	1,501,372	29,359,059	4,942,187		2,678,822	7
8 LAUNDRY & LINEN SERVICE		1,523,153	256,401		138,220	8
9 HOUSEKEEPING	1,369,791	9,080,661	1,528,602		837,544	9
10 DIETARY	173,796	1,360,357	228,997		117,536	10
11 CAFETERIA	498,811	4,078,888	686,624		374,768	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	46,918	417,893	70,346		38,351	12.01
13 NURSING ADMINISTRATION	670,256	8,069,412	1,358,373		738,989	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	480,703	3,513,800	591,499		323,625	16
17 SOCIAL SERVICE	710,588	8,077,722	1,359,771		703,659	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	4,821	4,508,268	758,904		409,492	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	42,802	10,570,359	1,779,372		769,410	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,386,763	46,971,967	7,906,991		4,601,853	30
31 INTENSIVE CARE UNIT	1,767,123	19,761,486	3,326,570		1,806,966	31
32 CORONARY CARE UNIT	1,223,040	13,449,325	2,264,006		1,219,751	32
35 NEONATOLOGY	1,701,508	19,830,066	3,338,114		1,816,020	35
40 SUBPROVIDER - IPF	396,039	3,364,659	566,393			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,672,556	45,771,825	7,705,046		4,115,608	50
51 RECOVERY ROOM	339,831	3,799,377	639,572		347,527	51
53 ANESTHESIOLOGY	239,646	5,346,882	900,073		550,337	53
54 RADIOLOGY-DIAGNOSTIC	606,875	11,026,105	1,856,090		1,015,504	54
57 CT SCAN	113,120	1,104,749	185,969		101,262	57
58 MRI	112,180	1,966,761	331,077		178,910	58
59 CARDIAC CATHETERIZATION	372,991	6,754,522	1,137,029		604,664	59
60 LABORATORY	2,619,406	35,265,701	5,936,487		3,241,579	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	909,313	10,514,497	1,769,968		965,818	65
66 PHYSICAL THERAPY	618,164	5,863,252	986,996		534,954	66
67 OCCUPATIONAL THERAPY	151,807	1,181,443	198,879		108,731	67
68 SPEECH PATHOLOGY	488,934	4,519,888	760,860		412,792	68
69 ELECTROCARDIOLOGY	324,780	2,946,012	495,920		270,581	69
70 ELECTROENCEPHALOGRAPHY	488,463	5,027,012	846,227		454,132	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	241,410	1,016,055	171,039		257,641	71
73 DRUGS CHARGED TO PATIENTS	992,096	30,450,276	5,125,878		2,785,401	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	7,878	544,999	91,743		49,553	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	709,883	7,018,481	1,181,463		655,580	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	1,864,251	19,078,441	3,211,588		1,727,299	90
90.01 OFFSITE CLINICS	2,276,399	20,239,149	3,406,977		1,874,494	90.01
91 EMERGENCY	1,067,353	12,795,386	2,153,924		1,167,153	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	305,966	3,895,558	655,763		355,487	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	15,639	985,509	165,897		91,337	105
106 HEART ACQUISITION	20,578	974,951	164,119		92,109	106
107 LIVER ACQUISITION	19,990	784,276	132,022		77,981	107
110 INTESTINAL ACQUISITION	4,116	194,838	32,798		18,133	110

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS FTE BASED 4.01	SUBTOTAL (COLS.0-4) 4A	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	ADMIN + GEN NON-RESRCH 5.03	
118 SUBTOTALS (SUM OF LINES 1-117)	38,401,526	552,557,023	78,071,443		38,629,573	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	1,762,772	28,518,275	4,800,652	4,817,398		191
191.01 OSA	682,838	10,880,521	1,831,583	2,070,443		191.01
192 PHYSICIANS' PRIVATE OFFICES	172,855	1,891,440	318,397		147,428	192
192.01 OFFSITE FACILITIES		210,588	35,450		19,126	192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS		592,896	99,806		53,847	193.02
194 ENDOWMENTS & OTHER SERVICES	455,539	16,324,804	2,748,052		1,441,263	194
194.01 NON-REIMBURSABLE CLINICS	619,928	5,121,863	862,194		463,705	194.01
194.02 KOHL HOUSE		32,983	5,552		2,980	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	42,095,458	616,130,393	88,773,129	6,887,841	40,757,922	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL CHCRC						5.02
5.03 ADMIN & GEN PATIENT RELATED						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	36,980,068					7
8 LAUNDRY & LINEN SERVICE	104,837	2,022,611				8
9 HOUSEKEEPING	372,570		11,819,377			9
10 DIETARY	227,556		73,689	2,008,135		10
11 CAFETERIA	458,233		148,390		5,746,903	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	51,638		16,722		8,244	12.01
13 NURSING ADMINISTRATION	59,709		19,336		117,766	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	183,587		59,451		84,461	16
17 SOCIAL SERVICE	777,336		250,426		124,852	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					847	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	61,315		19,856		7,520	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,066,108	766,454	1,640,558	1,304,512	770,766	30
31 INTENSIVE CARE UNIT	1,519,133	290,173	491,942	113,000	310,488	31
32 CORONARY CARE UNIT	1,274,543	88,481	412,736	126,143	214,891	32
35 NEONATOLOGY	1,381,966	146,703	447,523		298,960	35
40 SUBPROVIDER - IPF	421,890	39,124	136,621	213,369	69,585	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,253,857	222,239	1,377,529	63,668	469,575	50
51 RECOVERY ROOM	423,985	38,447	137,299		59,709	51
53 ANESTHESIOLOGY	306,306		99,191		42,106	53
54 RADIOLOGY-DIAGNOSTIC	1,016,397	42,002	329,140		106,630	54
57 CT SCAN	106,353	4,824	34,440		19,876	57
58 MRI	337,298	27,687	109,227		19,710	58
59 CARDIAC CATHETERIZATION	627,461	30,688	203,191		65,536	59
60 LABORATORY	2,472,342		800,620		460,237	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	340,687		110,325		159,769	65
66 PHYSICAL THERAPY	530,874	11,140	171,913		108,613	66
67 OCCUPATIONAL THERAPY	28,807	6,262	9,329		26,673	67
68 SPEECH PATHOLOGY	264,790		85,747		85,907	68
69 ELECTROCARDIOLOGY	512,011	4,561	165,805		57,065	69
70 ELECTROENCEPHALOGRAPHY	400,842	28,766	129,805		85,824	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	251,992		81,603		42,416	71
73 DRUGS CHARGED TO PATIENTS	472,636		153,054		174,314	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	12,218		3,957		1,384	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	962,306		311,624	43,007	124,728	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,676,442		866,714	115,045	327,554	90
90.01 OFFSITE CLINICS	2,480,012	46,962	803,104		399,969	90.01
91 EMERGENCY	1,417,016	205,888	458,873	29,391	187,537	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	328,959	11,586	106,527		53,759	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	4,950		1,603		2,748	105
106 HEART ACQUISITION	11,326		3,668		3,616	106
107 LIVER ACQUISITION	3,924		1,271		3,512	107
110 INTESTINAL ACQUISITION	2,497		809		723	110

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
118 SUBTOTALS (SUM OF LINES 1-117)	32,206,709	2,011,987	10,273,618	2,008,135	5,097,870	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	3,002,814		972,403		309,724	191
191.01 OSA	458,678		148,534		119,976	191.01
192 PHYSICIANS' PRIVATE OFFICES	393,663	10,624	127,480		30,371	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					80,039	194
194.01 NON-REIMBURSABLE CLINICS	904,291		292,837		108,923	194.01
194.02 KOHL HOUSE	13,913		4,505			194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	36,980,068	2,022,611	11,819,377	2,008,135	5,746,903	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	VOLUNTEERS 12.01	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL CHCRC						5.02
5.03 ADMIN & GEN PATIENT RELATED						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	603,194					12.01
13 NURSING ADMINISTRATION		10,363,585				13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	562		4,756,985			16
17 SOCIAL SERVICE	351,221	9,653		11,654,640		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD					5,677,511	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	110,807	2,797,252	1,245,379	4,556,964	1,148,956	30
31 INTENSIVE CARE UNIT	13,037	1,261,576	331,562	349,639	418,500	31
32 CORONARY CARE UNIT	8,878	860,032	261,158			32
35 NEONATOLOGY	42,381	1,191,759	436,691	396,258	312,408	35
40 SUBPROVIDER - IPF	13,628	99,460				40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	7,469	904,399	225,005		761,832	50
51 RECOVERY ROOM	12,495	231,292				51
53 ANESTHESIOLOGY		65,136			490,056	53
54 RADIOLOGY-DIAGNOSTIC					304,733	54
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION		112,818			81,262	59
60 LABORATORY		4,095			415,791	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					76,070	65
66 PHYSICAL THERAPY	13,175					66
67 OCCUPATIONAL THERAPY	3,794					67
68 SPEECH PATHOLOGY	2,197	1,365				68
69 ELECTROCARDIOLOGY		878			120,087	69
70 ELECTROENCEPHALOGRAPHY		123,252			113,993	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS	2,050					73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS					66,815	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	1,655	9,556			191,417	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	10,898	990,207	1,888,523	5,384,444	159,364	90
90.01 OFFSITE CLINICS	3,547	414,415			169,973	90.01
91 EMERGENCY	5,400	507,634	313,010	967,335	579,218	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		151,139				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		2,633				105
106 HEART ACQUISITION		4,583				106
107 LIVER ACQUISITION		14,821				107
110 INTESTINAL ACQUISITION		1,365				110

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	VOLUNTEERS 12.01	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	
118 SUBTOTALS (SUM OF LINES 1-117)	603,194	9,759,320	4,701,328	11,654,640	5,410,475	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH		98,094				191
191.01 OSA		47,682				191.01
192 PHYSICIANS' PRIVATE OFFICES		65,136				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		36,761	55,657			194
194.01 NON-REIMBURSABLE CLINICS		356,592			267,036	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)	603,194	10,363,585	4,756,985	11,654,640	5,677,511	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-INT EXP					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
4.01 EMPLOYEE BENEFITS FTE BASED					4.01
5.01 ADMINISTRATION & GENERAL					5.01
5.02 ADMIN & GENERAL CHCRC					5.02
5.03 ADMIN & GEN PATIENT RELATED					5.03
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 VOLUNTEERS					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD					21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,207,832				22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	2,762,601	81,651,168	-3,911,557	77,739,611	30
31 INTENSIVE CARE UNIT	950,356	30,944,428	-1,368,856	29,575,572	31
32 CORONARY CARE UNIT		20,179,944		20,179,944	32
35 NEONATOLOGY	473,278	30,112,127	-785,686	29,326,441	35
40 SUBPROVIDER - IPF		4,924,729		4,924,729	40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,716,177	67,594,229	-2,478,009	65,116,220	50
51 RECOVERY ROOM		5,689,703		5,689,703	51
53 ANESTHESIOLOGY	1,113,181	8,913,268	-1,603,237	7,310,031	53
54 RADIOLOGY-DIAGNOSTIC	642,074	16,338,675	-946,807	15,391,868	54
57 CT SCAN		1,557,473		1,557,473	57
58 MRI		2,970,670		2,970,670	58
59 CARDIAC CATHETERIZATION	192,134	9,809,305	-273,396	9,535,909	59
60 LABORATORY	1,133,806	49,730,658	-1,549,597	48,181,061	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	175,308	14,112,442	-251,378	13,861,064	65
66 PHYSICAL THERAPY		8,220,917		8,220,917	66
67 OCCUPATIONAL THERAPY		1,563,918		1,563,918	67
68 SPEECH PATHOLOGY		6,133,546		6,133,546	68
69 ELECTROCARDIOLOGY	280,602	4,853,522	-400,689	4,452,833	69
70 ELECTROENCEPHALOGRAPHY	262,148	7,472,001	-376,141	7,095,860	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,820,746		1,820,746	71
73 DRUGS CHARGED TO PATIENTS		39,163,609		39,163,609	73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS	151,970	922,639	-218,785	703,854	74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY	451,568	10,951,385	-642,985	10,308,400	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	338,676	36,775,195	-498,040	36,277,155	90
90.01 OFFSITE CLINICS	408,691	30,247,293	-578,664	29,668,629	90.01
91 EMERGENCY	1,400,296	22,188,061	-1,979,514	20,208,547	91
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES		5,558,778		5,558,778	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		1,254,677		1,254,677	105
106 HEART ACQUISITION		1,254,372		1,254,372	106
107 LIVER ACQUISITION		1,017,807		1,017,807	107
110 INTESTINAL ACQUISITION		251,163		251,163	110

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WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
118 SUBTOTALS (SUM OF LINES 1-117)	12,452,866	524,178,448	-17,863,341	506,315,107	118
NONREIMBURSABLE COST CENTERS					
191 RESEARCH		42,519,360		42,519,360	191
191.01 OSA		15,557,417		15,557,417	191.01
192 PHYSICIANS' PRIVATE OFFICES		2,984,539		2,984,539	192
192.01 OFFSITE FACILITIES		265,164		265,164	192.01
193.01 ENDOWMENTS & OTHER SERVICES					193.01
193.02 NON-REIMBURSABLE CLINICS		746,549		746,549	193.02
194 ENDOWMENTS & OTHER SERVICES		20,686,576		20,686,576	194
194.01 NON-REIMBURSABLE CLINICS	754,966	9,132,407	-1,022,002	8,110,405	194.01
194.02 KOHL HOUSE		59,933		59,933	194.02
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	13,207,832	616,130,393	-18,885,343	597,245,050	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	INTEREST EXPENSE 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED		314,917	270,395	19,983	605,295	4.01
5.01 ADMINISTRATION & GENERAL		1,549,960	1,330,830	9,191,271	12,072,061	5.01
5.02 ADMIN & GENERAL CHCRC		445,417		369,242	814,659	5.02
5.03 ADMIN & GEN PATIENT RELATED		11,177	9,597	276,095	296,869	5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		731,043	627,690	1,799,535	3,158,268	7
8 LAUNDRY & LINEN SERVICE		90,610	77,799		168,409	8
9 HOUSEKEEPING		322,009	276,484	22,233	620,726	9
10 DIETARY		196,674	168,869	46,163	411,706	10
11 CAFETERIA		396,046	340,054	92,946	829,046	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		44,630	38,321	1,798	84,749	12.01
13 NURSING ADMINISTRATION		51,606	44,310	508,665	604,581	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		115,931	99,541		215,472	16
17 SOCIAL SERVICE		667,798	573,386	27,585	1,268,769	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				970	970	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		52,994	45,502		98,496	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		4,378,588	3,759,555	1,302,934	9,441,077	30
31 INTENSIVE CARE UNIT		1,312,972	1,127,347	301,961	2,742,280	31
32 CORONARY CARE UNIT		1,101,575	945,837	531,959	2,579,371	32
35 NEONATOLOGY		1,194,420	1,025,556	654,142	2,874,118	35
40 SUBPROVIDER - IPF		364,635	313,084		677,719	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		3,261,328	2,800,250	1,973,478	8,035,056	50
51 RECOVERY ROOM		366,447	314,639	91,760	772,846	51
53 ANESTHESIOLOGY		264,737	227,309	182,018	674,064	53
54 RADIOLOGY-DIAGNOSTIC		878,462	754,267	4,033,091	5,665,820	54
57 CT SCAN		91,920	78,925	4,020	174,865	57
58 MRI		291,523	250,308	136,853	678,684	58
59 CARDIAC CATHETERIZATION		542,309	465,638	246,172	1,254,119	59
60 LABORATORY		1,871,005	1,606,487	656,225	4,133,717	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		178,290	153,084	133,157	464,531	65
66 PHYSICAL THERAPY		458,829	393,961	18,416	871,206	66
67 OCCUPATIONAL THERAPY		24,897	21,377	3,035	49,309	67
68 SPEECH PATHOLOGY		221,726	190,379	60,187	472,292	68
69 ELECTROCARDIOLOGY		442,526	379,963	91,856	914,345	69
70 ELECTROENCEPHALOGRAPHY		346,444	297,464	101,561	745,469	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		217,794	187,003	337,663	742,460	71
73 DRUGS CHARGED TO PATIENTS		408,495	350,743	90,174	849,412	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS		10,560	9,067	1,502	21,129	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY		831,712	714,127	52,363	1,598,202	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		2,313,223	1,986,185	209,514	4,508,922	90
90.01 OFFSITE CLINICS		1,009,193	866,515	181,005	2,056,713	90.01
91 EMERGENCY		1,021,140	876,774	488,052	2,385,966	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		284,316	244,120	30,283	558,719	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		4,278	3,673	34	7,985	105
106 HEART ACQUISITION		9,789	8,405	30	18,224	106
107 LIVER ACQUISITION		3,392	2,912	37	6,341	107
110 INTESTINAL ACQUISITION		2,158	1,853	12	4,023	110

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/24/2014 09:59

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	INTEREST EXPENSE 1.01	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	
118 SUBTOTALS (SUM OF LINES 1-117)		28,699,495	24,259,585	24,269,980	77,229,060	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH		2,595,303		166,768	2,762,071	191
191.01 OSA		161,563		23,497	185,060	191.01
192 PHYSICIANS' PRIVATE OFFICES		12,449	10,689	19,731	42,869	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		483,534	415,173	108,538	1,007,245	194.01
194.02 KOHL HOUSE		12,025	10,325		22,350	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		31,964,369	24,695,772	24,588,514	81,248,655	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	ADMIN + GEN NON-RESRCH 5.03	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED	605,295					4.01
5.01 ADMINISTRATION & GENERAL	58,528	12,130,589				5.01
5.02 ADMIN & GENERAL CHCRC	4,175	135,613	954,447			5.02
5.03 ADMIN & GEN PATIENT RELATED	21,323	802,470		1,120,662		5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	21,588	675,346		73,651	3,928,853	7
8 LAUNDRY & LINEN SERVICE		35,037		3,800	11,138	8
9 HOUSEKEEPING	19,696	208,882		23,027	39,583	9
10 DIETARY	2,499	31,292		3,231	24,176	10
11 CAFETERIA	7,172	93,827		10,304	48,684	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS	675	9,613		1,054	5,486	12.01
13 NURSING ADMINISTRATION	9,638	185,621		20,317	6,344	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	6,912	80,828		8,898	19,505	16
17 SOCIAL SERVICE	10,218	185,812		19,346	82,586	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD	69	103,704		11,258		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD	615	243,150		21,154	6,514	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	63,078	1,080,287		126,602	538,239	30
31 INTENSIVE CARE UNIT	25,410	454,573		49,680	161,396	31
32 CORONARY CARE UNIT	17,586	309,375		33,535	135,411	32
35 NEONATOLOGY	24,466	456,151		49,929	146,823	35
40 SUBPROVIDER - IPF	5,695	77,397			44,823	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	38,429	1,052,889		113,153	451,940	50
51 RECOVERY ROOM	4,886	87,397		9,555	45,045	51
53 ANESTHESIOLOGY	3,446	122,994		15,131	32,543	53
54 RADIOLOGY-DIAGNOSTIC	8,726	253,633		27,920	107,984	54
57 CT SCAN	1,627	25,413		2,784	11,299	57
58 MRI	1,613	45,241		4,919	35,835	58
59 CARDIAC CATHETERIZATION	5,363	155,374		16,624	66,663	59
60 LABORATORY	37,665	811,217		89,123	262,668	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	13,075	241,865		26,554	36,195	65
66 PHYSICAL THERAPY	8,889	134,872		14,708	56,401	66
67 OCCUPATIONAL THERAPY	2,183	27,177		2,989	3,060	67
68 SPEECH PATHOLOGY	7,030	103,971		11,349	28,132	68
69 ELECTROCARDIOLOGY	4,670	67,767		7,439	54,397	69
70 ELECTROENCEPHALOGRAPHY	7,024	115,636		12,486	42,586	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,471	23,372		7,083	26,772	71
73 DRUGS CHARGED TO PATIENTS	14,265	700,448		76,581	50,214	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	113	12,537		1,362	1,298	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	10,207	161,446		18,024	102,238	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	26,806	438,861		47,490	284,352	90
90.01 OFFSITE CLINICS	32,733	465,561		51,537	263,483	90.01
91 EMERGENCY	15,348	294,332		32,089	150,547	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	4,400	89,610		9,774	34,949	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	225	22,670		2,511	526	105
106 HEART ACQUISITION	296	22,427		2,532	1,203	106
107 LIVER ACQUISITION	287	18,041		2,144	417	107
110 INTESTINAL ACQUISITION	59	4,482		499	265	110

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	ADMIN + GEN NON-RESRCH 5.03	OPERATION OF PLANT 7	
118 SUBTOTALS (SUM OF LINES 1-117)	552,179	10,668,211		1,062,146	3,421,720	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	25,347	656,006	667,543		319,026	191
191.01 OSA	9,819	250,285	286,904		48,731	191.01
192 PHYSICIANS' PRIVATE OFFICES	2,486	43,509		4,053	41,824	192
192.01 OFFSITE FACILITIES		4,844		526		192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS		13,638		1,480		193.02
194 ENDOWMENTS & OTHER SERVICES	6,550	375,519		39,626		194
194.01 NON-REIMBURSABLE CLINICS	8,914	117,818		12,749	96,074	194.01
194.02 KOHL HOUSE		759		82	1,478	194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	605,295	12,130,589	954,447	1,120,662	3,928,853	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	VOLUNTEERS 12.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL CHCRC						5.02
5.03 ADMIN & GEN PATIENT RELATED						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE	218,384					8
9 HOUSEKEEPING		911,914				9
10 DIETARY		5,685	478,589			10
11 CAFETERIA		11,449		1,000,482		11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		1,290		1,435	104,302	12.01
13 NURSING ADMINISTRATION		1,492		20,502		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		4,587		14,704	97	16
17 SOCIAL SERVICE		19,321		21,736	60,733	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				147		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,532		1,309		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	82,757	126,575	310,897	134,186	19,160	30
31 INTENSIVE CARE UNIT	31,330	37,955	26,931	54,053	2,254	31
32 CORONARY CARE UNIT	9,553	31,844	30,063	37,411	1,535	32
35 NEONATOLOGY	15,840	34,528		52,046	7,328	35
40 SUBPROVIDER - IPF	4,224	10,541	50,851	12,114	2,356	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23,995	106,282	15,174	81,749	1,292	50
51 RECOVERY ROOM	4,151	10,593		10,395	2,161	51
53 ANESTHESIOLOGY		7,653		7,330		53
54 RADIOLOGY-DIAGNOSTIC	4,535	25,395		18,563		54
57 CT SCAN	521	2,657		3,460		57
58 MRI	2,989	8,427		3,431		58
59 CARDIAC CATHETERIZATION	3,313	15,677		11,409		59
60 LABORATORY		61,771		80,123		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		8,512		27,814		65
66 PHYSICAL THERAPY	1,203	13,264		18,909	2,278	66
67 OCCUPATIONAL THERAPY	676	720		4,644	656	67
68 SPEECH PATHOLOGY		6,616		14,956	380	68
69 ELECTROCARDIOLOGY	492	12,793		9,934		69
70 ELECTROENCEPHALOGRAPHY	3,106	10,015		14,941		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,296		7,384		71
73 DRUGS CHARGED TO PATIENTS		11,809		30,346	354	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS		305		241		74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY		24,043	10,250	21,714	286	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		66,871	27,418	57,024	1,885	90
90.01 OFFSITE CLINICS	5,071	61,963		69,631	613	90.01
91 EMERGENCY	22,230	35,404	7,005	32,648	934	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	1,251	8,219		9,359		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		124		478		105
106 HEART ACQUISITION		283		629		106
107 LIVER ACQUISITION		98		611		107
110 INTESTINAL ACQUISITION		62		126		110

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	VOLUNTEERS 12.01	
118 SUBTOTALS (SUM OF LINES 1-117)	217,237	792,651	478,589	887,492	104,302	118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH		75,025		53,920		191
191.01 OSA		11,460		20,887		191.01
192 PHYSICIANS' PRIVATE OFFICES	1,147	9,836		5,287		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				13,934		194
194.01 NON-REIMBURSABLE CLINICS		22,594		18,962		194.01
194.02 KOHL HOUSE		348				194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	218,384	911,914	478,589	1,000,482	104,302	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL						5.01
5.02 ADMIN & GENERAL CHCRC						5.02
5.03 ADMIN & GEN PATIENT RELATED						5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS						12.01
13 NURSING ADMINISTRATION	848,495					13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		351,003				16
17 SOCIAL SERVICE	790		1,669,311			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD				116,148		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					372,770	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	229,018	91,893	652,701			30
31 INTENSIVE CARE UNIT	103,289	24,465	50,079			31
32 CORONARY CARE UNIT	70,413	19,270				32
35 NEONATOLOGY	97,573	32,222	56,757			35
40 SUBPROVIDER - IPF	8,143					40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	74,046	16,602				50
51 RECOVERY ROOM	18,937					51
53 ANESTHESIOLOGY	5,333					53
54 RADIOLOGY-DIAGNOSTIC						54
57 CT SCAN						57
58 MRI						58
59 CARDIAC CATHETERIZATION	9,237					59
60 LABORATORY	335					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY	112					68
69 ELECTROCARDIOLOGY	72					69
70 ELECTROENCEPHALOGRAPHY	10,091					70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS						71
73 DRUGS CHARGED TO PATIENTS						73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS						74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	782					76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	81,071	139,348	771,221			90
90.01 OFFSITE CLINICS	33,929					90.01
91 EMERGENCY	41,561	23,096	138,553			91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	12,374					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	216					105
106 HEART ACQUISITION	375					106
107 LIVER ACQUISITION	1,213					107
110 INTESTINAL ACQUISITION	112					110

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	
118 SUBTOTALS (SUM OF LINES 1-117)	799,022	346,896	1,669,311			118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH	8,031					191
191.01 OSA	3,904					191.01
192 PHYSICIANS' PRIVATE OFFICES	5,333					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	3,010	4,107				194
194.01 NON-REIMBURSABLE CLINICS	29,195					194.01
194.02 KOHL HOUSE						194.02
200 CROSS FOOT ADJUSTMENTS				116,148	372,770	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	848,495	351,003	1,669,311	116,148	372,770	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL
	24	25	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 CAP REL COSTS-INT EXP			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS DEPARTMENT			4
4.01 EMPLOYEE BENEFITS FTE BASED			4.01
5.01 ADMINISTRATION & GENERAL			5.01
5.02 ADMIN & GENERAL CHCRC			5.02
5.03 ADMIN & GEN PATIENT RELATED			5.03
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
12.01 VOLUNTEERS			12.01
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SERVICES-SALARY & FRINGES APPRVD			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	12,896,470		12,896,470
31 INTENSIVE CARE UNIT	3,763,695		3,763,695
32 CORONARY CARE UNIT	3,275,367		3,275,367
35 NEONATOLOGY	3,847,781		3,847,781
40 SUBPROVIDER - IPF	893,863		893,863
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	10,010,607		10,010,607
51 RECOVERY ROOM	965,966		965,966
53 ANESTHESIOLOGY	868,494		868,494
54 RADIOLOGY-DIAGNOSTIC	6,112,576		6,112,576
57 CT SCAN	222,626		222,626
58 MRI	781,139		781,139
59 CARDIAC CATHETERIZATION	1,537,779		1,537,779
60 LABORATORY	5,476,619		5,476,619
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	818,546		818,546
66 PHYSICAL THERAPY	1,121,730		1,121,730
67 OCCUPATIONAL THERAPY	91,414		91,414
68 SPEECH PATHOLOGY	644,838		644,838
69 ELECTROCARDIOLOGY	1,071,909		1,071,909
70 ELECTROENCEPHALOGRAPHY	961,354		961,354
71 MEDICAL SUPPLIES CHARGED TO PATIENTS	816,838		816,838
73 DRUGS CHARGED TO PATIENTS	1,733,429		1,733,429
73.01 OUTPATIENT PHARMACY			73.01
74 RENAL DIALYSIS	36,985		36,985
75.01 PSYCHIATRY			75.01
76 PSYCHIATRY	1,947,192		1,947,192
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	6,451,269		6,451,269
90.01 OFFSITE CLINICS	3,041,234		3,041,234
91 EMERGENCY	3,179,713		3,179,713
92 OBSERVATION BEDS (NON-DISTINCT PART)			92
OTHER REIMBURSABLE COST CENTERS			
94 HOME PROGRAM DIALYSIS			94
95 AMBULANCE SERVICES	728,655		728,655
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
105 KIDNEY ACQUISITION	34,735		34,735
106 HEART ACQUISITION	45,969		45,969
107 LIVER ACQUISITION	29,152		29,152
110 INTESTINAL ACQUISITION	9,628		9,628

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS		TOTAL 26	
			25		
118 SUBTOTALS (SUM OF LINES 1-117)	73,417,572			73,417,572	118
NONREIMBURSABLE COST CENTERS					
191 RESEARCH	4,566,969			4,566,969	191
191.01 OSA	817,050			817,050	191.01
192 PHYSICIANS' PRIVATE OFFICES	156,344			156,344	192
192.01 OFFSITE FACILITIES	5,370			5,370	192.01
193.01 ENDOWMENTS & OTHER SERVICES					193.01
193.02 NON-REIMBURSABLE CLINICS	15,118			15,118	193.02
194 ENDOWMENTS & OTHER SERVICES	442,746			442,746	194
194.01 NON-REIMBURSABLE CLINICS	1,313,551			1,313,551	194.01
194.02 KOHL HOUSE	25,017			25,017	194.02
200 CROSS FOOT ADJUSTMENTS	488,918			488,918	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	81,248,655			81,248,655	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	
		1	1.01	2	4	4.01	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	829,363					1
1.01	CAP REL COSTS-INT EXP		746,275				1.01
2	CAP REL COSTS-MVBLE EQUIP			25,311,569			2
4	EMPLOYEE BENEFITS DEPARTMENT				271,247,029		4
4.01	EMPLOYEE BENEFITS FTE BASED	8,171	8,171	20,571	4,704,178	357,989	4.01
5.01	ADMINISTRATION & GENERAL	40,216	40,216	9,461,553	30,767,610	34,615	5.01
5.02	ADMIN & GENERAL CHCRC	11,557		380,100	3,425,568	2,469	5.02
5.03	ADMIN & GEN PATIENT RELATED	290	290	284,214	7,235,439	12,611	5.03
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT	18,968	18,968	1,852,452	7,847,028	12,768	7
8	LAUNDRY & LINEN SERVICE	2,351	2,351				8
9	HOUSEKEEPING	8,355	8,355	22,887	3,367,447	11,649	9
10	DIETARY	5,103	5,103	47,520	602,415	1,478	10
11	CAFETERIA	10,276	10,276	95,679	1,331,128	4,242	11
12	MAINTENANCE OF PERSONNEL						12
12.01	VOLUNTEERS	1,158	1,158	1,851	205,342	399	12.01
13	NURSING ADMINISTRATION	1,339	1,339	523,623	5,187,149	5,700	13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	3,008	3,008		2,168,972	4,088	16
17	SOCIAL SERVICE	17,327	17,327	28,396	4,213,852	6,043	17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD			999	3,861,133	41	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,375	1,375		7,067,520	364	22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	113,609	113,609	1,341,248	26,722,765	37,306	30
31	INTENSIVE CARE UNIT	34,067	34,067	310,840	11,143,267	15,028	31
32	CORONARY CARE UNIT	28,582	28,582	547,602	7,254,509	10,401	32
35	NEONATOLOGY	30,991	30,991	673,378	12,014,587	14,470	35
40	SUBPROVIDER - IPF	9,461	9,461		2,007,926	3,368	40
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	84,620	84,620	2,031,510	13,959,773	22,728	50
51	RECOVERY ROOM	9,508	9,508	94,458	2,305,714	2,890	51
53	ANESTHESIOLOGY	6,869	6,869	187,370	1,607,766	2,038	53
54	RADIOLOGY-DIAGNOSTIC	22,793	22,793	4,151,688	3,223,399	5,161	54
57	CT SCAN	2,385	2,385	4,138	687,237	962	57
58	MRI	7,564	7,564	140,877	771,046	954	58
59	CARDIAC CATHETERIZATION	14,071	14,071	253,411	2,670,765	3,172	59
60	LABORATORY	48,546	48,546	675,522	13,074,572	22,276	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	4,626	4,626	137,073	4,951,644	7,733	65
66	PHYSICAL THERAPY	11,905	11,905	18,958	3,322,606	5,257	66
67	OCCUPATIONAL THERAPY	646	646	3,124	856,187	1,291	67
68	SPEECH PATHOLOGY	5,753	5,753	61,957	2,660,251	4,158	68
69	ELECTROCARDIOLOGY	11,482	11,482	94,557	1,285,646	2,762	69
70	ELECTROENCEPHALOGRAPHY	8,989	8,989	104,548	2,753,795	4,154	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,651	5,651	347,592	13,024	2,053	71
73	DRUGS CHARGED TO PATIENTS	10,599	10,599	92,826	6,938,388	8,437	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	274	274	1,546		67	74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	21,580	21,580	53,903	3,570,915	6,037	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	60,020	60,020	215,675	10,738,955	15,854	90
90.01	OFFSITE CLINICS	26,185	26,185	186,328	11,118,051	19,359	90.01
91	EMERGENCY	26,495	26,495	502,404	7,084,303	9,077	91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	7,377	7,377	31,174	2,577,643	2,602	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	111	111	35	117,594	133	105
106	HEART ACQUISITION	254	254	31	82,562	175	106
107	LIVER ACQUISITION	88	88	38	157,734	170	107

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/24/2014 09:59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	
		1	1.01	2	4	4.01	
110	INTESTINAL ACQUISITION	56	56	12	68,878	35	110
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	744,651	733,094	24,983,668	237,726,283	326,575	118
191	RESEARCH	67,339		171,672	14,091,216	14,991	191
191.01	OSA	4,192		24,188	4,899,543	5,807	191.01
192	PHYSICIANS' PRIVATE OFFICES	323	323	20,311	1,198,900	1,470	192
192.01	OFFSITE FACILITIES				183,204		192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS				519,850		193.02
194	ENDOWMENTS & OTHER SERVICES				8,831,270	3,874	194
194.01	NON-REIMBURSABLE CLINICS	12,546	12,546	111,730	3,796,763	5,272	194.01
194.02	KOHL HOUSE	312	312				194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	31,964,369	24,695,772	24,588,514	16,912,876	42,095,458	202
203	UNIT COST MULT-WS B PT I	38.540867	33.092053	0.971434	0.062352	117.588691	203
204	COST TO BE ALLOC PER B PT II					605,295	204
205	UNIT COST MULT-WS B PT II					1.690820	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION 5A.01	ADMIN + GENERAL	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	
		5.01	5.02	5.03	7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-INT EXP						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS DEPARTMENT						4
4.01 EMPLOYEE BENEFITS FTE BASED						4.01
5.01 ADMINISTRATION & GENERAL	-88,773,129	527,357,264				5.01
5.02 ADMIN & GENERAL CHCRC		5,895,428	32,293,137			5.02
5.03 ADMIN & GEN PATIENT RELATED		34,885,446		448,770,791		5.03
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		29,359,059		29,495,625	829,289	7
8 LAUNDRY & LINEN SERVICE		1,523,153		1,521,892	2,351	8
9 HOUSEKEEPING		9,080,661		9,221,922	8,355	9
10 DIETARY		1,360,357		1,294,148	5,103	10
11 CAFETERIA		4,078,888		4,126,451	10,276	11
12 MAINTENANCE OF PERSONNEL						12
12.01 VOLUNTEERS		417,893		422,265	1,158	12.01
13 NURSING ADMINISTRATION		8,069,412		8,136,759	1,339	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		3,513,800		3,563,333	4,117	16
17 SOCIAL SERVICE		8,077,722		7,747,755	17,432	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SERVICES-SALARY & FRINGES APPRVD		4,508,268		4,508,785		21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		10,570,359		8,471,718	1,375	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		46,971,967		50,668,283	113,609	30
31 INTENSIVE CARE UNIT		19,761,486		19,895,901	34,067	31
32 CORONARY CARE UNIT		13,449,325		13,430,277	28,582	32
35 NEONATOLOGY		19,830,066		19,995,596	30,991	35
40 SUBPROVIDER - IPF		3,364,659			9,461	40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		45,771,825		45,315,599	95,394	50
51 RECOVERY ROOM		3,799,377		3,826,505	9,508	51
53 ANESTHESIOLOGY		5,346,882		6,059,579	6,869	53
54 RADIOLOGY-DIAGNOSTIC		11,026,105		11,181,381	22,793	54
57 CT SCAN		1,104,749		1,114,958	2,385	57
58 MRI		1,966,761		1,969,918	7,564	58
59 CARDIAC CATHETERIZATION		6,754,522		6,657,750	14,071	59
60 LABORATORY		35,265,701		35,691,958	55,443	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		10,514,497		10,634,301	7,640	65
66 PHYSICAL THERAPY		5,863,252		5,890,198	11,905	66
67 OCCUPATIONAL THERAPY		1,181,443		1,197,205	646	67
68 SPEECH PATHOLOGY		4,519,888		4,545,118	5,938	68
69 ELECTROCARDIOLOGY		2,946,012		2,979,282	11,482	69
70 ELECTROENCEPHALOGRAPHY		5,027,012		5,000,294	8,989	70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,016,055		2,836,800	5,651	71
73 DRUGS CHARGED TO PATIENTS		30,450,276		30,669,125	10,599	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS		544,999		545,613	274	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY		7,018,481		7,218,377	21,580	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		19,078,441		19,018,723	60,020	90
90.01 OFFSITE CLINICS		20,239,149		20,639,429	55,615	90.01
91 EMERGENCY		12,795,386		12,851,133	31,777	91
92 OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS						
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES		3,895,558		3,914,147	7,377	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		985,509		1,005,684	111	105
106 HEART ACQUISITION		974,951		1,014,183	254	106
107 LIVER ACQUISITION		784,276		858,618	88	107

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION 5A.01	ADMIN + GENERAL	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET		
		ACCUM COST 5.01	5.02	5.03	7		
110	INTESTINAL ACQUISITION	194,838		199,655	56	110	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	-88,773,129	463,783,894	425,336,243	722,245	118	
191	RESEARCH	28,518,275	22,586,010		67,339	191	
191.01	OSA	10,880,521	9,707,127		10,286	191.01	
192	PHYSICIANS' PRIVATE OFFICES	1,891,440		1,623,278	8,828	192	
192.01	OFFSITE FACILITIES	210,588		210,588		192.01	
193.01	ENDOWMENTS & OTHER SERVICES					193.01	
193.02	NON-REIMBURSABLE CLINICS	592,896		592,896		193.02	
194	ENDOWMENTS & OTHER SERVICES	16,324,804		15,869,274		194	
194.01	NON-REIMBURSABLE CLINICS	5,121,863		5,105,697	20,279	194.01	
194.02	KOHL HOUSE	32,983		32,815	312	194.02	
200	CROSS FOOT ADJUSTMENTS					200	
201	NEGATIVE COST CENTER					201	
202	COST TO BE ALLOC PER B PT I		88,773,129	6,887,841	40,757,922	36,980,068	202
203	UNIT COST MULT-WS B PT I		0.168336	0.213291	0.090821	44.592498	203
204	COST TO BE ALLOC PER B PT II		12,130,589	954,447	1,120,662	3,928,853	204
205	UNIT COST MULT-WS B PT II		0.023003	0.029556	0.002497	4.737616	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	VOLUNTEERS HOURS OF SERVICE
	8	9	10	11	12.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-INT EXP					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
4.01 EMPLOYEE BENEFITS FTE BASED					4.01
5.01 ADMINISTRATION & GENERAL					5.01
5.02 ADMIN & GENERAL CHCRC					5.02
5.03 ADMIN & GEN PATIENT RELATED					5.03
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE	1,673,695				8
9 HOUSEKEEPING		818,493			9
10 DIETARY		5,103	106,040		10
11 CAFETERIA		10,276		278,157	11
12 MAINTENANCE OF PERSONNEL					12
12.01 VOLUNTEERS		1,158		399	61,214
13 NURSING ADMINISTRATION		1,339		5,700	13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		4,117		4,088	57
17 SOCIAL SERVICE		17,342		6,043	35,643
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES APPRVD				41	21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,375		364	22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	634,234	113,609	68,885	37,306	11,245
31 INTENSIVE CARE UNIT	240,116	34,067	5,967	15,028	1,323
32 CORONARY CARE UNIT	73,217	28,582	6,661	10,401	901
35 NEONATOLOGY	121,396	30,991		14,470	4,301
40 SUBPROVIDER - IPF	32,375	9,461	11,267	3,368	1,383
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	183,901	95,394	3,362	22,728	758
51 RECOVERY ROOM	31,815	9,508		2,890	1,268
53 ANESTHESIOLOGY		6,869		2,038	
54 RADIOLOGY-DIAGNOSTIC	34,756	22,793		5,161	
57 CT SCAN	3,992	2,385		962	
58 MRI	22,911	7,564		954	
59 CARDIAC CATHETERIZATION	25,394	14,071		3,172	
60 LABORATORY		55,443		22,276	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		7,640		7,733	
66 PHYSICAL THERAPY	9,218	11,905		5,257	1,337
67 OCCUPATIONAL THERAPY	5,182	646		1,291	385
68 SPEECH PATHOLOGY		5,938		4,158	223
69 ELECTROCARDIOLOGY	3,774	11,482		2,762	
70 ELECTROENCEPHALOGRAPHY	23,804	8,989		4,154	
71 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,651		2,053	
73 DRUGS CHARGED TO PATIENTS		10,599		8,437	208
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS		274		67	
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY		21,580	2,271	6,037	168
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		60,020	6,075	15,854	1,106
90.01 OFFSITE CLINICS	38,861	55,615		19,359	360
91 EMERGENCY	170,371	31,777	1,552	9,077	548
92 OBSERVATION BEDS (NON-DISTINCT PART)					92
OTHER REIMBURSABLE COST CENTERS					
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES	9,587	7,377		2,602	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		111		133	105
106 HEART ACQUISITION		254		175	106
107 LIVER ACQUISITION		88		170	107

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COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	VOLUNTEERS HOURS OF SERVICE 12.01	
110	INTESTINAL ACQUISITION		56		35		110
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	1,664,904	711,449	106,040	246,743	61,214	118
191	RESEARCH		67,339		14,991		191
191.01	OSA		10,286		5,807		191.01
192	PHYSICIANS' PRIVATE OFFICES	8,791	8,828		1,470		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				3,874		194
194.01	NON-REIMBURSABLE CLINICS		20,279		5,272		194.01
194.02	KOHL HOUSE		312				194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,022,611	11,819,377	2,008,135	5,746,903	603,194	202
203	UNIT COST MULT-WS B PT I	1.208470	14.440413	18.937524	20.660645	9.853857	203
204	COST TO BE ALLOC PER B PT II	218,384	911,914	478,589	1,000,482	104,302	204
205	UNIT COST MULT-WS B PT II	0.130480	1.114138	4.513287	3.596825	1.703891	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING	MEDICAL	SOCIAL	I&R	I&R		
	ADMINIS- TRATION DIRECT NRSNG HRS	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME		
	13	16	17	21	22		
GENERAL SERVICE COST CENTERS							
1 CAP REL COSTS-BLDG & FIXT							1
1.01 CAP REL COSTS-INT EXP							1.01
2 CAP REL COSTS-MVBLE EQUIP							2
4 EMPLOYEE BENEFITS DEPARTMENT							4
4.01 EMPLOYEE BENEFITS FTE BASED							4.01
5.01 ADMINISTRATION & GENERAL							5.01
5.02 ADMIN & GENERAL CHCRC							5.02
5.03 ADMIN & GEN PATIENT RELATED							5.03
6 MAINTENANCE & REPAIRS							6
7 OPERATION OF PLANT							7
8 LAUNDRY & LINEN SERVICE							8
9 HOUSEKEEPING							9
10 DIETARY							10
11 CAFETERIA							11
12 MAINTENANCE OF PERSONNEL							12
12.01 VOLUNTEERS							12.01
13 NURSING ADMINISTRATION	106,283						13
14 CENTRAL SERVICES & SUPPLY							14
15 PHARMACY							15
16 MEDICAL RECORDS & LIBRARY		10,000					16
17 SOCIAL SERVICE	99		10,000				17
19 NONPHYSICIAN ANESTHETISTS							19
20 NURSING SCHOOL							20
21 I&R SERVICES-SALARY & FRINGES APPRVD				25,152			21
22 I&R SERVICES-OTHER PRGM COSTS APPRVD					24,335		22
23 PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS							
30 ADULTS & PEDIATRICS	28,687	2,618	3,910	5,090	5,090		30
31 INTENSIVE CARE UNIT	12,938	697	300	1,854	1,751		31
32 CORONARY CARE UNIT	8,820	549					32
35 NEONATOLOGY	12,222	918	340	1,384	872		35
40 SUBPROVIDER - IPF	1,020						40
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	9,275	473		3,375	3,162		50
51 RECOVERY ROOM	2,372						51
53 ANESTHESIOLOGY	668			2,171	2,051		53
54 RADIOLOGY-DIAGNOSTIC				1,350	1,183		54
57 CT SCAN							57
58 MRI							58
59 CARDIAC CATHETERIZATION	1,157			360	354		59
60 LABORATORY	42			1,842	2,089		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY				337	323		65
66 PHYSICAL THERAPY							66
67 OCCUPATIONAL THERAPY							67
68 SPEECH PATHOLOGY	14						68
69 ELECTROCARDIOLOGY	9			532	517		69
70 ELECTROENCEPHALOGRAPHY	1,264			505	483		70
71 MEDICAL SUPPLIES CHARGED TO PATIENTS							71
73 DRUGS CHARGED TO PATIENTS							73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS				296	280		74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	98			848	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	10,155	3,970	4,620	706	624		90
90.01 OFFSITE CLINICS	4,250			753	753		90.01
91 EMERGENCY	5,206	658	830	2,566	2,580		91
92 OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES	1,550						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	27						105
106 HEART ACQUISITION	47						106
107 LIVER ACQUISITION	152						107

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
110	INTESTINAL ACQUISITION	14					110
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	100,086	9,883	10,000	23,969	22,944	118
191	RESEARCH	1,006					191
191.01	OSA	489					191.01
192	PHYSICIANS' PRIVATE OFFICES	668					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	377	117				194
194.01	NON-REIMBURSABLE CLINICS	3,657			1,183	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	10,363,585	4,756,985	11,654,640	5,677,511	13,207,832	202
203	UNIT COST MULT-WS B PT I	97.509338	475.698500	1,165.464000	225.728014	542.750442	203
204	COST TO BE ALLOC PER B PT II	848,495	351,003	1,669,311	116,148	372,770	204
205	UNIT COST MULT-WS B PT II	7.983356	35.100300	166.931100	4.617844	15.318266	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
1.01	CAP REL COSTS-INT EXP	1.01
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS DEPARTMENT	4
4.01	EMPLOYEE BENEFITS FTE BASED	4.01
5.01	ADMINISTRATION & GENERAL	5.01
5.02	ADMIN & GENERAL CHCRC	5.02
5.03	ADMIN & GEN PATIENT RELATED	5.03
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
12.01	VOLUNTEERS	12.01
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
21	I&R SERVICES-SALARY & FRINGES APPRVD	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	22
23	PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
32	CORONARY CARE UNIT	32
35	NEONATOLOGY	35
40	SUBPROVIDER - IPF	40
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
57	CT SCAN	57
58	MRI	58
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
69	ELECTROCARDIOLOGY	69
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHARGED TO PATIENTS	71
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 (NON-DISTINCT PART)	92
OTHER REIMBURSABLE COST CENTERS		
94	HOME PROGRAM DIALYSIS	94
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

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COST CENTER DESCRIPTION

110	INTESTINAL ACQUISITION	110
118	SUBTOTALS (SUM OF LINES 1-117)	118
	NONREIMBURSABLE COST CENTERS	
191	RESEARCH	191
191.01	OSA	191.01
192	PHYSICIANS' PRIVATE OFFICES	192
192.01	OFFSITE FACILITIES	192.01
193.01	ENDOWMENTS & OTHER SERVICES	193.01
193.02	NON-REIMBURSABLE CLINICS	193.02
194	ENDOWMENTS & OTHER SERVICES	194
194.01	NON-REIMBURSABLE CLINICS	194.01
194.02	KOHL HOUSE	194.02
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS
	1	2	3	4	5
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	77,739,611		77,739,611		30
31 INTENSIVE CARE UNIT	29,575,572		29,575,572		31
32 CORONARY CARE UNIT	20,179,944		20,179,944		32
35 NEONATOLOGY	29,326,441		29,326,441		35
40 SUBPROVIDER - IPF	4,924,729		4,924,729		40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	65,116,220		65,116,220		50
51 RECOVERY ROOM	5,689,703		5,689,703		51
53 ANESTHESIOLOGY	7,310,031		7,310,031		53
54 RADIOLOGY-DIAGNOSTIC	15,391,868		15,391,868		54
57 CT SCAN	1,557,473		1,557,473		57
58 MRI	2,970,670		2,970,670		58
59 CARDIAC CATHETERIZATION	9,535,909		9,535,909		59
60 LABORATORY	48,181,061		48,181,061		60
62.30 BLOOD CLOTTING FOR HEMOPHIL					62.30
65 RESPIRATORY THERAPY	13,861,064		13,861,064		65
66 PHYSICAL THERAPY	8,220,917		8,220,917		66
67 OCCUPATIONAL THERAPY	1,563,918		1,563,918		67
68 SPEECH PATHOLOGY	6,133,546		6,133,546		68
69 ELECTROCARDIOLOGY	4,452,833		4,452,833		69
70 ELECTROENCEPHALOGRAPHY	7,095,860		7,095,860		70
71 MEDICAL SUPPLIES CHARGED TO	1,820,746		1,820,746		71
73 DRUGS CHARGED TO PATIENTS	39,163,609		39,163,609		73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS	703,854		703,854		74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY	10,308,400		10,308,400		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	36,277,155		36,277,155		90
90.01 OFFSITE CLINICS	29,668,629		29,668,629		90.01
91 EMERGENCY	20,208,547		20,208,547		91
92 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS	9,173,593		9,173,593	9,173,593	92
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES	5,558,778		5,558,778		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	1,254,677		1,254,677		105
106 HEART ACQUISITION	1,254,372		1,254,372		106
107 LIVER ACQUISITION	1,017,807		1,017,807		107
110 INTESTINAL ACQUISITION	251,163		251,163		110
200 SUBTOTAL (SEE INSTRUCTIONS)	515,488,700		515,488,700		200
201 LESS OBSERVATION BEDS	9,173,593		9,173,593	9,173,593	201
202 TOTAL (SEE INSTRUCTIONS)	506,315,107		506,315,107		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	136,512,895		136,512,895			30
31 INTENSIVE CARE UNIT	76,876,076		76,876,076			31
32 CORONARY CARE UNIT	54,555,015		54,555,015			32
35 NEONATOLOGY	94,271,633		94,271,633			35
40 SUBPROVIDER - IPF	9,545,944		9,545,944			40
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	83,592,508	97,151,884	180,744,392	0.360267	0.360267	50
51 RECOVERY ROOM	4,593,594	12,197,860	16,791,454	0.338845	0.338845	51
53 ANESTHESIOLOGY	11,478,831	17,737,845	29,216,676	0.250201	0.250201	53
54 RADIOLOGY-DIAGNOSTIC	14,912,011	31,556,279	46,468,290	0.331234	0.331234	54
57 CT SCAN	6,789,272	9,305,894	16,095,166	0.096767	0.096767	57
58 MRI	8,369,131	34,981,460	43,350,591	0.068527	0.068527	58
59 CARDIAC CATHETERIZATION	22,129,789	35,238,206	57,367,995	0.166224	0.166224	59
60 LABORATORY	74,911,458	97,332,638	172,244,096	0.279725	0.279725	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	80,189,108	2,288,711	82,477,819	0.168058	0.168058	65
66 PHYSICAL THERAPY	2,365,275	9,577,248	11,942,523	0.688374	0.688374	66
67 OCCUPATIONAL THERAPY	1,043,862	2,395,463	3,439,325	0.454717	0.454717	67
68 SPEECH PATHOLOGY	1,695,834	9,284,961	10,980,795	0.558570	0.558570	68
69 ELECTROCARDIOLOGY	1,809,439	4,685,200	6,494,639	0.685617	0.685617	69
70 ELECTROENCEPHALOGRAPHY	960,889	8,719,494	9,680,383	0.733014	0.733014	70
71 MEDICAL SUPPLIES CHARGED TO	53,501	53,713	107,214	16.982353	16.982353	71
73 DRUGS CHARGED TO PATIENTS	161,591,769	47,259,522	208,851,291	0.187519	0.187519	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	1,586,251	83,594	1,669,845	0.421509	0.421509	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	229,774	8,245,494	8,475,268	1.216292	1.216292	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	670,615	15,247,083	15,917,698	2.279045	2.279045	90
90.01 OFFSITE CLINICS		44,069,217	44,069,217	0.673228	0.673228	90.01
91 EMERGENCY	8,652,478	34,634,522	43,287,000	0.466850	0.466850	91
92 OBSERVATION BEDS (NON-DISTI OTHER REIMBURSABLE COST CENTERS		28,106,925	28,106,925	0.326382	0.326382	0.326382 92
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES	4,439,077	759,967	5,199,044	1.069192	1.069192	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	1,375,260		1,375,260			105
106 HEART ACQUISITION	1,100,208		1,100,208			106
107 LIVER ACQUISITION	1,168,971		1,168,971			107
110 INTESTINAL ACQUISITION	137,526		137,526			110
200 SUBTOTAL (SEE INSTRUCTIONS)	867,607,994	550,913,180	1,418,521,174			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	867,607,994	550,913,180	1,418,521,174			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	PER DIEM	INPAT PGM	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	PATIENT DAYS	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)
	1	2	4	5	6	7
INPAT ROUTINE SERV COST CTRS						
30 ADULTS & PEDIATRICS	12,896,470		38,719	333.08	220	73,278 30
31 INTENSIVE CARE UNIT	3,763,695		10,290	365.76	28	10,241 31
32 CORONARY CARE UNIT	3,275,367		8,108	403.97	20	8,079 32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 NEONATOLOGY	3,847,781		13,550	283.97		35
40 SUBPROVIDER - IPF	893,863		3,536	252.79		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)	24,677,176	24,677,176	74,203		268	91,598 200

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	10,010,607	180,744,392	0.055385	295,645	16,374	50
51 RECOVERY ROOM	965,966	16,791,454	0.057527	28,923	1,664	51
53 ANESTHESIOLOGY	868,494	29,216,676	0.029726	66,618	1,980	53
54 RADIOLOGY-DIAGNOSTIC	6,112,576	46,468,290	0.131543	77,320	10,171	54
57 CT SCAN	222,626	16,095,166	0.013832	61,029	844	57
58 MRI	781,139	43,350,591	0.018019	29,985	540	58
59 CARDIAC CATHETERIZATION	1,537,779	57,367,995	0.026806	237,127	6,356	59
60 LABORATORY	5,476,619	172,244,096	0.031796	659,300	20,963	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	818,546	82,477,819	0.009924	115,644	1,148	65
66 PHYSICAL THERAPY	1,121,730	11,942,523	0.093927	2,468	232	66
67 OCCUPATIONAL THERAPY	91,414	3,439,325	0.026579			67
68 SPEECH PATHOLOGY	644,838	10,980,795	0.058724	368	22	68
69 ELECTROCARDIOLOGY	1,071,909	6,494,639	0.165045	12,263	2,024	69
70 ELECTROENCEPHALOGRAPHY	961,354	9,680,383	0.099310			70
71 MEDICAL SUPPLIES CHARGED TO P	816,838	107,214	7.618762			71
73 DRUGS CHARGED TO PATIENTS	1,733,429	208,851,291	0.008300	937,371	7,780	73
73.01 OUTPATIENT PHARMACY						73.01
74 RENAL DIALYSIS	36,985	1,669,845	0.022149	157,655	3,492	74
75.01 PSYCHIATRY						75.01
76 PSYCHIATRY	1,947,192	8,475,268	0.229750	1,517	349	76
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,451,269	15,917,698	0.405289	1,925	780	90
90.01 OFFSITE CLINICS	3,041,234	44,069,217	0.069010			90.01
91 EMERGENCY	3,179,713	43,287,000	0.073457	51,757	3,802	91
92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	1,521,835	28,106,925	0.054144			92
94 HOME PROGRAM DIALYSIS						94
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	49,414,092	1,037,778,602		2,736,915	78,521	200

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN
PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
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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
INPAT ROUTINE SERV COST CTRS					30
30 ADULTS & PEDIATRICS					31
31 INTENSIVE CARE UNIT					32
32 CORONARY CARE UNIT					33
33 BURN INTENSIVE CARE UNIT					34
34 SURGICAL INTENSIVE CARE UNIT					35
35 NEONATOLOGY					40
40 SUBPROVIDER - IPF					41
41 SUBPROVIDER - IRF					42
42 SUBPROVIDER I					43
43 NURSERY					44
44 SKILLED NURSING FACILITY					45
45 NURSING FACILITY					200
200 TOTAL (SUM OF LINES 30-199)					

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	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	38,719		220		30
31 INTENSIVE CARE UNIT	10,290		28		31
32 CORONARY CARE UNIT	8,108		20		32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 NEONATOLOGY	13,550				35
40 SUBPROVIDER - IPF	3,536				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)	74,203		268		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			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	CT SCAN					57
58	MRI					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 CHARGED TO P					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 (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
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	180,744,392		295,645		136,671	50
51	RECOVERY ROOM	16,791,454		28,923		25,051	51
53	ANESTHESIOLOGY	29,216,676		66,618		31,976	53
54	RADIOLOGY-DIAGNOSTIC	46,468,290		77,320		58,368	54
57	CT SCAN	16,095,166		61,029		18,385	57
58	MRI	43,350,591		29,985		157,212	58
59	CARDIAC CATHETERIZATION	57,367,995		237,127		241,607	59
60	LABORATORY	172,244,096		659,300		424,476	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	82,477,819		115,644		34,595	65
66	PHYSICAL THERAPY	11,942,523		2,468		3,898	66
67	OCCUPATIONAL THERAPY	3,439,325					67
68	SPEECH PATHOLOGY	10,980,795		368		5,180	68
69	ELECTROCARDIOLOGY	6,494,639		12,263		30,314	69
70	ELECTROENCEPHALOGRAPHY	9,680,383				8,348	70
71	MEDICAL SUPPLIES CHARGED TO	107,214					71
73	DRUGS CHARGED TO PATIENTS	208,851,291		937,371		5,553,092	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	1,669,845		157,655		14,878	74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	8,475,268		1,517		4,226	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	15,917,698		1,925		110,894	90
90.01	OFFSITE CLINICS	44,069,217				19,046	90.01
91	EMERGENCY	43,287,000		51,757		26,626	91
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	28,106,925					92
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,037,778,602		2,736,915		6,904,843	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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO		
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS		
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.360267	136,671			49,238			50
51 RECOVERY ROOM	0.338845	25,051			8,488			51
53 ANESTHESIOLOGY	0.250201	31,976			8,000			53
54 RADIOLOGY-DIAGNOSTIC	0.331234	58,368	909		19,333	301		54
57 CT SCAN	0.096767	18,385			1,779			57
58 MRI	0.068527	157,212			10,773			58
59 CARDIAC CATHETERIZATION	0.166224	241,607			40,161			59
60 LABORATORY	0.279725	424,476			118,737			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.168058	34,595			5,814			65
66 PHYSICAL THERAPY	0.688374	3,898			2,683			66
67 OCCUPATIONAL THERAPY	0.454717							67
68 SPEECH PATHOLOGY	0.558570	5,180			2,893			68
69 ELECTROCARDIOLOGY	0.685617	30,314			20,784			69
70 ELECTROENCEPHALOGRAPHY	0.733014	8,348			6,119			70
71 MEDICAL SUPPLIES CHARGED TO PAT	16.982353							71
73 DRUGS CHARGED TO PATIENTS	0.187519	5,553,092			1,041,310			73
73.01 OUTPATIENT PHARMACY								73.01
74 RENAL DIALYSIS	0.421509	14,878			6,271			74
75.01 PSYCHIATRY								75.01
76 PSYCHIATRY	1.216292	4,226			5,140			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	2.279045	110,894			252,732			90
90.01 OFFSITE CLINICS	0.673228	19,046			12,822			90.01
91 EMERGENCY	0.466850	26,626			12,430			91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.326382							92
HOME PROGRAM DIALYSIS								
94 HOME PROGRAM DIALYSIS								94
95 AMBULANCE SERVICES	1.069192							95
200 SUBTOTAL (SEE INSTRUCTIONS)		6,904,843	909		1,625,507	301		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		6,904,843	909		1,625,507	301		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 CAP-REL COST	TOTAL	PER DIEM	INPAT PGM	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	12,896,470		12,896,470	38,719	333.08	18,671	6,218,937 30
31 INTENSIVE CARE UNIT	3,763,695		3,763,695	10,290	365.76	3,213	1,175,187 31
32 CORONARY CARE UNIT	3,275,367		3,275,367	8,108	403.97	4,983	2,012,983 32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 NEONATOLOGY	3,847,781		3,847,781	13,550	283.97	6,421	1,823,371 35
40 SUBPROVIDER - IPF	893,863		893,863	3,536	252.79	1,938	489,907 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)	24,677,176		24,677,176	74,203		35,226	11,720,385 200

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	10,010,607	180,744,392	0.055385	39,641,815	2,195,562	50
51	RECOVERY ROOM	965,966	16,791,454	0.057527	2,334,219	134,281	51
53	ANESTHESIOLOGY	868,494	29,216,676	0.029726	5,890,958	175,115	53
54	RADIOLOGY-DIAGNOSTIC	6,112,576	46,468,290	0.131543	8,622,187	1,134,188	54
57	CT SCAN	222,626	16,095,166	0.013832	3,733,442	51,641	57
58	MRI	781,139	43,350,591	0.018019	4,542,607	81,853	58
59	CARDIAC CATHETERIZATION	1,537,779	57,367,995	0.026806	11,744,495	314,823	59
60	LABORATORY	5,476,619	172,244,096	0.031796	44,281,412	1,407,972	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	818,546	82,477,819	0.009924	53,980,876	535,706	65
66	PHYSICAL THERAPY	1,121,730	11,942,523	0.093927	1,324,615	124,417	66
67	OCCUPATIONAL THERAPY	91,414	3,439,325	0.026579	680,303	18,082	67
68	SPEECH PATHOLOGY	644,838	10,980,795	0.058724	1,059,675	62,228	68
69	ELECTROCARDIOLOGY	1,071,909	6,494,639	0.165045	932,853	153,963	69
70	ELECTROENCEPHALOGRAPHY	961,354	9,680,383	0.099310	582,651	57,863	70
71	MEDICAL SUPPLIES CHARGED TO P	816,838	107,214	7.618762	48,992	373,258	71
73	DRUGS CHARGED TO PATIENTS	1,733,429	208,851,291	0.008300	98,752,948	819,649	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	36,985	1,669,845	0.022149	763,692	16,915	74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	1,947,192	8,475,268	0.229750	104,163	23,931	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,451,269	15,917,698	0.405289	431,115	174,726	90
90.01	OFFSITE CLINICS	3,041,234	44,069,217	0.069010			90.01
91	EMERGENCY	3,179,713	43,287,000	0.073457	5,254,800	386,002	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	1,521,835	28,106,925	0.054144			92
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	49,414,092	1,037,778,602		284,707,818	8,242,175	200

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN
PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
01/24/2014 09:59

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					200
TOTAL (SUM OF LINES 30-199)					

PROVIDER CCN: 14-3300 ANN & ROBERT H. LURIE CHILDREN
 PERIOD FROM 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
 01/24/2014 09:59

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	PER DIEM	INPATIENT	INPAT PGM
	PATIENT	COL.5 ÷	PROGRAM	PASS THRU
	DAYS	COL.6)	DAYS	COSTS
	6	7	8	(COL.7 x
				COL.8)
				9
INPAT ROUTINE SERV COST CTRS				
30 ADULTS & PEDIATRICS	38,719		18,671	30
31 INTENSIVE CARE UNIT	10,290		3,213	31
32 CORONARY CARE UNIT	8,108		4,983	32
33 BURN INTENSIVE CARE UNIT				33
34 SURGICAL INTENSIVE CARE UNIT				34
35 NEONATOLOGY	13,550		6,421	35
40 SUBPROVIDER - IPF	3,536		1,938	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)	74,203		35,226	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input checked="" type="checkbox"/>	HOSPITAL (14-3300)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF			<input type="checkbox"/>	TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF			<input checked="" type="checkbox"/>	OTHER
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST
	ANESTHETIST			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	CT SCAN					57				
58	MRI					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 CHARGED TO P					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 (NON-DISTINC					92				
OTHER REIMBURSABLE COST CENTERS										
94	HOME PROGRAM DIALYSIS					94				
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	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
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	180,744,392			39,641,815		50
51	RECOVERY ROOM	16,791,454			2,334,219		51
53	ANESTHESIOLOGY	29,216,676			5,890,958		53
54	RADIOLOGY-DIAGNOSTIC	46,468,290			8,622,187		54
57	CT SCAN	16,095,166			3,733,442		57
58	MRI	43,350,591			4,542,607		58
59	CARDIAC CATHETERIZATION	57,367,995			11,744,495		59
60	LABORATORY	172,244,096			44,281,412		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	82,477,819			53,980,876		65
66	PHYSICAL THERAPY	11,942,523			1,324,615		66
67	OCCUPATIONAL THERAPY	3,439,325			680,303		67
68	SPEECH PATHOLOGY	10,980,795			1,059,675		68
69	ELECTROCARDIOLOGY	6,494,639			932,853		69
70	ELECTROENCEPHALOGRAPHY	9,680,383			582,651		70
71	MEDICAL SUPPLIES CHARGED TO	107,214			48,992		71
73	DRUGS CHARGED TO PATIENTS	208,851,291			98,752,948		73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	1,669,845			763,692		74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	8,475,268			104,163		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	15,917,698			431,115		90
90.01	OFFSITE CLINICS	44,069,217					90.01
91	EMERGENCY	43,287,000			5,254,800		91
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	28,106,925					92
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	5,199,044					95
200	TOTAL (SUM OF LINES 50-199)	1,037,778,602			284,707,818		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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.360267						50
51 RECOVERY ROOM	0.338845						51
53 ANESTHESIOLOGY	0.250201						53
54 RADIOLOGY-DIAGNOSTIC	0.331234						54
57 CT SCAN	0.096767						57
58 MRI	0.068527						58
59 CARDIAC CATHETERIZATION	0.166224						59
60 LABORATORY	0.279725						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.168058						65
66 PHYSICAL THERAPY	0.688374						66
67 OCCUPATIONAL THERAPY	0.454717						67
68 SPEECH PATHOLOGY	0.558570						68
69 ELECTROCARDIOLOGY	0.685617						69
70 ELECTROENCEPHALOGRAPHY	0.733014						70
71 MEDICAL SUPPLIES CHARGED TO PAT	16.982353						71
73 DRUGS CHARGED TO PATIENTS	0.187519						73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	0.421509						74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	1.216292						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	2.279045						90
90.01 OFFSITE CLINICS	0.673228						90.01
91 EMERGENCY	0.466850						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.326382						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES	1.069192						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	10,010,607	180,744,392	0.055385	24	1	50
51	RECOVERY ROOM	965,966	16,791,454	0.057527	1,340	77	51
53	ANESTHESIOLOGY	868,494	29,216,676	0.029726	3,435	102	53
54	RADIOLOGY-DIAGNOSTIC	6,112,576	46,468,290	0.131543	11,611	1,527	54
57	CT SCAN	222,626	16,095,166	0.013832	3,133	43	57
58	MRI	781,139	43,350,591	0.018019	48,087	866	58
59	CARDIAC CATHETERIZATION	1,537,779	57,367,995	0.026806	19,560	524	59
60	LABORATORY	5,476,619	172,244,096	0.031796	234,740	7,464	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	818,546	82,477,819	0.009924	11,826	117	65
66	PHYSICAL THERAPY	1,121,730	11,942,523	0.093927	1,011	95	66
67	OCCUPATIONAL THERAPY	91,414	3,439,325	0.026579			67
68	SPEECH PATHOLOGY	644,838	10,980,795	0.058724			68
69	ELECTROCARDIOLOGY	1,071,909	6,494,639	0.165045	32,612	5,382	69
70	ELECTROENCEPHALOGRAPHY	961,354	9,680,383	0.099310	6,589	654	70
71	MEDICAL SUPPLIES CHARGED TO P	816,838	107,214	7.618762			71
73	DRUGS CHARGED TO PATIENTS	1,733,429	208,851,291	0.008300	370,505	3,075	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	36,985	1,669,845	0.022149			74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	1,947,192	8,475,268	0.229750	26,118	6,001	76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	6,451,269	15,917,698	0.405289	4,762	1,930	90
90.01	OFFSITE CLINICS	3,041,234	44,069,217	0.069010			90.01
91	EMERGENCY	3,179,713	43,287,000	0.073457	131,076	9,628	91
92	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		28,106,925	28,106,925			92
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	47,892,257	1,037,778,602		906,429	37,486	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	IPF (14-S300)	<input type="checkbox"/>	SNF				TEFRA
BOXES	<input checked="" type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	IRF	<input type="checkbox"/>	NF				OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST			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	CT SCAN					57
58	MRI					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 CHARGED TO P					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 (NON-DISTINC					92
OTHER REIMBURSABLE COST CENTERS						
94	HOME PROGRAM DIALYSIS					94
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	[] 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	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	180,744,392		24			50
51	RECOVERY ROOM	16,791,454		1,340			51
53	ANESTHESIOLOGY	29,216,676		3,435			53
54	RADIOLOGY-DIAGNOSTIC	46,468,290		11,611			54
57	CT SCAN	16,095,166		3,133			57
58	MRI	43,350,591		48,087			58
59	CARDIAC CATHETERIZATION	57,367,995		19,560			59
60	LABORATORY	172,244,096		234,740			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	82,477,819		11,826			65
66	PHYSICAL THERAPY	11,942,523		1,011			66
67	OCCUPATIONAL THERAPY	3,439,325					67
68	SPEECH PATHOLOGY	10,980,795					68
69	ELECTROCARDIOLOGY	6,494,639		32,612			69
70	ELECTROENCEPHALOGRAPHY	9,680,383		6,589			70
71	MEDICAL SUPPLIES CHARGED TO	107,214					71
73	DRUGS CHARGED TO PATIENTS	208,851,291		370,505			73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	1,669,845					74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	8,475,268		26,118			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	15,917,698		4,762			90
90.01	OFFSITE CLINICS	44,069,217					90.01
91	EMERGENCY	43,287,000		131,076			91
92	OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTERS	28,106,925					92
94	HOME PROGRAM DIALYSIS						94
95	AMBULANCE SERVICES	5,199,044					95
200	TOTAL (SUM OF LINES 50-199)	1,037,778,602		906,429			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	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.360267						50
51 RECOVERY ROOM	0.338845						51
53 ANESTHESIOLOGY	0.250201						53
54 RADIOLOGY-DIAGNOSTIC	0.331234						54
57 CT SCAN	0.096767						57
58 MRI	0.068527						58
59 CARDIAC CATHETERIZATION	0.166224						59
60 LABORATORY	0.279725						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.168058						65
66 PHYSICAL THERAPY	0.688374						66
67 OCCUPATIONAL THERAPY	0.454717						67
68 SPEECH PATHOLOGY	0.558570						68
69 ELECTROCARDIOLOGY	0.685617						69
70 ELECTROENCEPHALOGRAPHY	0.733014						70
71 MEDICAL SUPPLIES CHARGED TO PAT	16.982353						71
73 DRUGS CHARGED TO PATIENTS	0.187519						73
73.01 OUTPATIENT PHARMACY							73.01
74 RENAL DIALYSIS	0.421509						74
75.01 PSYCHIATRY							75.01
76 PSYCHIATRY	1.216292						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	2.279045						90
90.01 OFFSITE CLINICS	0.673228						90.01
91 EMERGENCY	0.466850						91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.326382						92
HOME PROGRAM DIALYSIS							
94 HOME PROGRAM DIALYSIS							94
95 AMBULANCE SERVICES	1.069192						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

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)	38,719	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	38,719	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	34,150	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)	220	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)	77,739,611	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	77,739,611	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)	77,739,611	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) 2,007.79 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 441,714 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) 441,714 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	29,575,572	10,290	2,874.21	28	80,478	43
44 CORONARY CARE UNIT	20,179,944	8,108	2,488.89	20	49,778	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATOLOGY	29,326,441	13,550	2,164.31			47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					692,761	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					1,264,731	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 91,598 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 78,521 51
 52 TOTAL PROGRAM EXCLUDABLE COST 170,119 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 1,094,612 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 61 54
 55 TARGET AMOUNT PER DISCHARGE 18,046.24 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 1,100,821 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 6,209 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 931 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) 1,265,662 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) 4,569 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 2,007.79 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 9,173,593 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	12,896,470	77,739,611	0.165893	9,173,593	1,521,835	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

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)	38,719	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	38,719	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	34,150	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)	18,671	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)	77,739,611	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	77,739,611	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)	77,739,611	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) 2,007.79 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 37,487,447 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) 37,487,447 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	29,575,572	10,290	2,874.21	3,213	9,234,837	43
44 CORONARY CARE UNIT	20,179,944	8,108	2,488.89	4,983	12,402,139	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 NEONATOLOGY	29,326,441	13,550	2,164.31	6,421	13,897,035	47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					69,599,911	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					142,621,369	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 11,230,478 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 8,242,175 51
 52 TOTAL PROGRAM EXCLUDABLE COST 19,472,653 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) 4,569 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

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)	3,536	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,536	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,536	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)	1,938	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)	4,924,729	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	4,924,729	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)	4,924,729	37

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)	1,392.74 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,699,130 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)	2,699,130 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	280,842 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	2,979,972 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	489,907 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	37,486 51
52	TOTAL PROGRAM EXCLUDABLE COST	527,393 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		509,525		30
31 INTENSIVE CARE UNIT		141,726		31
32 CORONARY CARE UNIT		138,731		32
35 NEONATOLOGY				35
40 SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.360267	295,645	106,511	50
51 RECOVERY ROOM	0.338845	28,923	9,800	51
53 ANESTHESIOLOGY	0.250201	66,618	16,668	53
54 RADIOLOGY-DIAGNOSTIC	0.331234	77,320	25,611	54
57 CT SCAN	0.096767	61,029	5,906	57
58 MRI	0.068527	29,985	2,055	58
59 CARDIAC CATHETERIZATION	0.166224	237,127	39,416	59
60 LABORATORY	0.279725	659,300	184,423	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.168058	115,644	19,435	65
66 PHYSICAL THERAPY	0.688374	2,468	1,699	66
67 OCCUPATIONAL THERAPY	0.454717			67
68 SPEECH PATHOLOGY	0.558570	368	206	68
69 ELECTROCARDIOLOGY	0.685617	12,263	8,408	69
70 ELECTROENCEPHALOGRAPHY	0.733014			70
71 MEDICAL SUPPLIES CHARGED TO PAT	16.982353			71
73 DRUGS CHARGED TO PATIENTS	0.187519	937,371	175,775	73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	0.421509	157,655	66,453	74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	1.216292	1,517	1,845	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	2.279045	1,925	4,387	90
90.01 OFFSITE CLINICS	0.673228			90.01
91 EMERGENCY	0.466850	51,757	24,163	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.326382			92
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,736,915	692,761	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,736,915		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		43,861,074			30
31 INTENSIVE CARE UNIT		31,120,385			31
32 CORONARY CARE UNIT		15,516,279			32
35 NEONATOLOGY		30,391,295			35
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.360267	39,641,815	14,281,638		50
51 RECOVERY ROOM	0.338845	2,334,219	790,938		51
53 ANESTHESIOLOGY	0.250201	5,890,958	1,473,924		53
54 RADIOLOGY-DIAGNOSTIC	0.331234	8,622,187	2,855,961		54
57 CT SCAN	0.096767	3,733,442	361,274		57
58 MRI	0.068527	4,542,607	311,291		58
59 CARDIAC CATHETERIZATION	0.166224	11,744,495	1,952,217		59
60 LABORATORY	0.279725	44,281,412	12,386,618		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.168058	53,980,876	9,071,918		65
66 PHYSICAL THERAPY	0.688374	1,324,615	911,831		66
67 OCCUPATIONAL THERAPY	0.454717	680,303	309,345		67
68 SPEECH PATHOLOGY	0.558570	1,059,675	591,903		68
69 ELECTROCARDIOLOGY	0.685617	932,853	639,580		69
70 ELECTROENCEPHALOGRAPHY	0.733014	582,651	427,091		70
71 MEDICAL SUPPLIES CHARGED TO PAT	16.982353	48,992	831,999		71
73 DRUGS CHARGED TO PATIENTS	0.187519	98,752,948	18,518,054		73
73.01 OUTPATIENT PHARMACY					73.01
74 RENAL DIALYSIS	0.421509	763,692	321,903		74
75.01 PSYCHIATRY					75.01
76 PSYCHIATRY	1.216292	104,163	126,693		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	2.279045	431,115	982,530		90
90.01 OFFSITE CLINICS	0.673228				90.01
91 EMERGENCY	0.466850	5,254,800	2,453,203		91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.326382				92
94 HOME PROGRAM DIALYSIS					94
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		284,707,818	69,599,911		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		284,707,818			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	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(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		3,418,420		40
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.360267	24	9	50
51 RECOVERY ROOM	0.338845	1,340	454	51
53 ANESTHESIOLOGY	0.250201	3,435	859	53
54 RADIOLOGY-DIAGNOSTIC	0.331234	11,611	3,846	54
57 CT SCAN	0.096767	3,133	303	57
58 MRI	0.068527	48,087	3,295	58
59 CARDIAC CATHETERIZATION	0.166224	19,560	3,251	59
60 LABORATORY	0.279725	234,740	65,663	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.168058	11,826	1,987	65
66 PHYSICAL THERAPY	0.688374	1,011	696	66
67 OCCUPATIONAL THERAPY	0.454717			67
68 SPEECH PATHOLOGY	0.558570			68
69 ELECTROCARDIOLOGY	0.685617	32,612	22,359	69
70 ELECTROENCEPHALOGRAPHY	0.733014	6,589	4,830	70
71 MEDICAL SUPPLIES CHARGED TO PAT	16.982353			71
73 DRUGS CHARGED TO PATIENTS	0.187519	370,505	69,477	73
73.01 OUTPATIENT PHARMACY				73.01
74 RENAL DIALYSIS	0.421509			74
75.01 PSYCHIATRY				75.01
76 PSYCHIATRY	1.216292	26,118	31,767	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	2.279045	4,762	10,853	90
90.01 OFFSITE CLINICS	0.673228			90.01
91 EMERGENCY	0.466850	131,076	61,193	91
92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	0.326382			92
94 HOME PROGRAM DIALYSIS				94
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		906,429	280,842	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		906,429		202

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] 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	2	3	4		
1	ADULTS & PEDIATRICS		38	2,007.79					1
2	INTENSIVE CARE UNIT	14,013	43	2,874.21		1	2,874		2
3	CORONARY CARE UNIT		44	2,488.89					3
4	BURN INTENSIVE CARE UNIT		45						4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	NEONATOLOGY		47	2,164.31					6
7	TOTAL (SUM OF LINES 1-6)	14,013				1	2,874		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	3	4		
8	OPERATING ROOM	50	0.360267	40,351		14,537			8
9	RECOVERY ROOM	51	0.338845						9
10	DELIVERY ROOM & LABOR ROOM	52							10
11	ANESTHESIOLOGY	53	0.250201	7,773		1,945			11
12	RADIOLOGY-DIAGNOSTIC	54	0.331234	3,179		1,053			12
13	RADIOLOGY-THERAPEUTIC	55							13
14	RADIOISOTOPE	56							14
15	CT SCAN	57	0.096767						15
16	MRI	58	0.068527						16
17	CARDIAC CATHETERIZATION	59	0.166224	5,004		832			17
18	LABORATORY	60	0.279725	35,452		9,917			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	0.168058	4,241		713			23
24	PHYSICAL THERAPY	66	0.688374						24
25	OCCUPATIONAL THERAPY	67	0.454717						25
26	SPEECH PATHOLOGY	68	0.558570						26
27	ELECTROCARDIOLOGY	69	0.685617	541		371			27
28	ELECTROENCEPHALOGRAPHY	70	0.733014						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	16.982353	4,809		81,668			29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.187519	14,775		2,771			31
31.01	OUTPATIENT PHARMACY	73.01							31.01
32	RENAL DIALYSIS	74	0.421509						32
33	ASC (NON-DISTINCT PART)	75							33
33.01	PSYCHIATRY	75.01							33.01
34	PSYCHIATRY	76	1.216292						34
34.97	CARDIAC REHABILITATION	76.97							34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90	2.279045						37
37.01	OFFSITE CLINICS	90.01	0.673228						37.01
38	EMERGENCY	91	0.466850						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.326382	1,301		425			39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
41	TOTAL (SUM OF LINES 8-40)			117,426		114,232			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		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
51.01	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT	1,301	25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	1,301			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	117,106		131,439		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,254,677		1,254,677		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,371,783		1,386,116		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		28			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		10			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.357143			64
65 MEDICARE COST/CHARGES	489,923		495,042		65
66 REVENUE FOR ORGANS SOLD	103,145		103,145		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	386,778		391,897		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	386,778		391,897		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		8		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	12			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		8		73
74 TOTAL (SUM OF LINES 70-73)	12	16		74
75 ORGANS TRANSPLANTED	12	8		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		8	103,145	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)	12	16		84

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-4
 PART I

CHECK [XX] HEART [] 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		38	2,007.79					1
2	INTENSIVE CARE UNIT	10,743	43	2,874.21					2
3	CORONARY CARE UNIT		44	2,488.89					3
4	BURN INTENSIVE CARE UNIT		45						4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	NEONATOLOGY		47	2,164.31					6
7	TOTAL (SUM OF LINES 1-6)	10,743							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	0.360267	18,083	6,515				8
9	RECOVERY ROOM	51	0.338845						9
10	DELIVERY ROOM & LABOR ROOM	52							10
11	ANESTHESIOLOGY	53	0.250201	4,593	1,149				11
12	RADIOLOGY-DIAGNOSTIC	54	0.331234	2,231	739				12
13	RADIOLOGY-THERAPEUTIC	55							13
14	RADIOISOTOPE	56							14
15	CT SCAN	57	0.096767						15
16	MRI	58	0.068527						16
17	CARDIAC CATHETERIZATION	59	0.166224	3,773	627				17
18	LABORATORY	60	0.279725	26,748	7,482				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	0.168058	4,163	700				23
24	PHYSICAL THERAPY	66	0.688374						24
25	OCCUPATIONAL THERAPY	67	0.454717						25
26	SPEECH PATHOLOGY	68	0.558570						26
27	ELECTROCARDIOLOGY	69	0.685617	172	118				27
28	ELECTROENCEPHALOGRAPHY	70	0.733014						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	16.982353	2,939	49,911				29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.187519	8,051	1,510				31
31.01	OUTPATIENT PHARMACY	73.01							31.01
32	RENAL DIALYSIS	74	0.421509						32
33	ASC (NON-DISTINCT PART)	75							33
33.01	PSYCHIATRY	75.01							33.01
34	PSYCHIATRY	76	1.216292						34
34.97	CARDIAC REHABILITATION	76.97							34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90	2.279045						37
37.01	OFFSITE CLINICS	90.01	0.673228						37.01
38	EMERGENCY	91	0.466850						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.326382	1,627	531				39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
41	TOTAL (SUM OF LINES 8-40)			72,380	69,282				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)	
		1	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	2	3	
49	RURAL HEALTH CLINIC		D 21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
51.01	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT	1,627	25		53
54	OTHER OUTPATIENT SERVICE (SPECI		26		54
55	TOTAL (SUM OF LINES 49-54)	1,627			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	69,282		83,123		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,254,372		1,254,372		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,323,654		1,337,495		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		19			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		3			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.157895			64
65 MEDICARE COST/CHARGES	208,998		211,184		65
66 REVENUE FOR ORGANS SOLD	64,081		64,081		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	144,917		147,103		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	144,917		147,103		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		3		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		16		73
74 TOTAL (SUM OF LINES 70-73)		19		74
75 ORGANS TRANSPLANTED		16		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		3	64,081	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		38	2,007.79		1		2,008	1
2	INTENSIVE CARE UNIT	3,270	43	2,874.21					2
3	CORONARY CARE UNIT		44	2,488.89					3
4	BURN INTENSIVE CARE UNIT		45						4
5	SURGICAL INTENSIVE CARE UNIT		46						5
6	NEONATOLOGY		47	2,164.31					6
7	TOTAL (SUM OF LINES 1-6)	3,270				1		2,008	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			4	
8	OPERATING ROOM	50	0.360267	14,737			5,309		8
9	RECOVERY ROOM	51	0.338845						9
10	DELIVERY ROOM & LABOR ROOM	52							10
11	ANESTHESIOLOGY	53	0.250201	2,473			619		11
12	RADIOLOGY-DIAGNOSTIC	54	0.331234	408			135		12
13	RADIOLOGY-THERAPEUTIC	55							13
14	RADIOISOTOPE	56							14
15	CT SCAN	57	0.096767						15
16	MRI	58	0.068527						16
17	CARDIAC CATHETERIZATION	59	0.166224	1,809			301		17
18	LABORATORY	60	0.279725	9,686			2,709		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	0.168058	1,729			291		23
24	PHYSICAL THERAPY	66	0.688374						24
25	OCCUPATIONAL THERAPY	67	0.454717						25
26	SPEECH PATHOLOGY	68	0.558570						26
27	ELECTROCARDIOLOGY	69	0.685617		172		118		27
28	ELECTROENCEPHALOGRAPHY	70	0.733014						28
29	MEDICAL SUPPLIES CHARGED TO PAT	71	16.982353	1,392			23,639		29
30	IMPL. DEV. CHARGED TO PATIENTS	72							30
31	DRUGS CHARGED TO PATIENTS	73	0.187519	3,580			671		31
31.01	OUTPATIENT PHARMACY	73.01							31.01
32	RENAL DIALYSIS	74	0.421509						32
33	ASC (NON-DISTINCT PART)	75							33
33.01	PSYCHIATRY	75.01							33.01
34	PSYCHIATRY	76	1.216292						34
34.97	CARDIAC REHABILITATION	76.97							34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98							34.98
34.99	LITHOTRIPSY	76.99							34.99
35	RURAL HEALTH CLINIC	88							35
36	FEDERALLY QUALIFIED HEALTH CENT	89							36
37	CLINIC	90	2.279045						37
37.01	OFFSITE CLINICS	90.01	0.673228						37.01
38	EMERGENCY	91	0.466850						38
39	OBSERVATION BEDS (NON-DISTINCT	92	0.326382						39
40	OTHER OUTPATIENT SERVICE (SPECI	93							40
41	TOTAL (SUM OF LINES 8-40)			35,986			33,792		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	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		21		49
50	FEDERALLY QUALIFIED HEALTH CENT		22		50
51	CLINIC		23		51
51.01	OFFSITE CLINICS		23.01		51.01
52	EMERGENCY		24		52
53	OBSERVATION BEDS (NON-DISTINCT		25		53
54	OTHER OUTPATIENT SERVICE (SPECI		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	35,800		39,256		56
57 INTERNS & RESIDENTS (INPATIENT)					57
58 INTERNS & RESIDENTS (OUTPATIENT)					58
59 DIRECT ORGAN ACQUISITION	1,017,807		1,017,807		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (WKST D-5, PART II)					60
61 TOTAL (SUM OF LINES 56-60)	1,053,607		1,057,063		61
62 TOTAL USABLE ORGANS (SEE INSTRUCTIONS)		20			62
63 MEDICARE USABLE ORGANS (SEE INSTRUCTIONS)		3			63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (LINE 63 ÷ LINE 62)		0.150000			64
65 MEDICARE COST/CHARGES	158,041		158,559		65
66 REVENUE FOR ORGANS SOLD	30,683		30,683		66
67 SUBTOTAL (LINE 65 MINUS LINE 66)	127,358		127,876		67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (SEE INSTRUCTIONS)	127,358		127,876		69

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
70 ORGANS EXCISED IN PROVIDER		3		70
71 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS	4			71
72 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73 ORGANS PURCHASED FROM OPO'S		13		73
74 TOTAL (SUM OF LINES 70-73)	4	16		74
75 ORGANS TRANSPLANTED	4	13		75
76 ORGANS SOLD TO OTHER HOSPITALS				76
77 ORGANS SOLD TO OPO'S		3	30,683	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)	4	16		84

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-3300) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,380,994		2,498,921
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
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 02/27/2013	8,178	02/27/2013	6,660
	.02 08/07/2013	79,193		
	PROGRAM .03			
	TO .04			
	PROVIDER .05			
	.06			
	.07			
	.08			
	.09			
	.50	NONE		NONE
	.51			
	PROVIDER .52			
	TO .53			
	PROGRAM .54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.99			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		87,371		6,660
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,468,365		2,505,581

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			6.03
	TO .04			6.04
	PROGRAM .05			6.05
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 09/01/2012 TO 08/31/2013

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

VERSION: 2013.11
01/24/2014 09:59

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)	1,265,662	1
2	ORGAN ACQUISITION	659,053	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)	1,924,715	4
5	PRIMARY PAYER PAYMENTS		5
6	SUBTOTAL (LINE 4 LESS LINE 5)	1,924,715	6
7	DEDUCTIBLES	44,712	7
8	SUBTOTAL (LINE 6 MINUS LINE 7)	1,880,003	8
9	COINSURANCE	6,394	9
10	SUBTOTAL (LINE 8 MINUS LINE 9)	1,873,609	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)	1,873,609	14
15	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)	24,886	15
16	DO NOT USE THIS LINE		16
17	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,898,495	18
18.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	15,947	18.01
19	INTERIM PAYMENTS	1,468,365	19
20	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		20
21	BALANCE DUE PROVIDER/PROGRAM (LINE 18 MINUS LINES 18.01, 19 AND 20)	414,183	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 EXCLUDING FTEs IN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE NEW PROGRAM GROWTH PERIOD OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)	7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9
10	TEACHING ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8/LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	10
11	TEACHING ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)	11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	13
14	ORGAN ACQUISITION	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
31.01	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	31.01
32	INTERIM PAYMENTS	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 31.01, 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	142,621,369	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	142,621,369	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	142,621,369	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	120,440,454	8
9 ANCILLARY SERVICE CHARGES	284,707,818	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)	405,148,272	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)	405,148,272	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	262,526,903	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)	142,621,369	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	142,621,369	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)	142,621,369	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)	142,621,369	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	142,621,369	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)	142,621,369	40
41 INTERIM PAYMENTS	89,082,641	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	53,538,728	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	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	2,979,972	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	2,979,972	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	2,979,972	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	3,866,820	8
9 ANCILLARY SERVICE CHARGES	906,429	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)	4,773,249	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	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	4,773,249	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	1,793,277	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)	2,979,972	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	2,979,972	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)	2,979,972	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)	2,979,972	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	2,979,972	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)	2,979,972	40
41 INTERIM PAYMENTS	2,966,173	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	13,799	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 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA 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 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)			149.46 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			246.49 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			149.46 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	89.89	107.19	197.08 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	54.51	64.99	119.50 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		3.59	10
11	TOTAL WEIGHTED FTE COUNT	54.51	68.58	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	54.19	70.66	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	57.26	69.88	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	55.32	69.71	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	55.32	69.71	17
18	PER RESIDENT AMOUNT	95,416.51	95,416.51	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	5,278,441	6,651,485	11,929,926 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)			97.03 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)			11,929,926 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	268		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	69,634		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.003849		28
29	PROGRAM DIRECT GME AMOUNT	45,918		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			45,918 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)			1,669,845 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			1,264,731 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			659,053 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)			1,923,784 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			1,625,808 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			1,625,808 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			3,549,592 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.541973 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.458027 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			45,918 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			24,886 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			21,032 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 42 CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA 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 AND 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			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	
		PART A	CARE	
26	INPATIENT DAYS	35,226	2,370	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	69,634	69,634	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.505874	0.034035	28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, 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)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			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)			41
	PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	16,830,174			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	53,862,066			4
5	OTHER RECEIVABLES	9,860,000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,959,562			6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	35,650,712			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	107,243,390			11
FIXED ASSETS					
12	LAND	38,092,506			12
13	LAND IMPROVEMENTS	449,471			13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS	1,056,669,658			15
16	ACCUMULATED DEPRECIATION	-239,033,178			16
17	LEASEHOLD IMPROVEMENTS	20,480,981			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	259,403,936			23
24	ACCUMULATED DEPRECIATION	-147,453,522			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)	988,609,852			30
OTHER ASSETS					
31	INVESTMENTS	587,104,026	180,588,558	148,542,673	31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	100,140,840			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	687,244,866	180,588,558	148,542,673	35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	1,783,098,108	180,588,558	148,542,673	36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	76,427,454			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	21,241,298			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	97,668,752			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	456,993,354			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	134,743,059			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	591,736,413			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	689,405,165			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	1,093,692,943			52
53	SPECIFIC PURPOSE FUND BALANCE		180,588,558		53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED			148,542,673	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)	1,093,692,943	180,588,558	148,542,673	59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	1,783,098,108	180,588,558	148,542,673	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	982,985,432		195,155,061		142,947,767				1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	64,320,584								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	1,047,306,016		195,155,061		142,947,767				3
4 ADDITIONS (CREDIT ADJUSTMENTS)	64,991,235	65,346,904			4,879,954				4
5 GRANTS									5
6 INVESTMENT RETURN		8,921,175							6
7 TRANSFER FROM AFFILIATES					714,952				7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	64,991,235		74,268,079		5,594,906				10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	1,112,297,251		269,423,140		148,542,673				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	18,604,308	88,119,630							12
13 TRANSFER TO AFFILIATES			714,952						13
14 CAPITAL ASSETS									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)	18,604,308		88,834,582						18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	1,093,692,943		180,588,558		148,542,673				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	96,337,320		96,337,320	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)	96,337,320		96,337,320	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	76,876,076		76,876,076	12
13 CORONARY CARE UNIT	54,555,015		54,555,015	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 NEONATOLOGY	94,271,633		94,271,633	16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	225,702,724		225,702,724	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	322,040,044		322,040,044	18
19 ANCILLARY SERVICES	545,568,292	553,540,996	1,099,109,288	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
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	867,608,336	553,540,996	1,421,149,332	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		646,660,039	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)		646,660,039	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,421,149,332	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	864,555,494	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	556,593,838	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	646,660,039	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-90,066,201	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	56,289,539	6
7	INCOME FROM INVESTMENTS	39,385,290	7
8	REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES	2,003,708	11
12	PARKING LOT RECEIPTS	2,785,333	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,919,815	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	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	35,134	21
22	RENTAL OF HOSPITAL SPACE	2,270,620	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (SELF INSURANCE INCOME)	4,216,665	24.01
24.02	OTHER (INTEREST INCOME)	8,650,760	24.02
24.03	OTHER (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	OTHER (SPECIMEN REVENUE)	919,649	24.04
24.05	OTHER (ASSETS RELEASED FROM RESTRICTION)	5,047,062	24.05
24.06	OTHER (CMRI)	17,352,340	24.06
24.07	OTHER (INTEREST RATE SWAP)		24.07
24.08	OTHER (CONTRACT REVENUE-70412)	24,418	24.08
24.09	OTHER (SHUTTLE REVENUE)	153,948	24.09
24.10	OTHER (CLINIC REVENUE)	1,780,080	24.10
24.11	OTHER (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	OTHER (TRUST INCOME)	1,035,210	24.12
24.13	OTHER (CDH REVENUE)	7,706,459	24.13
24.14	OTHER (INDIRECT COST RECOVERY)	1,668,419	24.14
24.15	OTHER (ENDOWMENT & SP FUND RECOVERY)	1,142,316	24.15
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	154,386,785	25
26	TOTAL (LINE 5 PLUS LINE 25)	64,320,584	26
27			27
27.01	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSETS)		27.01
27.02	OTHER EXPENSES (OTHER EXPENSE)		27.02
27.03	OTHER EXPENSES (PENSION LIABILITY ADJUSTMENT)		27.03
27.04	OTHER EXPENSES (INTEREST RATE SWAP)		27.04
27.05	OTHER EXPENSES (AFFILIATE TRANSFERS)		27.05
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	64,320,584	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 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-INT EXP					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS DEPARTMENT					4
4.01 EMPLOYEE BENEFITS FTE BASED					4.01
5.01 ADMINISTRATION & GENERAL					5.01
5.02 ADMIN & GENERAL CHCRC					5.02
5.03 ADMIN & GEN PATIENT RELATED					5.03
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
12.01 VOLUNTEERS					12.01
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SERVICES-SALARY & FRINGES					21
22 I&R SERVICES-OTHER PRGM COSTS					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
35 NEONATOLOGY					35
40 SUBPROVIDER - IPF					40
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
57 CT SCAN					57
58 MRI					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHARGED TO 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 (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					92
94 HOME PROGRAM DIALYSIS					94
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
105 KIDNEY ACQUISITION					105
106 HEART ACQUISITION					106
107 LIVER ACQUISITION					107
SPECIAL PURPOSE COST CENTERS					
110 INTESTINAL ACQUISITION					110

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
191 RESEARCH						191
191.01 OSA						191.01
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 OFFSITE FACILITIES						192.01
193.01 ENDOWMENTS & OTHER SERVICES						193.01
193.02 NON-REIMBURSABLE CLINICS						193.02
194 ENDOWMENTS & OTHER SERVICES						194
194.01 NON-REIMBURSABLE CLINICS						194.01
194.02 KOHL HOUSE						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST 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