



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY		1. <input checked="" type="checkbox"/> ELECTRONICALLY FILED COST REPORT	DATE: 01/26/2015	TIME: 13:32
		2. <input type="checkbox"/> MANUALLY SUBMITTED COST REPORT		
		3. <input type="checkbox"/> IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THE COST REPORT		
		4. <input type="checkbox"/> MEDICARE UTILIZATION. ENTER 'F' FOR FULL OR 'L' FOR LOW.		
CONTRACTOR USE ONLY	5. <input type="checkbox"/> COST REPORT STATUS	6. DATE RECEIVED: _____	10. NPR DATE: _____	
	1 -AS SUBMITTED	7. CONTRACTOR NO: _____	11. CONTRACTOR'S VENDOR CODE: _____	
	2 -SETTLED WITHOUT AUDIT	8. <input type="checkbox"/> INITIAL REPORT FOR THIS PROVIDER CCN	12. <input type="checkbox"/> IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED = 0-9.	
	3 -SETTLED WITH AUDIT	9. <input type="checkbox"/> FINAL REPORT FOR THIS PROVIDER CCN		
	4 -REOPENED			
	5 -AMENDED			

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ANN & ROBERT H. LURIE CHILDREN'S HOS (14-3300) {(PROVIDER NAME(S) AND NUMBER(S))} FOR THE COST REPORTING PERIOD BEGINNING 09/01/2013 AND ENDING 08/31/2014, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART III - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		HIT	TITLE XIX	
		PART A	PART B			
	1	2	3	4	5	
1 HOSPITAL		230,306	-30,936		40,840,261	1
2 SUBPROVIDER - IPF					-2,139,903	2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		230,306	-30,936		38,700,358	200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:										
1	Street: 225 EAST CHICAGO AVENUE	P.O. Box:								1
2	City: CHICAGO	State: IL	ZIP Code: 60611-2605	County: COOK COUNTY						2
Hospital and Hospital-Based Component Identification:										
							Payment System (P, T, O, or N)			
	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	ANN & ROBERT H. LURIE CHILDREN'S HOS	14-3300	16974	7	07/01/1973	N	T	O	3
4	Subprovider - IPF	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 / 2013	To: 08 / 31 / 2014							20
21	Type of control (see instructions)	2								21
Inpatient PPS Information								1	2	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.							N	N	22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	N	22.01
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.							1	N	23
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1	2	3	4	5	6			
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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 days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.									25
26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.				1					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				Beginning:		Ending:		36	
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				Beginning:		Ending:		38	
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)							N	N	39



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		I	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
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Worksheet E-4. If column 2 is 'N', complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	N		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06
Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count
		1	2	3	4
Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in 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



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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings-This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
65							65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings-Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	RATIO (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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)							
	Program Name	Program Code		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1	2		3	4	5	
67							67
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.			Y			70
71	If line 70 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 5th or subsequent academic years of the new teaching program in existence, enter 5.			N			71
Inpatient Rehabilitation Facility PPS				1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.			N			75
76	If line 75 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 5th or subsequent academic years of the new teaching program in existence, enter 5.						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.						86



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WORKSHEET S-2
PART I

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/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? (see instructions)			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 25 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	109
		Physical	Occupational	Speech
				Respiratory
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'	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.		Y	116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.		N	117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118
		Premiums	Paid Losses	Self Insurance
118.01	List amounts of malpractice premiums and paid losses:			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.		N	N
121	Did this facility incur and report costs for high cost 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



COMPU-MAX

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WORKSHEET S-2
PART I

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 (see instructions)	1	2		140	
		N				
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				
		Part A	Part B	Title V	Title XIX	
			1	2	3	
155	Hospital	N	N		155	
156	Subprovider - IPF	N	N		156	
157	Subprovider - IRF	N	N		157	
158	Subprovider - Other				158	
159	SNF	N	N		159	
160	HHA	N	N		160	
161	CMHC		N		161	
161.10	CORF				161.10	
Multicampus						
165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N			165	
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5.				166	
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.		N		167	
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168	
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. (see instructions)				169	
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170	



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION		1	2		
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (see instructions)	N			1
		Y/N	DATE	V/I	
		1	2	3	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N			2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (e.g., chain home offices, drug or medical supply companies) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (see instructions)	N			3
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE	
		1	2	3	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (see instructions). IF NO, SEE INSTRUCTIONS.	N			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		
		1	2		
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N			6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N			7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N			8
9	ARE COSTS CLAIMED FOR 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
BAD DEBTS				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.			N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N	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
		1	2	3	4
PS&R REPORT DATA					
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



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

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

CAPITAL RELATED COSTS			
22	HAVE ASSETS BEEN RELIEVED 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
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	1	2
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
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.		
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		
COST REORT PREPARER INFORMATION			
41	FIRST NAME: PREM	LAST NAME: TUTEJA	TITLE: DIRECTOR OF THIRD PARTY
42	EMPLOYER: ANN & ROBERT H. LURIE CHILDREN'S HOS		
43	PHONE NUMBER: 312-227-7134	E-MAIL ADDRESS: PTUTEJA@LURIECHILDRENS.ORG	



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	WKST A LINE NO.	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	INPATIENT DAYS/OUTPATIENT VISITS/TRIPS				
						TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		1	2	3	4	5	6	7	8	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	156	56,940			383	18,932	37,004	1
2	HMO AND OTHER (see instructions)							2,213		2
3	HMO IPF SUBPROVIDER									3
4	HMO IRF SUBPROVIDER									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									5
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)		156	56,940			383	18,932	37,004	7
8	INTENSIVE CARE UNIT	31	40	14,600			91	3,953	10,159	8
9	CORONARY CARE UNIT	32	36	13,140			51	3,869	10,163	9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	NEONATOLOGY	35	44	16,060				4,271	13,974	12
13	NURSERY	43								13
14	TOTAL (see instructions)		276	100,740			525	31,025	71,300	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	12	4,380				1,634	3,402	16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44								19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101								22
23	ASC (Distinct Part)	115								23
24	HOSPICE (Distinct Part)	116								24
24.10	HOSPICE (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (sum of lines 14-26)		288							27
28	OBSERVATION BED DAYS								3,639	28
29	AMBULANCE TRIPS									29
30	EMPLOYEE DISCOUNT DAYS (see instructions)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (see instructions)									32
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)									32.01
33	LTCH NON-COVERED DAYS									33



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	FULL TIME EQUIVALENTS			DISCHARGES				
		TOTAL INTERNS & RESIDENTS	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		9	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					65	5,219	13,019	1
2	HMO AND OTHER (see instructions)								2
3	HMO IPF SUBPROVIDER								3
4	HMO IRF SUBPROVIDER								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (exclude observation beds)(see instructions)								7
8	INTENSIVE CARE UNIT								8
9	CORONARY CARE UNIT								9
10	BURN INTENSIVE CARE UNIT								10
11	SURGICAL INTENSIVE CARE UNIT								11
12	NEONATOLOGY								12
13	NURSERY								13
14	TOTAL (see instructions)	250.14	3,470.09			65	5,219	13,019	14
15	CAH VISITS								15
16	SUBPROVIDER - IPF						184	184	16
17	SUBPROVIDER - IRF								17
18	SUBPROVIDER I								18
19	SKILLED NURSING FACILITY								19
20	NURSING FACILITY								20
21	OTHER LONG TERM CARE								21
22	HOME HEALTH AGENCY								22
23	ASC (Distinct Part)								23
24	HOSPICE (Distinct Part)								24
24.10	HOSPICE (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	TOTAL (sum of lines 14-26)	250.14	3,470.09						27
32.01	TOTAL ANCILLARY LABOR & DELIVERY ROOM OUTPATIENT DAYS (see instructions)								32



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	CAP REL COSTS-BLDG & FIXT		40,834.104	40,834.104		40,834.104	-280,263	40,553.841	1
1.01	00101	CAP REL COSTS-INT EXP		23,464,070	23,464,070		23,464,070		23,464,070	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP		23,032,808	23,032,808		23,032,808		23,032,808	2
3	00300	OTHER CAP REL COSTS							-0-	3
4	00400	EMPLOYEE BENEFITS DEPARTMENT	60,592	39,687,068	39,747,660	-31,741,484	8,006,176		8,006,176	4
4.01	00401	EMPLOYEE BENEFITS FTE BASED	4,645,550	2,261,909	6,907,459	37,273,146	44,180,605	-7,229	44,173,376	4.01
5.01	00590	ADMINISTRATION & GENERAL	34,534,657	48,923,835	83,458,492	-633,585	82,824,907	-12,039,955	70,784,952	5.01
5.02	00591	ADMIN & GENERAL CHCRC	3,031,859	890,901	3,922,760	287,831	4,210,591		4,210,591	5.02
5.03	00592	ADMIN & GEN PATIENT RELATED	8,463,156	41,103,863	49,567,019	-841,865	48,725,154	-6,316,808	42,408,346	5.03
6	00600	MAINTENANCE & REPAIRS								6
7	00700	OPERATION OF PLANT	7,921,292	19,232,157	27,153,449		27,153,449	-218,744	26,934,705	7
8	00800	LAUNDRY & LINEN SERVICE		1,461,142	1,461,142		1,461,142		1,461,142	8
9	00900	HOUSEKEEPING	3,450,730	3,479,703	6,930,433		6,930,433	-123,091	6,807,342	9
10	01000	DIETARY	1,584,892	3,540,721	5,125,613	-4,321,158	804,455	-30,638	773,817	10
11	01100	CAFETERIA				4,321,158	4,321,158	-2,142,524	2,178,634	11
12	01200	MAINTENANCE OF PERSONNEL								12
12.01	01201	VOLUNTEERS	149,087	39,674	188,761		188,761		188,761	12.01
13	01300	NURSING ADMINISTRATION	6,018,295	1,224,272	7,242,567	210,306	7,452,873		7,452,873	13
14	01400	CENTRAL SERVICES & SUPPLY	786,664	1,093,990	1,880,654		1,880,654		1,880,654	14
15	01500	PHARMACY								15
16	01600	MEDICAL RECORDS & LIBRARY	2,260,351	810,108	3,070,459	695	3,071,154	-196,250	2,874,904	16
17	01700	SOCIAL SERVICE	1,699,012	1,002,365	2,701,377	3,500,767	6,202,144		6,202,144	17
19	01900	NONPHYSICIAN ANESTHETISTS								19
20	02000	NURSING SCHOOL								20
21	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,742,801	1,139,843	4,882,644		4,882,644		4,882,644	21
22	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,385,355	2,364,678	9,750,033	3,661,570	13,411,603	-6,169	13,405,434	22
23	02300	PARAMED ED PRGM-(SPECIFY)								23
		INPATIENT ROUTINE SERV COST CENTERS								
30	03000	ADULTS & PEDIATRICS	26,695,453	4,388,475	31,083,928	346,639	31,430,567	-105,509	31,325,058	30
31	03100	INTENSIVE CARE UNIT	10,570,280	2,814,906	13,385,186	-152,031	13,233,155	-120,801	13,112,354	31
32	03200	CORONARY CARE UNIT	8,079,315	2,017,969	10,097,284	597,499	10,694,783		10,694,783	32
35	02061	NEONATOLOGY	12,279,858	2,548,667	14,828,525	132,493	14,961,018	-432,233	14,528,785	35
40	04000	SUBPROVIDER - IPF	2,056,360	168,887	2,225,247	75,928	2,301,175	-10,880	2,290,295	40
		ANCILLARY SERVICE COST CENTERS								
50	05000	OPERATING ROOM	12,960,974	20,895,588	33,856,562	-271,142	33,585,420	-818,169	32,767,251	50
51	05100	RECOVERY ROOM	2,097,277	227,007	2,324,284		2,324,284		2,324,284	51
53	05300	ANESTHESIOLOGY	991,838	3,888,481	4,880,319	-1,285,711	3,594,608	-1,157,101	2,437,507	53
54	05400	RADIOLOGY-DIAGNOSTIC	3,557,897	1,311,702	4,869,599	-423,648	4,445,951	-731	4,445,220	54
57	05700	CT SCAN	373,360	67,022	440,382		440,382		440,382	57
58	05800	MRI	953,841	364,530	1,318,371		1,318,371		1,318,371	58
59	05900	CARDIAC CATHETERIZATION	2,663,447	3,121,257	5,784,704		5,784,704	-40,134	5,744,570	59
60	06000	LABORATORY	12,203,399	16,710,790	28,914,189	1,277,918	30,192,107	-2,401,851	27,790,256	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	RESPIRATORY THERAPY	5,220,514	3,768,791	8,989,305	-23,559	8,965,746	-75,066	8,890,680	65
66	06600	PHYSICAL THERAPY	3,262,935	808,703	4,071,638	379,663	4,451,301	-18,262	4,433,039	66
67	06700	OCCUPATIONAL THERAPY	858,820	74,888	933,708	33,338	967,046	-721	966,325	67
68	06800	SPEECH PATHOLOGY	2,316,427	1,315,988	3,632,415	290,672	3,923,087	-9,628	3,913,459	68
69	06900	ELECTROCARDIOLOGY	968,106	347,557	1,315,663	170,585	1,486,248	-358	1,485,890	69
70	07000	ELECTROENCEPHALOGRAPHY	2,337,137	334,398	2,671,535	1,182,888	3,854,423		3,854,423	70
73	07300	DRUGS CHARGED TO PATIENTS	7,495,531	21,373,544	28,869,075	-5,076	28,863,999	-115,883	28,748,116	73
73.01	07301	OUTPATIENT PHARMACY								73.01
74	07400	RENAL DIALYSIS		601,606	601,606		601,606		601,606	74
75.01	03550	PSYCHIATRY								75.01
76	03551	PSYCHIATRY	3,668,823	1,281,015	4,949,838	-264,922	4,684,916	-255,546	4,429,370	76
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90	09000	CLINIC	10,885,300	1,650,163	12,535,463	584,736	13,120,199	-795,098	12,325,101	90
90.01	09001	OFFSITE CLINICS	11,838,315	5,904,965	17,743,280	20,385	17,763,665	-1,329,326	16,434,339	90.01
91	09100	EMERGENCY	6,463,232	2,662,082	9,125,314	200,323	9,325,637	-1,080,641	8,244,996	91
92	09200	OBSERVATION BEDS (NON-DISTINCT PART)								92
		OTHER REIMBURSABLE COST CENTERS								
95	09500	AMBULANCE SERVICES	2,890,430	345,405	3,235,835	-5,432	3,230,403	-11,527	3,218,876	95
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
105	10500	KIDNEY ACQUISITION	231,449	828,594	1,060,043	-92,336	967,707		967,707	105
106	10600	HEART ACQUISITION	412,718	1,200,228	1,612,946	-283,211	1,329,735	-50,000	1,279,735	106
107	10700	LIVER ACQUISITION	435,799	824,559	1,260,358	-385,203	875,155		875,155	107



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
110	11000	INTESTINAL ACQUISITION	124,038	52,185	176,223	-80,408	95,815		95,815	110
118		SUBTOTALS (sum of lines 1-117)	240,627,166	357,487,163	598,114,329	13,737,769	611,852,098	-30,191,136	581,660,962	118
		NONREIMBURSABLE COST CENTERS								
191	19100	RESEARCH	4,301,792	2,283,586	6,585,378	17,227,708	23,813,086	-338,588	23,474,498	191
191.01	19101	OSA				7,019,145	7,019,145		7,019,145	191.01
192	19200	PHYSICIANS' PRIVATE OFFICES	1,048,533	699,274	1,747,807	29,910	1,777,717	-323,364	1,454,353	192
192.01	19201	OFFSITE FACILITIES				226,537	226,537		226,537	192.01
193.01	19301	ENDOWMENTS & OTHER SERVICES								193.01
193.02	19302	NON-REIMBURSABLE CLINICS				796,931	796,931		796,931	193.02
194	07950	ENDOWMENTS & OTHER SERVICES	29,466,942	27,937,444	57,404,386	-39,447,873	17,956,513		17,956,513	194
194.01	07951	NON-REIMBURSABLE CLINICS	3,114,344	342,364	3,456,708	409,873	3,866,581	-1,012,418	2,854,163	194.01
194.02	07952	KOHL HOUSE	37,869	58,603	96,472		96,472		96,472	194.02
200		TOTAL (sum of lines 118-199)	278,596,646	388,808,434	667,405,080		667,405,080	-31,865,506	635,539,574	200



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
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	177,288	27,179	1
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	NON-REIMBURSABLE CLINICS	194.01	351,711	58,162	2
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CLINIC	90	512,727	76,627	3
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	CORONARY CARE UNIT	32	496,641	100,858	4
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	KIDNEY ACQUISITION	105		472	5
6							6
500	TOTAL RECLASSIFICATIONS				1,538,367	263,298	500
	CODE LETTER - B						
1	APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	17,548	1,356	1
2	APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	113,634	8,783	2
3	APPORTION REHAB ADMIN	C	OFFSITE CLINICS	90.01	17,793	1,375	3
4	APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	143,119	11,062	4
5	APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	55,135	4,262	5
6	APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	95,606	7,390	6
7	APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	48,618	3,758	7
8	APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	2,069	160	8
9	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	15,375	1,188	9
10	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	27,130	2,097	10
11	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	82,124	6,348	11
12	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	32,710	2,528	12
13	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	14,826	1,146	13
14	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	6,068	469	14
15	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	15,196	1,175	15
16	APPORTION REHAB ADMIN	C	OFFSITE FACILITIES	192.01	16,854	1,303	16
17	APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	56,297	4,351	17
18	APPORTION REHAB ADMIN	C	PHYSICAL THERAPY	66	63,882	4,938	18
19	APPORTION REHAB ADMIN	C	OCCUPATIONAL THERAPY	67	30,946	2,392	19
20	APPORTION REHAB ADMIN	C	SPEECH PATHOLOGY	68	13,197	1,020	20
21	APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	3,404	263	21
22	APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	10,710	828	22
23	APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	6,481	501	23
24	APPORTION REHAB ADMIN	C	PHYSICIANS' PRIVATE OFFICES	192	7,168	555	24
500	TOTAL RECLASSIFICATIONS				895,890	69,248	500
	CODE LETTER - C						
1	RECLASS RENTAL-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	1,336,146	2,985,012	1
500	TOTAL RECLASSIFICATIONS				1,336,146	2,985,012	500
	CODE LETTER - E						
1	RECALSS SPEC NUTR	F					1
500	TOTAL RECLASSIFICATIONS						500
	CODE LETTER - F						
1	RECLASS SPEC PURP FNDS	G	LABORATORY	60	10,710	12,230	1
2	RECLASS SPEC PURP FNDS	G	ANESTHESIOLOGY	53		7,656	2
3	RECLASS SPEC PURP FNDS	G	ADULTS & PEDIATRICS	30		41,035	3
4	RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	6,440	608	4
5	RECLASS SPEC PURP FNDS	G	ELECTROCARDIOLOGY	69	103,080	124,311	5
6	RECLASS SPEC PURP FNDS	G	SOCIAL SERVICE	17	2,730,653	891,368	6
7	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	193.02	602,907	188,426	7
8	RECLASS SPEC PURP FNDS	G	EMERGENCY	91	119,395	142,467	8
9	RECLASS SPEC PURP FNDS	G	LABORATORY	60	43,912	92,562	9
10	RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	64,532	33,451	10
11	RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	5,293	64,924	11
12	RECALSS SPEC PURP FNDS	G	OFFSITE CLINICS	90.01	152,554	91,556	12
13	RECLASS SPEC PURP FNDS	G	LABORATORY	60	25,231	1,360	13
14	RECLASS SPEC PURP FNDS	G	LABORATORY	60	129,597	138,421	14
15	RECALSS SPEC PURP FNDS	G	LABORATORY	60	35,794	15,228	15
16	RECLASS SPEC PURP FNDS	G	MEDICAL RECORDS & LIBRARY	16		695	16
17	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	66,010	40,198	17
18	RECLASS SPEC PURP FNDS	G	LABORATORY	60	617,126	609,663	18
19	RECLASS SPEC PURP FNDS	G	ELECTROENCEPHALOGRAPHY	70		1,927	19
20	RECLASS SPEC PURP FNDS	G	NEONATOLOGY	35	119,644	157,908	20
21	RECLASS SPEC PURP FNDS	G	NURSING ADMINISTRATION	13	25,221	98,069	21
22	RECLASS SPEC PURP FNDS	G	NURSING ADMINISTRATION	13		87,016	22
23	RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	11,545	55,027	23



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
24	RECLASS SPEC PURP FNDS	G	NON-REIMBURSABLE CLINICS	193.02		5,598	24
25	RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	40,464	6,192	25
26	RECLASS SPEC PURP FNDS	G	PHYSICAL THERAPY	66		14,150	26
27	RECLASS SPEC PURP FNDS	G	RADIOLOGY-DIAGNOSTIC	54	1,370	581	27
28	RECLASS SPEC PURP FNDS	G	AMBULANCE SERVICES	95		19,228	28
29	RECLASS SPEC PURP FNDS	G	OPERATING ROOM	50	181,089	38,030	29
30	RECLASS SPEC PURP FNDS	G	EMPLOYEE BENEFITS FTE BASED	4.01		5,531,662	30
31	RECLASS SPEC PURP FNDS	G	RESEARCH	191	10,459,007	6,768,701	31
32	RECLASS SPEC PURP FNDS	G	LABORATORY	60	98,815	110,347	32
33	RECLASS SPEC PURP FNDS	G	ADMIN & GENERAL CHCRC	5.02	46,062		33
34	RECLASS SPEC PURP FNDS	G	ADULTS & PEDIATRICS	30	95,624	5,513	34
35	RECLASS SPEC PURP FNDS	G	PSYCHIATRY	76	5,074	28,599	35
36	RECLASS SPEC PURP FNDS	G	ELECTROENCEPHALOGRAPHY	70	659,386	552,562	36
37	RECLASS SPEC PURP FNDS	G	OSA	191.01	3,938,924	3,080,221	37
500	TOTAL RECLASSIFICATIONS				20,395,459	19,057,490	500
	CODE LETTER - G						
1	SPACE RECOV	H	ADMINISTRATION & GENERAL	5.01		397,400	1
2	SPACE RECOV	H					2
3	SPACE RECOV	H					3
4	SPACE RECOV	H					4
5	SPACE RECOV	H					5
6	SPACE RECOV	H					6
7	SPACE RECOV	H					7
8	SPACE RECOV	H					8
9	SPACE RECOV	H					9
10	SPACE RECOV	H					10
11	SPACE RECOV	H					11
12	SPACE RECOV	H					12
13	SPACE RECOV	H					13
14	SPACE RECOV	H					14
15	SPACE RECOV	H					15
16	SPACE RECOV	H					16
17	SPACE RECOV	H					17
18	SPACE RECOV	H					18
19	SPACE RECOV	H					19
20	SPACE RECOV	H					20
21	SPACE RECOV	H					21
22	SPACE RECOV	H					22
500	TOTAL RECLASSIFICATIONS					397,400	500
	CODE LETTER - H						
1	FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS FTE BASED	4.01		31,741,484	1
500	TOTAL RECLASSIFICATIONS					31,741,484	500
	CODE LETTER - I						
1	SID RESEARCH ADMINISTRATION	J	ADMIN & GENERAL CHCRC	5.02	65,484		1
500	TOTAL RECLASSIFICATIONS				65,484		500
	CODE LETTER - J						
1	RECLASS RESEARCH RENT	K	ADMIN & GENERAL CHCRC	5.02		176,285	1
500	TOTAL RECLASSIFICATIONS					176,285	500
	CODE LETTER - K						
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	I&R SERVICES-OTHER PRGM COSTS	22		3,661,570	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					3,661,570	500
	CODE LETTER - L						
	GRAND TOTAL (INCREASES)				24,307,274	58,351,787	



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	

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



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	APPORTION PHYSICIAN TO IP PSYCH	A	PSYCHIATRY	76	75,928			
500	TOTAL RECLASSIFICATIONS				75,928			
	CODE LETTER - A							
1	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	ADMIN & GEN PATIENT RELATED	5.03	659,796	182,069		
2	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	HEART ACQUISITION	106	233,107	50,104		
3	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	KIDNEY ACQUISITION	105	92,808			
4	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	LIVER ACQUISITION	107	353,755	28,364		
5	APPORTION TRNSPLNT ADMIN ORGAN ACQ	B	INTESTINAL ACQUISITION	110	77,647	2,761		
6			SOCIAL SERVICE	17	121,254			
500	TOTAL RECLASSIFICATIONS				1,538,367	263,298		
	CODE LETTER - B							
1	APPORTION REHAB ADMIN	C	ADMINISTRATION & GENERAL	5.01	895,890	69,248		
2	APPORTION REHAB ADMIN	C						
3	APPORTION REHAB ADMIN	C						
4	APPORTION REHAB ADMIN	C						
5	APPORTION REHAB ADMIN	C						
6	APPORTION REHAB ADMIN	C						
7	APPORTION REHAB ADMIN	C						
8	APPORTION REHAB ADMIN	C						
9	APPORTION REHAB ADMIN	C						
10	APPORTION REHAB ADMIN	C						
11	APPORTION REHAB ADMIN	C						
12	APPORTION REHAB ADMIN	C						
13	APPORTION REHAB ADMIN	C						
14	APPORTION REHAB ADMIN	C						
15	APPORTION REHAB ADMIN	C						
16	APPORTION REHAB ADMIN	C						
17	APPORTION REHAB ADMIN	C						
18	APPORTION REHAB ADMIN	C						
19	APPORTION REHAB ADMIN	C						
20	APPORTION REHAB ADMIN	C						
21	APPORTION REHAB ADMIN	C						
22	APPORTION REHAB ADMIN	C						
23	APPORTION REHAB ADMIN	C						
24	APPORTION REHAB ADMIN	C						
500	TOTAL RECLASSIFICATIONS				895,890	69,248		
	CODE LETTER - C							
1	RECLASSRENTAL-104007 RES & FELLOW	D					10	
2	RECLASS RENTAL-107017 SPEC ID	D						
500	TOTAL RECLASSIFICATIONS							
	CODE LETTER - D							
1	RECLASS DIETARY TO CAFETERIA	E	DIETARY	10	1,336,146	2,985,012		
500	TOTAL RECLASSIFICATIONS				1,336,146	2,985,012		
	CODE LETTER - E							
1	RECALSS SPEC NUTR	F						
500	TOTAL RECLASSIFICATIONS							
	CODE LETTER - F							
1	RECLASS SPEC PURP FNDS	G	ENDOWMENTS & OTHER SERVICES	194	20,395,459	19,052,414		
2	RECLASS SPEC PURP FNDS	G	DRUGS CHARGED TO PATIENTS	73		5,076		
3	RECLASS SPEC PURP FNDS	G						
4	RECLASS SPEC PURP FNDS	G						
5	RECLASS SPEC PURP FNDS	G						
6	RECLASS SPEC PURP FNDS	G						
7	RECLASS SPEC PURP FNDS	G						
8	RECLASS SPEC PURP FNDS	G						
9	RECLASS SPEC PURP FNDS	G						
10	RECLASS SPEC PURP FNDS	G						
11	RECLASS SPEC PURP FNDS	G						
12	RECALSS SPEC PURP FNDS	G						
13	RECLASS SPEC PURP FNDS	G						
14	RECLASS SPEC PURP FNDS	G						
15	RECALSS SPEC PURP FNDS	G						
16	RECLASS SPEC PURP FNDS	G						
17	RECLASS SPEC PURP FNDS	G						
18	RECLASS SPEC PURP FNDS	G						
19	RECLASS SPEC PURP FNDS	G						
20	RECLASS SPEC PURP FNDS	G						
21	RECLASS SPEC PURP FNDS	G						
22	RECLASS SPEC PURP FNDS	G						



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
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
500	TOTAL RECLASSIFICATIONS				20,395,459	19,057,490		500
	CODE LETTER - G							
1	SPACE RECOV	H						1
2	SPACE RECOV	H	LABORATORY	60		17,632		2
3	SPACE RECOV	H	INTENSIVE CARE UNIT	31		2,205		3
4	SPACE RECOV	H	NEONATOLOGY	35		11,658		4
5	SPACE RECOV	H	ELECTROCARDIOLOGY	69		46,980		5
6	SPACE RECOV	H	OFFSITE CLINICS	90.01		13,572		6
7	SPACE RECOV	H	LABORATORY	60		13,386		7
8	SPACE RECOV	H	OPERATING ROOM	50		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		7,959		14
15	SPACE RECOV	H	OPERATING ROOM	50		21,338		15
16	SPACE RECOV	H	ELECTROENCEPHALOGRAPHY	70		26,332		16
17	SPACE RECOV	H	OPERATING ROOM	50		6,207		17
18	SPACE RECOV	H	OPERATING ROOM	50		14,113		18
19	SPACE RECOV	H	OPERATING ROOM	50		7,390		19
20	SPACE RECOV	H	OPERATING ROOM	50		7,671		20
21	SPACE RECOV	H	OPERATING ROOM	50		7,248		21
22	SPACE RECOV	H	OPERATING ROOM	50		17,620		22
500	TOTAL RECLASSIFICATIONS					397,400		500
	CODE LETTER - H							
1	FRINGE BENEFITS FOR FTE ALLOC	I	EMPLOYEE BENEFITS DEPARTMENT	4		31,741,484		1
500	TOTAL RECLASSIFICATIONS					31,741,484		500
	CODE LETTER - I							
1	SID RESEARCH ADMINISTRATION	J	LABORATORY	60	65,484			1
500	TOTAL RECLASSIFICATIONS				65,484			500
	CODE LETTER - J							
1	RECLASS RESEARCH RENT	K	OFFSITE CLINICS	90.01		176,285		1
500	TOTAL RECLASSIFICATIONS					176,285		500
	CODE LETTER - K							
1	TEACHING PORTION-PRACTICE PLAN ADMN	L	ADMINISTRATION & GENERAL	5.01		65,847		1
2			INTENSIVE CARE UNIT	31		149,826		2
3			NEONATOLOGY	35		239,609		3
4			OPERATING ROOM	50		672,487		4
5			ANESTHESIOLOGY	53		1,293,367		5
6			RADIOLOGY-DIAGNOSTIC	54		425,599		6
7			LABORATORY	60		445,936		7
8			RESPIRATORY THERAPY	65		23,559		8
9			ELECTROCARDIOLOGY	69		9,826		9
10			ELECTROENCEPHALOGRAPHY	70		4,655		10
11			PSYCHIATRY	76		222,667		11
12			CLINIC	90		4,618		12
13			OFFSITE CLINICS	90.01		14,291		13
14			EMERGENCY	91		61,539		14
15			AMBULANCE SERVICES	95		24,660		15
16			LIVER ACQUISITION	107		3,084		16
500	TOTAL RECLASSIFICATIONS					3,661,570		500
	CODE LETTER - L							
	GRAND TOTAL (DECREASES)				24,307,274	58,351,787		



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				WKST A-7 REF.
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	10

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



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIRE- MENTS	ENDING BALANCE	FULLY DEPRE- CIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1	2	3	4	5	6	7	
1	LAND	38,092,506					38,092,506		1
2	LAND IMPROVEMENTS	449,470					449,470		2
3	BUILDINGS AND FIXTURES	1,053,067,046	2,738,337		2,738,337	73,209	1,055,732,174		3
4	BUILDING IMPROVEMENTS	20,480,982	223,000		223,000		20,703,982		4
5	FIXED EQUIPMENT	24,215,929	464,908		464,908		24,680,837		5
6	MOVABLE EQUIPMENT	235,188,007	13,798,028		13,798,028	179,934	248,806,101		6
7	HIT DESIGNATED ASSETS								7
8	SUBTOTAL (sum of lines 1-7)	1,371,493,940	17,224,273		17,224,273	253,143	1,388,465,070		8
9	RECONCILING ITEMS	-3,602,614	-2,678,660		-2,678,660		-6,281,274		9
10	TOTAL (line 7 minus line 9)	1,375,096,554	19,902,933		19,902,933	253,143	1,394,746,344		10

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

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(1) (Sum of cols. 9 through 14)	
		DEPRE- CIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	40,553,066	-397,401		678,439				40,834,104	1
1.01	CAP REL COSTS-INT EXP			23,464,070					23,464,070	1.01
2	CAP REL COSTS-MVBLE EQUIP	23,032,808							23,032,808	2
3	TOTAL (sum of lines 1-2)	63,585,874	-397,401	23,464,070	678,439				87,330,982	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITAL- IZED LEASES	GROSS ASSETS FOR RATIO (col. 1 - col. 2)	RATIO (see instr.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL (sum of cols. 5 through 7)	
*		9	10	11	12	13	14	15	16	
1	CAP REL COSTS-BLDG & FI				0.000000					1
1.01	CAP REL COSTS-INT EXP				0.000000					1.01
2	CAP REL COSTS-MVBLE EQU				0.000000					2
3	TOTAL (sum of lines 1-2)				0.000000					3

	DESCRIPTION	SUMMARY OF CAPITAL							TOTAL(2) (sum of cols. 9 through 14)	
		DEPRE- CIATION	LEASE	INTEREST	INSURANCE (see instr.)	TAXES (see instr.)	OTHER CAPITAL- RELATED COSTS (see instr.)			
*		9	10	11	12	13	14	15		
1	CAP REL COSTS-BLDG & FIXT	40,553,066	-397,401	419,189	678,439			-699,452	40,553,841	1
1.01	CAP REL COSTS-INT EXP			23,464,070					23,464,070	1.01
2	CAP REL COSTS-MVBLE EQUIP	23,032,808							23,032,808	2
3	TOTAL (sum of lines 1-2)	63,585,874	-397,401	23,883,259	678,439			-699,452	87,050,719	3

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



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
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	-4,604,278	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	-2,914,633	ADMINISTRATION & GENERAL	5.01	9
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-5,121,151			10
11	SALE OF SCRAP, WASTE, ETC. (chapter 23)					11
12	RELATED ORGANIZATION TRANSACTIONS (chapter 10)	WKST A-8-1				12
13	LAUNDRY AND LINEN SERVICE					13
14	CAFETERIA - EMPLOYEES AND GUESTS	B	-2,142,524	CAFETERIA	11	14
15	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-1,272,544	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	-75,670	DRUGS CHARGED TO PATIENTS	73	17
18	SALE OF MEDICAL RECORDS AND ABSTRACTS					18
19	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20	VENDING MACHINES	B	-30,638	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 OVERPAYMENTS					22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (chapter 21)			UTILIZATION REVIEW-SNF	114	25
26	DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27	DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29	PHYSICIANS' ASSISTANT					29
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (chapter 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32	CAH HIT ADJ FOR DEPRECIATION AND					32
33	MISCELLANEOUS INCOME	B	-5,911,925	ADMINISTRATION & GENERAL	5.01	33
33.01	MISCELLANEOUS INCOME	B	-7,229	EMPLOYEE BENEFITS FTE BASED	4.01	33.01
33.02	MISCELLANEOUS INCOME	B	-81,607	OPERATION OF PLANT	7	33.02
33.03	MISCELLANEOUS INCOME	B	-123,091	HOUSEKEEPING	9	33.03
33.04	MISCELLANEOUS INCOME	B	-196,250	MEDICAL RECORDS & LIBRARY	16	33.04
33.05	MISCELLANEOUS INCOME	B	-6,169	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	33.05
33.07	MISCELLANEOUS INCOME	B	-381,161	OPERATING ROOM	50	33.07
33.08	MISCELLANEOUS INCOME	B	-731	RADIOLOGY-DIAGNOSTIC	54	33.08
33.09	MISCELLANEOUS INCOME	B	-40,134	CARDIAC CATHETERIZATION	59	33.09
33.10	MISCELLANEOUS INCOME	B	-13,996	LABORATORY	60	33.10
33.12	MISCELLANEOUS INCOME	B	-18,262	PHYSICAL THERAPY	66	33.12
33.13	MISCELLANEOUS INCOME	B	-9,628	SPEECH PATHOLOGY	68	33.13
33.14	MISCELLANEOUS INCOME	B	-358	ELECTROCARDIOLOGY	69	33.14
33.15	MISCELLANEOUS INCOME	B	-40,213	DRUGS CHARGED TO PATIENTS	73	33.15
33.16	MISCELLANEOUS INCOME	B	-20,228	PSYCHIATRY	76	33.16
33.17	MISCELLANEOUS INCOME	B	-5,415	CLINIC	90	33.17
33.18	MISCELLANEOUS INCOME	B	-6,865	OFFSITE CLINICS	90.01	33.18
33.19	MISCELLANEOUS INCOME	B	-525	PHYSICIANS' PRIVATE OFFICES	192	33.19
33.21	MISCELLANEOUS INCOME	B	-5,513	ADULTS & PEDIATRICS	30	33.21
33.22	MISCELLANEOUS INCOME	B	-721	OCCUPATIONAL THERAPY	67	33.22
33.23	MISCELLANEOUS INCOME	B	-641	EMERGENCY	91	33.23
33.24	MISCELLANEOUS INCOME	B	-11,527	AMBULANCE SERVICES	95	33.24
33.25	MISCELLANEOUS INCOME	B	-453	INTENSIVE CARE UNIT	31	33.25
33.26	MISCELLANEOUS INCOME	B	-126	ADMIN & GEN PATIENT RELATED	5.03	33.26
34						34
35	ADVERTISING	B	-2,336,605	ADMINISTRATION & GENERAL	5.01	35
36	TRANSPORT SERVICES	B	-218,075	ADMINISTRATION & GENERAL	5.01	36
37	NON-PATIENT SERVICES LABORATORY	B	-926,573	LABORATORY	60	37
38	LOSS ON FIXED ASSET	A	137,200	CAP REL COSTS-BLDG & FIXT	1	14 38
38.01	ADD LOSS ON ADV REFUNDING	A	419,189	CAP REL COSTS-BLDG & FIXT	1	11 38.01
39						39



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF.
				COST CENTER	LINE#	
		1	2	3	4	5
40						40
41	NON-PATIENT CARE COSTS	A	-658,717	ADMINISTRATION & GENERAL	5.01	41
42	RENTAL INCOME PROPERTIES	B	-836,652	CAP REL COSTS-BLDG & FIXT	1	14
43	SHUTTLE BUS RECOVERY	B	-137,137	OPERATION OF PLANT	7	43
44						44
45						45
45.01	NON PATIENT PSYCH	A	-10,880	SUBPROVIDER - IPF	40	45.01
46	NEW HOSPITAL TRANSITION	B	-1,712,404	ADMIN & GEN PATIENT RELATED	5.03	46
47	RECHARGE CENTER OFFSET	B	-338,588	RESEARCH	191	47
48						48
49						49
49.03	RENTAL INCOME OFFSITE	B	-322,839	PHYSICIANS' PRIVATE OFFICES	192	49.03
49.04	CLINIC SPACE RECOVERY	B	-7,100	OPERATING ROOM	50	49.04
49.05	CLINIC SPACE RECOVERY	B	-20,101	ANESTHESIOLOGY	53	49.05
49.06	CLINIC SPACE RECOVERY	B	-789,683	CLINIC	90	49.06
49.07	CLINIC SPACE RECOVERY	B	-49,917	OFFSITE CLINICS	90.01	49.07
49.08	CLINIC SPACE RECOVERY	B	-1,012,418	NON-REIMBURSABLE CLINICS	194.01	49.08
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-31,865,506			50

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

(2) Basis for adjustment (see instructions)

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

B. Amount Received - if cost cannot be determined

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

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



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT INCLUDED IN WKST. A COLUMN 5	NET ADJUSTMENTS (col. 4 minus col. 5)*	WKST. A-7 REF.	
1	2	3	4	5	6	7	
1							1
2							2
3							3
4							4
5	TOTALS (SUM OF LINES 1-4) TRANSFER COLUMN 6, LINE 5 TO WORKSHEET A-8, COLUMN 2, LINE 12						5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
				NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
6							6
7							7
8							8
9							9
10							10

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

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFESS- IONAL COMPON- ENT	PROVIDER COMPON- ENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPON- ENT HOURS	UNADJ- USTED RCE LIMIT	5 PERCENT OF UNADJ- USTED RCE LIMIT	
	1	2	3	4	5	6	7	8	9	
1	31	INTENSIVE CARE UNIT PEDIATRICIAN	180,848		180,848	208,000	605	60,500	3,025	1
2	35	NEONATOLOGY AGGREGATE	542,033	180,000	362,033	208,000	1,098	109,800	5,490	2
3	50	OPERATING ROOM SURGEON	1,261,731		1,261,731	200,300	8,638	831,823	41,591	3
4	53	ANESTHESIOLOGY ANESTHESIOLOGIS	1,422,633		1,422,633	225,300	2,637	285,633	14,282	4
5	54	RADIOLOGY-DIAGNOSTIC RADIOLOGIST	124,397		124,397	215,700	2,200	228,144	11,407	5
6	60	LABORATORY PATHOLOGIST	2,063,158		2,063,158	140,600	8,904	601,876	30,094	6
7	65	RESPIRATORY THERAPY PEDIATRICIAN	121,437		121,437	140,600	686	46,371	2,319	7
8	69	ELECTROCARDIOLOGY PEDIATRICIAN	100,178		100,178	140,600	1,555	105,112	5,256	8
9	70	ELECTROENCEPHALOGRAP PEDIATRICIAN	10,345		10,345	140,600	500	33,798	1,690	9
10	76	PSYCHIATRY PSYCHIATRIST	717,251	180,642	536,609	154,100	6,505	481,933	24,097	10
11	90	CLINIC PEDIATRICIAN	3,386		3,386	140,600	695	46,979	2,349	11
12	90.01	OFFSITE CLINICS PEDIATRICIAN	15,709		15,709	140,600	1,045	70,638	3,532	12
13	91	EMERGENCY PEDIATRICIAN	1,153,461	1,080,000	73,461	140,600	8,915	602,620	30,131	13
14	95	AMBULANCE SERVICES PEDIATRICIAN	25,344		25,344	140,600	472	31,905	1,595	14
15	107	LIVER ACQUISITION	7,116		7,116	208,000	355	35,500	1,775	15
16	30	ADULTS & PEDIATRICS AGGREGATE	99,996	99,996						16
17	106	HEART ACQUISITION AGGREGATE	50,000	50,000						17
200		TOTAL	7,899,023	1,590,638	6,308,385		44,810	3,572,632	178,633	200



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE #	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBER- SHIPS & CONTIN- UING EDUCATION	PROVIDER COMPON- ENT SHARE OF COL. 12	PHYSICIAN COST OF MALPRACT- ICE INSURANCE	PROVIDER COMPON- ENT SHARE OF COL. 14	ADJUSTED RCE LIMIT	RCE DISALLOW- ANCE	ADJUST- MENT	
	10	11	12	13	14	15	16	17	18	
1	31	INTENSIVE CARE UNIT PEDIATRICIAN					60,500	120,348	120,348	1
2	35	NEONATOLOGY AGGREGATE					109,800	252,233	432,233	2
3	50	OPERATING ROOM SURGEON					831,823	429,908	429,908	3
4	53	ANESTHESIOLOGY ANESTHESIOLOGIS					285,633	1,137,000	1,137,000	4
5	54	RADIOLOGY-DIAGNOSTIC RADIOLOGIST					228,144			5
6	60	LABORATORY PATHOLOGIST					601,876	1,461,282	1,461,282	6
7	65	RESPIRATORY THERAPY PEDIATRICIAN					46,371	75,066	75,066	7
8	69	ELECTROCARDIOLOGY PEDIATRICIAN					105,112			8
9	70	ELECTROENCEPHALOGRAP PEDIATRICIAN					33,798			9
10	76	PSYCHIATRY PSYCHIATRIST					481,933	54,676	235,318	10
11	90	CLINIC PEDIATRICIAN					46,979			11
12	90.01	OFFSITE CLINICS PEDIATRICIAN					70,638			12
13	91	EMERGENCY PEDIATRICIAN					602,620		1,080,000	13
14	95	AMBULANCE SERVICES PEDIATRICIAN					31,905			14
15	107	LIVER ACQUISITION					35,500			15
16	30	ADULTS & PEDIATRICS AGGREGATE							99,996	16
17	106	HEART ACQUISITION AGGREGATE							50,000	17
200		TOTAL					3,572,632	3,530,513	5,121,151	200



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	40,553,841	40,553,841					1
1.01	CAP REL COSTS-INT EXP	23,464,070		23,464,070				1.01
2	CAP REL COSTS-MVBLE EQUIP	23,032,808			23,032,808			2
4	EMPLOYEE BENEFITS DEPARTMENT	8,006,176				8,006,176		4
4.01	EMPLOYEE BENEFITS FTE BASED	44,173,376	425,406	272,202	14,340	133,532	45,018,856	4.01
5.01	ADMINISTRATION & GENERAL	70,784,952	1,878,049	1,201,693	8,845,820	966,848	4,208,364	5.01
5.02	ADMIN & GENERAL CHCRC	4,210,591	522,801		238,811	90,354	391,423	5.02
5.03	ADMIN & GEN PATIENT RELATED	42,408,346	50,213	32,129	170,780	224,300	1,487,832	5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	26,934,705	945,584	594,826	1,811,143	227,690	1,668,672	7
8	LAUNDRY & LINEN SERVICE	1,461,142	112,323	71,871				8
9	HOUSEKEEPING	6,807,342	430,382	275,386	19,884	99,188	1,556,837	9
10	DIETARY	773,817	108,523	69,440	19,228	7,150	104,432	10
11	CAFETERIA	2,178,634	582,966	373,018	103,281	38,406	561,291	11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS	188,761	59,215	37,889	1,608	4,285	39,658	12.01
13	NURSING ADMINISTRATION	7,452,873	60,843	38,931	465,006	173,715	612,847	13
14	CENTRAL SERVICES & SUPPLY	1,880,654				22,612		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	2,874,904	148,603	95,085	7,823	64,972	540,669	16
17	SOCIAL SERVICE	6,202,144	885,555	566,633	24,840	123,841	783,111	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	4,882,644			868	107,583		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,405,434	72,198	46,197		212,285	47,193	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	31,325,058	5,722,085	3,661,347	1,168,534	775,179	4,916,658	30
31	INTENSIVE CARE UNIT	13,112,354	1,807,932	1,156,828	276,891	303,832	1,941,386	31
32	CORONARY CARE UNIT	10,694,783	1,334,620	853,973	486,044	246,507	1,477,653	32
35	NEONATOLOGY	14,528,785	1,595,862	1,021,132	597,007	358,309	1,932,397	35
40	SUBPROVIDER - IPF	2,290,295	503,802	322,364	320	61,290	438,749	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	32,767,251	4,534,351	2,901,361	2,267,732	381,443	2,385,952	50
51	RECOVERY ROOM	2,324,284	436,806	279,496	81,532	60,284	339,736	51
53	ANESTHESIOLOGY	2,437,507	356,239	227,944	167,046	28,509	226,975	53
54	RADIOLOGY-DIAGNOSTIC	4,445,220	1,144,625	732,403	1,665,016	102,308	702,341	54
57	CT SCAN	440,382	119,832	76,676	384,154	10,732	65,964	57
58	MRI	1,318,371	379,084	242,562	982,918	27,417	162,201	58
59	CARDIAC CATHETERIZATION	5,744,570	669,459	428,361	1,007,329	76,558	414,293	59
60	LABORATORY	27,790,256	2,311,191	1,478,844	640,112	376,521	2,705,330	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	8,890,680	217,453	139,140	131,117	150,058	1,014,978	65
66	PHYSICAL THERAPY	4,433,039	560,393	358,574	16,668	103,542	680,530	66
67	OCCUPATIONAL THERAPY	966,325	29,268	18,728	2,486	25,575	152,947	67
68	SPEECH PATHOLOGY	3,913,459	269,792	172,630	54,142	74,339	506,299	68
69	ELECTROCARDIOLOGY	1,485,890	347,961	222,647	83,044	30,790	266,765	69
70	ELECTROENCEPHALOGRAPHY	3,854,423	600,654	384,336	102,595	86,132	540,141	70
73	DRUGS CHARGED TO PATIENTS	28,748,116	531,396	340,020	85,358	215,452	1,198,462	73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	601,606	13,707	8,770	1,585			74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	4,429,370	1,016,696	650,546	47,066	103,420	744,643	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	12,325,101	2,952,060	1,888,912	193,075	327,625	2,001,534	90
90.01	OFFSITE CLINICS	16,434,339	1,173,758	751,044	190,278	345,177	2,443,455	90.01
91	EMERGENCY	8,244,996	1,338,194	856,260	426,954	189,211	1,089,667	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	3,218,876	346,513	221,721	40,289	83,083	383,492	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	967,707	7,509	4,805	182	3,985	21,019	105
106	HEART ACQUISITION	1,279,735	16,557	10,594	178	5,163	30,801	106
107	LIVER ACQUISITION	875,155	2,759	1,766	157	2,358	13,880	107
110	INTESTINAL ACQUISITION	95,815	2,624	1,679	59	1,333	6,345	110
118	SUBTOTALS (sum of lines 1-117)	581,660,962	36,625,843	23,090,763	22,823,300	7,052,893	40,806,922	118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	4	4.01	
191	RESEARCH	23,474,498	3,122,331		107,148	424,284	2,179,863	191
191.01	OSA	7,019,145	222,248		4,421	113,220	664,402	191.01
192	PHYSICIANS' PRIVATE OFFICES	1,454,353	136	87	18,836	30,937	186,260	192
192.01	OFFSITE FACILITIES	226,537				6,044		192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS	796,931				17,330		193.02
194	ENDOWMENTS & OTHER SERVICES	17,956,513				260,751	606,898	194
194.01	NON-REIMBURSABLE CLINICS	2,854,163	571,838	365,897	79,103	99,628	555,872	194.01
194.02	KOHL HOUSE	96,472	11,445	7,323		1,089	18,639	194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	635,539,574	40,553,841	23,464,070	23,032,808	8,006,176	45,018,856	202



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	87,885,726	87,885,726					5.01
5.02	ADMIN & GENERAL CHCRC	5,453,980	875,238	6,329,218				5.02
5.03	ADMIN & GEN PATIENT RELATED	44,373,600	7,120,942		51,494,542			5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	32,182,620	5,164,570		3,598,659	40,945,849		7
8	LAUNDRY & LINEN SERVICE	1,645,336	264,039		183,974	112,531	2,205,880	8
9	HOUSEKEEPING	9,189,019	1,474,626		1,027,496	431,181	129,294	9
10	DIETARY	1,082,590	173,731		121,046	108,724		10
11	CAFETERIA	3,837,596	615,846		429,066	584,047		11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS	331,416	53,185		37,053	59,325		12.01
13	NURSING ADMINISTRATION	8,804,215	1,412,874		984,509	60,956		13
14	CENTRAL SERVICES & SUPPLY	1,903,266	305,430		212,830			14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	3,732,056	598,909		417,314	203,762		16
17	SOCIAL SERVICE	8,586,124	1,377,875		960,028	887,197		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	4,991,095	800,956		558,121			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,783,307	2,211,904		1,541,287	72,332		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	47,568,861	7,633,591		5,722,843	5,732,702	801,802	30
31	INTENSIVE CARE UNIT	18,599,223	2,984,748		2,079,621	1,811,285	252,857	31
32	CORONARY CARE UNIT	15,093,580	2,422,172		1,687,662	1,337,095	59,410	32
35	NEONATOLOGY	20,033,492	3,214,915		2,240,029	1,598,822	81,733	35
40	SUBPROVIDER - IPF	3,616,820	580,416			504,736	22,522	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	45,238,090	7,259,673		5,058,159	5,101,655	320,800	50
51	RECOVERY ROOM	3,522,138	565,222		393,807	437,616	69,342	51
53	ANESTHESIOLOGY	3,444,220	552,718		385,104	356,900		53
54	RADIOLOGY-DIAGNOSTIC	8,791,913	1,410,900		983,011	1,146,748	53,669	54
57	CT SCAN	1,097,740	176,162		122,739	120,054	9,034	57
58	MRI	3,112,553	499,493		348,013	379,787	40,210	58
59	CARDIAC CATHETERIZATION	8,340,570	1,338,470		932,594	670,700	45,995	59
60	LABORATORY	35,302,254	5,665,200		3,947,351	2,685,339		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	10,543,426	1,691,977		1,178,975	376,207		65
66	PHYSICAL THERAPY	6,152,746	987,374		687,956	561,432	11,101	66
67	OCCUPATIONAL THERAPY	1,195,329	191,823		133,662	29,322	5,645	67
68	SPEECH PATHOLOGY	4,990,661	800,886		558,041	278,677		68
69	ELECTROCARDIOLOGY	2,437,097	391,098		272,485	348,606	4,567	69
70	ELECTROENCEPHALOGRAPHY	5,568,281	893,581		622,595	601,768	23,110	70
73	DRUGS CHARGED TO PATIENTS	31,118,804	4,993,852		3,479,746	532,382		73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	625,668	100,405		69,963	13,732		74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	6,991,741	1,122,014		781,724	1,018,582		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	19,688,307	3,159,520		2,201,276	2,957,535		90
90.01	OFFSITE CLINICS	21,338,051	3,424,266		2,401,326	2,794,381	51,537	90.01
91	EMERGENCY	12,145,282	1,949,038		1,357,974	1,611,557	202,673	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	4,293,974	689,084		480,127	347,156	12,636	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	1,005,207	161,313		112,405	7,523		105
106	HEART ACQUISITION	1,343,028	215,525		150,180	16,587		106
107	LIVER ACQUISITION	896,075	143,799		100,202	2,765		107
110	INTESTINAL ACQUISITION	107,855	17,308		12,060	2,629		110
118	SUBTOTALS (sum of lines 1-117)	571,984,932	77,686,668		48,573,013	35,904,335	2,197,937	118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	SUBTOTAL (cols.0-4)	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.01	5.02	5.03	7	8	
191	RESEARCH	29,308,124	4,703,280	4,863,192		3,128,122		191
191.01	OSA	8,023,436	1,287,577	1,466,026		534,738		191.01
192	PHYSICIANS' PRIVATE OFFICES	1,690,609	271,304		178,295	385,588	7,943	192
192.01	OFFSITE FACILITIES	232,581	37,324		26,008			192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS	814,261	130,670		91,053			193.02
194	ENDOWMENTS & OTHER SERVICES	18,824,162	3,020,845		2,104,979			194
194.01	NON-REIMBURSABLE CLINICS	4,526,501	726,399		506,103	981,600		194.01
194.02	KOHL HOUSE	134,968	21,659		15,091	11,466		194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	635,539,574	87,885,726	6,329,218	51,494,542	40,945,849	2,205,880	202



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	12,251,616						9
10	DIETARY	32,970	1,519,061					10
11	CAFETERIA	177,108		5,643,663				11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS	17,990		6,387	505,356			12.01
13	NURSING ADMINISTRATION	18,485		98,707		11,379,746		13
14	CENTRAL SERVICES & SUPPLY						2,421,526	14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	61,789		87,082	751	967	1,167	16
17	SOCIAL SERVICE	269,036		126,131	287,653		291	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD						27	21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,934		7,601			257	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,738,394	960,523	791,894	95,776	3,112,011	78,391	30
31	INTENSIVE CARE UNIT	549,258	89,371	312,686	17,068	1,367,100	58,222	31
32	CORONARY CARE UNIT	405,464	132,775	237,996	9,179	994,987	50,666	32
35	NEONATOLOGY	484,830		311,239	32,782	1,338,832	32,127	35
40	SUBPROVIDER - IPF	153,057	151,183	70,666	14,090	113,397	325	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,547,037	45,900	384,290	4,985	930,174	578,798	50
51	RECOVERY ROOM	132,704		54,719	8,151	224,428	2,731	51
53	ANESTHESIOLOGY	108,227		36,557		48,798	37,799	53
54	RADIOLOGY-DIAGNOSTIC	347,742		113,122			12,305	54
57	CT SCAN	36,406		10,624			1,182	57
58	MRI	115,167		26,125			7,921	58
59	CARDIAC CATHETERIZATION	203,385		66,727		107,162	93,104	59
60	LABORATORY	814,308		435,730			308,696	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	114,082		163,476			109,958	65
66	PHYSICAL THERAPY	170,140		109,608	8,754		18,910	66
67	OCCUPATIONAL THERAPY	8,906		24,634	3,794		67	67
68	SPEECH PATHOLOGY	84,493		81,546	1,330		40,136	68
69	ELECTROCARDIOLOGY	105,712		42,966			658	69
70	ELECTROENCEPHALOGRAPHY	182,481		86,997	857	150,586	4,648	70
73	DRUGS CHARGED TO PATIENTS	161,441		193,028	938		761,068	73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	4,247					6	74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	308,877	32,872	119,935	1,673	14,510	1,286	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	896,849	88,002	322,374	8,877	1,148,906	28,300	90
90.01	OFFSITE CLINICS	847,388		393,551	5,736	468,634	85,257	90.01
91	EMERGENCY	488,692	18,435	175,505	2,407	528,396	28,097	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	105,272		61,767		200,029	847	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	2,281		3,385		25,689	17,416	105
106	HEART ACQUISITION	5,030		4,961		39,662	30,866	106
107	LIVER ACQUISITION	838		2,236		37,297	10,435	107
110	INTESTINAL ACQUISITION	797		1,022		5,374	1,474	110
118	SUBTOTALS (sum of lines 1-117)	10,722,817	1,519,061	4,965,274	504,801	10,856,939	2,403,438	118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9	10	11	12.01	13	14	
191	RESEARCH	948,578		351,096		20,530	8,462	191
191.01	OSA	162,155		107,011				191.01
192	PHYSICIANS' PRIVATE OFFICES	116,927		30,000	555	60,729	2,420	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			97,749				194
194.01	NON-REIMBURSABLE CLINICS	297,662		89,531		441,548	5,597	194.01
194.02	KOHL HOUSE	3,477		3,002			1,609	194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	12,251,616	1,519,061	5,643,663	505,356	11,379,746	2,421,526	202



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 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	5,103,797						16
17	SOCIAL SERVICE		12,494,335					17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			6,350,199				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD				17,638,622			22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	1,329,539	4,760,342	1,278,638	3,551,607	85,156,914	-4,830,245	30
31	INTENSIVE CARE UNIT	327,664	399,819	448,636	1,246,154	30,543,712	-1,694,790	31
32	CORONARY CARE UNIT	327,664				22,758,650		32
35	NEONATOLOGY	450,665	524,762	339,132	941,991	31,625,351	-1,281,123	35
40	SUBPROVIDER - IPF					5,227,212		40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	234,264		810,023	2,249,960	69,763,808	-3,059,983	50
51	RECOVERY ROOM					5,410,858		51
53	ANESTHESIOLOGY			572,302	1,589,654	7,132,279	-2,161,956	53
54	RADIOLOGY-DIAGNOSTIC			332,304	923,025	14,114,739	-1,255,329	54
57	CT SCAN					1,573,941		57
58	MRI					4,529,269		58
59	CARDIAC CATHETERIZATION			95,847	266,230	12,160,784	-362,077	59
60	LABORATORY			512,113	1,422,470	51,093,461	-1,934,583	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY			84,973	236,025	14,499,099	-320,998	65
66	PHYSICAL THERAPY					8,708,021		66
67	OCCUPATIONAL THERAPY					1,593,182		67
68	SPEECH PATHOLOGY					6,835,770		68
69	ELECTROCARDIOLOGY			139,851	388,457	4,131,497	-528,308	69
70	ELECTROENCEPHALOGRAPHY			145,921	405,316	8,686,141	-551,237	70
73	DRUGS CHARGED TO PATIENTS					41,241,259		73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS			75,363	209,331	1,098,715	-284,694	74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY			214,202	594,979	11,202,395	-809,181	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	2,057,852	5,759,888	174,498	484,693	38,976,877	-659,191	90
90.01	OFFSITE CLINICS			191,695	532,460	32,534,282	-724,155	90.01
91	EMERGENCY	316,435	1,049,524	625,157	1,736,466	22,235,638	-2,361,623	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES					6,190,892		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					1,335,219		105
106	HEART ACQUISITION					1,805,839		106
107	LIVER ACQUISITION					1,193,647		107
110	INTESTINAL ACQUISITION					148,519		110
118	SUBTOTALS (sum of lines 1-117)	5,044,083	12,494,335	6,040,655	16,778,818	543,507,970	-22,819,473	118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	
		16	17	21	22	24	25	
191	RESEARCH					43,331,384		191
191.01	OSA					11,580,943		191.01
192	PHYSICIANS' PRIVATE OFFICES					2,744,370		192
192.01	OFFSITE FACILITIES					295,913		192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS					1,035,984		193.02
194	ENDOWMENTS & OTHER SERVICES	59,714				24,107,449		194
194.01	NON-REIMBURSABLE CLINICS			309,544	859,804	8,744,289	-1,169,348	194.01
194.02	KOHL HOUSE					191,272		194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	5,103,797	12,494,335	6,350,199	17,638,622	635,539,574	-23,988,821	202



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
1.01	CAP REL COSTS-INT EXP					1.01
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS DEPARTMENT					4
4.01	EMPLOYEE BENEFITS FTE BASED					4.01
5.01	ADMINISTRATION & GENERAL					5.01
5.02	ADMIN & GENERAL CHCRC					5.02
5.03	ADMIN & GEN PATIENT RELATED					5.03
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
12.01	VOLUNTEERS					12.01
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY					16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SERVICES-SALARY & FRINGES APPRVD					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS	80,326,669				30
31	INTENSIVE CARE UNIT	28,848,922				31
32	CORONARY CARE UNIT	22,758,650				32
35	NEONATOLOGY	30,344,228				35
40	SUBPROVIDER - IPF	5,227,212				40
	ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	66,703,825				50
51	RECOVERY ROOM	5,410,858				51
53	ANESTHESIOLOGY	4,970,323				53
54	RADIOLOGY-DIAGNOSTIC	12,859,410				54
57	CT SCAN	1,573,941				57
58	MRI	4,529,269				58
59	CARDIAC CATHETERIZATION	11,798,707				59
60	LABORATORY	49,158,878				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	RESPIRATORY THERAPY	14,178,101				65
66	PHYSICAL THERAPY	8,708,021				66
67	OCCUPATIONAL THERAPY	1,593,182				67
68	SPEECH PATHOLOGY	6,835,770				68
69	ELECTROCARDIOLOGY	3,603,189				69
70	ELECTROENCEPHALOGRAPHY	8,134,904				70
73	DRUGS CHARGED TO PATIENTS	41,241,259				73
73.01	OUTPATIENT PHARMACY					73.01
74	RENAL DIALYSIS	814,021				74
75.01	PSYCHIATRY					75.01
76	PSYCHIATRY	10,393,214				76
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	38,317,686				90
90.01	OFFSITE CLINICS	31,810,127				90.01
91	EMERGENCY	19,874,015				91
92	OBSERVATION BEDS (NON-DISTINCT PART)					92
	OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES	6,190,892				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	1,335,219				105
106	HEART ACQUISITION	1,805,839				106
107	LIVER ACQUISITION	1,193,647				107
110	INTESTINAL ACQUISITION	148,519				110
118	SUBTOTALS (sum of lines 1-117)	520,688,497				118
	NONREIMBURSABLE COST CENTERS					



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

COST CENTER DESCRIPTIONS		TOTAL					
		26					
191	RESEARCH	43,331,384					191
191.01	OSA	11,580,943					191.01
192	PHYSICIANS' PRIVATE OFFICES	2,744,370					192
192.01	OFFSITE FACILITIES	295,913					192.01
193.01	ENDOWMENTS & OTHER SERVICES						193.01
193.02	NON-REIMBURSABLE CLINICS	1,035,984					193.02
194	ENDOWMENTS & OTHER SERVICES	24,107,449					194
194.01	NON-REIMBURSABLE CLINICS	7,574,941					194.01
194.02	KOHL HOUSE	191,272					194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (sum of lines 118-201)	611,550,753					202



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED		425,406	272,202	14,340	711,948	711,948	4.01
5.01	ADMINISTRATION & GENERAL		1,878,049	1,201,693	8,845,820	11,925,562	66,553	5.01
5.02	ADMIN & GENERAL CHCRC		522,801		238,811	761,612	6,190	5.02
5.03	ADMIN & GEN PATIENT RELATED		50,213	32,129	170,780	253,122	23,529	5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT		945,584	594,826	1,811,143	3,351,553	26,389	7
8	LAUNDRY & LINEN SERVICE		112,323	71,871		184,194		8
9	HOUSEKEEPING		430,382	275,386	19,884	725,652	24,621	9
10	DIETARY		108,523	69,440	19,228	197,191	1,652	10
11	CAFETERIA		582,966	373,018	103,281	1,059,265	8,877	11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS		59,215	37,889	1,608	98,712	627	12.01
13	NURSING ADMINISTRATION		60,843	38,931	465,006	564,780	9,692	13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		148,603	95,085	7,823	251,511	8,550	16
17	SOCIAL SERVICE		885,555	566,633	24,840	1,477,028	12,384	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD				868	868		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		72,198	46,197		118,395	746	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS		5,722,085	3,661,347	1,168,534	10,551,966	77,755	30
31	INTENSIVE CARE UNIT		1,807,932	1,156,828	276,891	3,241,651	30,702	31
32	CORONARY CARE UNIT		1,334,620	853,973	486,044	2,674,637	23,368	32
35	NEONATOLOGY		1,595,862	1,021,132	597,007	3,214,001	30,560	35
40	SUBPROVIDER - IPF		503,802	322,364	320	826,486	6,939	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		4,534,351	2,901,361	2,267,732	9,703,444	37,732	50
51	RECOVERY ROOM		436,806	279,496	81,532	797,834	5,373	51
53	ANESTHESIOLOGY		356,239	227,944	167,046	751,229	3,589	53
54	RADIOLOGY-DIAGNOSTIC		1,144,625	732,403	1,665,016	3,542,044	11,107	54
57	CT SCAN		119,832	76,676	384,154	580,662	1,043	57
58	MRI		379,084	242,562	982,918	1,604,564	2,565	58
59	CARDIAC CATHETERIZATION		669,459	428,361	1,007,329	2,105,149	6,552	59
60	LABORATORY		2,311,191	1,478,844	640,112	4,430,147	42,783	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		217,453	139,140	131,117	487,710	16,051	65
66	PHYSICAL THERAPY		560,393	358,574	16,668	935,635	10,762	66
67	OCCUPATIONAL THERAPY		29,268	18,728	2,486	50,482	2,419	67
68	SPEECH PATHOLOGY		269,792	172,630	54,142	496,564	8,007	68
69	ELECTROCARDIOLOGY		347,961	222,647	83,044	653,652	4,219	69
70	ELECTROENCEPHALOGRAPHY		600,654	384,336	102,595	1,087,585	8,542	70
73	DRUGS CHARGED TO PATIENTS		531,396	340,020	85,358	956,774	18,953	73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS		13,707	8,770	1,585	24,062		74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY		1,016,696	650,546	47,066	1,714,308	11,776	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		2,952,060	1,888,912	193,075	5,034,047	31,653	90
90.01	OFFSITE CLINICS		1,173,758	751,044	190,278	2,115,080	38,642	90.01
91	EMERGENCY		1,338,194	856,260	426,954	2,621,408	17,232	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		346,513	221,721	40,289	608,523	6,065	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		7,509	4,805	182	12,496	332	105
106	HEART ACQUISITION		16,557	10,594	178	27,329	487	106
107	LIVER ACQUISITION		2,759	1,766	157	4,682	220	107
110	INTESTINAL ACQUISITION		2,624	1,679	59	4,362	100	110
118	SUBTOTALS (sum of lines 1-117)		36,625,843	23,090,763	22,823,300	82,539,906	645,338	118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	INTEREST EXPENSE	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS FTE BASED	
		0	1	1.01	2	2A	4.01	
191	RESEARCH		3,122,331		107,148	3,229,479	34,473	191
191.01	OSA		222,248		4,421	226,669	10,507	191.01
192	PHYSICIANS' PRIVATE OFFICES		136	87	18,836	19,059	2,946	192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES						9,598	194
194.01	NON-REIMBURSABLE CLINICS		571,838	365,897	79,103	1,016,838	8,791	194.01
194.02	KOHL HOUSE		11,445	7,323		18,768	295	194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)		40,553,841	23,464,070	23,032,808	87,050,719	711,948	202



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL 5.01	ADMIN + GENERAL OTHER 5.02	ADMIN + GEN NON-RESRCH 5.03	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE-KEEPING 9	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	11,992,115						5.01
5.02	ADMIN & GENERAL CHCRC	119,426	887,228					5.02
5.03	ADMIN & GEN PATIENT RELATED	971,649		1,248,300				5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	704,703		87,245	4,169,890			7
8	LAUNDRY & LINEN SERVICE	36,028		4,460	11,460	236,142		8
9	HOUSEKEEPING	201,212		24,911	43,911	13,841	1,034,148	9
10	DIETARY	23,705		2,935	11,072		2,783	10
11	CAFETERIA	84,032		10,402	59,479		14,949	11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS	7,257		898	6,042		1,518	12.01
13	NURSING ADMINISTRATION	192,786		23,868	6,208		1,560	13
14	CENTRAL SERVICES & SUPPLY	41,676		5,160				14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	81,721		10,117	20,751		5,216	16
17	SOCIAL SERVICE	188,010		23,275	90,351		22,709	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	109,290		13,531				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	301,813		37,367	7,366		1,851	22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	1,041,756		138,619	583,814	85,834	146,739	30
31	INTENSIVE CARE UNIT	407,267		50,418	184,460	27,069	46,362	31
32	CORONARY CARE UNIT	330,504		40,915	136,169	6,360	34,225	32
35	NEONATOLOGY	438,673		54,307	162,823	8,750	40,924	35
40	SUBPROVIDER - IPF	79,198			51,402	2,411	12,919	40
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	990,578		122,629	519,548	34,342	130,584	50
51	RECOVERY ROOM	77,124		9,547	44,566	7,423	11,201	51
53	ANESTHESIOLOGY	75,418		9,336	36,346		9,135	53
54	RADIOLOGY-DIAGNOSTIC	192,517		23,832	116,784	5,745	29,353	54
57	CT SCAN	24,037		2,976	12,226	967	3,073	57
58	MRI	68,156		8,437	38,677	4,305	9,721	58
59	CARDIAC CATHETERIZATION	182,633		22,610	68,304	4,924	17,168	59
60	LABORATORY	773,013		95,699	273,473		68,735	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	230,869		28,583	38,313		9,630	65
66	PHYSICAL THERAPY	134,727		16,679	57,176	1,188	14,361	66
67	OCCUPATIONAL THERAPY	26,174		3,240	2,986	604	752	67
68	SPEECH PATHOLOGY	109,281		13,529	28,380		7,132	68
69	ELECTROCARDIOLOGY	53,365		6,606	35,502	489	8,923	69
70	ELECTROENCEPHALOGRAPHY	121,929		15,094	61,283	2,474	15,403	70
73	DRUGS CHARGED TO PATIENTS	681,408		84,363	54,217		13,627	73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	13,700		1,696	1,398		358	74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	153,098		18,952	103,731		26,072	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	431,115		53,367	301,193		75,702	90
90.01	OFFSITE CLINICS	467,239		58,217	284,577	5,517	71,527	90.01
91	EMERGENCY	265,945		32,923	164,120	21,696	41,250	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	94,025		11,640	35,354	1,353	8,886	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	22,011		2,725	766		193	105
106	HEART ACQUISITION	29,408		3,641	1,689		425	106
107	LIVER ACQUISITION	19,621		2,429	282		71	107
110	INTESTINAL ACQUISITION	2,362		292	268		67	110
118	SUBTOTALS (sum of lines 1-117)	10,600,459		1,177,470	3,656,467	235,292	905,104	118
NONREIMBURSABLE COST CENTERS								



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL	ADMIN + GENERAL OTHER	ADMIN + GEN NON-RESRCH	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.01	5.02	5.03	7	8	9	
191	RESEARCH	641,760	681,721		318,565		80,069	191
191.01	OSA	175,689	205,507		54,457		13,687	191.01
192	PHYSICIANS' PRIVATE OFFICES	37,019		4,323	39,268	850	9,870	192
192.01	OFFSITE FACILITIES	5,093		631				192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS	17,830		2,207				193.02
194	ENDOWMENTS & OTHER SERVICES	412,193		51,033				194
194.01	NON-REIMBURSABLE CLINICS	99,117		12,270	99,965		25,125	194.01
194.02	KOHL HOUSE	2,955		366	1,168		293	194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	11,992,115	887,228	1,248,300	4,169,890	236,142	1,034,148	202



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY	239,338						10
11	CAFETERIA		1,237,004					11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS			116,454				12.01
13	NURSING ADMINISTRATION		21,635		820,529			13
14	CENTRAL SERVICES & SUPPLY					46,836		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		19,087	173	70	23	397,219	16
17	SOCIAL SERVICE		27,646	66,288		6		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					1		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,666			5		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	151,336	173,573	22,071	224,387	1,516	103,476	30
31	INTENSIVE CARE UNIT	14,081	68,536	3,933	98,574	1,126	25,501	31
32	CORONARY CARE UNIT	20,920	52,165	2,115	71,743	980	25,501	32
35	NEONATOLOGY		68,219	7,554	96,536	621	35,074	35
40	SUBPROVIDER - IPF	23,820	15,489	3,247	8,176	6		40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	7,232	84,230	1,149	67,070	11,195	18,232	50
51	RECOVERY ROOM		11,994	1,878	16,182	53		51
53	ANESTHESIOLOGY		8,013		3,519	731		53
54	RADIOLOGY-DIAGNOSTIC		24,794			238		54
57	CT SCAN		2,329			23		57
58	MRI		5,726			153		58
59	CARDIAC CATHETERIZATION		14,626		7,727	1,801		59
60	LABORATORY		95,505			5,971		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		35,831			2,127		65
66	PHYSICAL THERAPY		24,024	2,017		366		66
67	OCCUPATIONAL THERAPY		5,399	874		1		67
68	SPEECH PATHOLOGY		17,874	306		776		68
69	ELECTROCARDIOLOGY		9,418			13		69
70	ELECTROENCEPHALOGRAPHY		19,068	197	10,858	90		70
73	DRUGS CHARGED TO PATIENTS		42,309	216		14,719		73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS							74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	5,179	26,288	385	1,046	25		76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	13,865	70,659	2,046	82,841	547	160,160	90
90.01	OFFSITE CLINICS		86,260	1,322	33,791	1,649		90.01
91	EMERGENCY	2,905	38,468	555	38,100	543	24,628	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		13,538		14,423	16		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		742		1,852	337		105
106	HEART ACQUISITION		1,087		2,860	597		106
107	LIVER ACQUISITION		490		2,689	202		107
110	INTESTINAL ACQUISITION		224		388	29		110
118	SUBTOTALS (sum of lines 1-117)	239,338	1,088,312	116,326	782,832	46,486	392,572	118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10	11	12.01	13	14	16	
191	RESEARCH		76,955		1,480	164		191
191.01	OSA		23,455					191.01
192	PHYSICIANS' PRIVATE OFFICES		6,575	128	4,379	47		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		21,425				4,647	194
194.01	NON-REIMBURSABLE CLINICS		19,624		31,838	108		194.01
194.02	KOHL HOUSE		658			31		194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	239,338	1,237,004	116,454	820,529	46,836	397,219	202



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS							12.01
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE	1,907,697						17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD		123,690					21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			469,209				22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	726,833			14,029,675		14,029,675	30
31	INTENSIVE CARE UNIT	61,046			4,260,726		4,260,726	31
32	CORONARY CARE UNIT				3,419,602		3,419,602	32
35	NEONATOLOGY	80,123			4,238,165		4,238,165	35
40	SUBPROVIDER - IPF				1,030,093		1,030,093	40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM				11,727,965		11,727,965	50
51	RECOVERY ROOM				983,175		983,175	51
53	ANESTHESIOLOGY				897,316		897,316	53
54	RADIOLOGY-DIAGNOSTIC				3,946,414		3,946,414	54
57	CT SCAN				627,336		627,336	57
58	MRI				1,742,304		1,742,304	58
59	CARDIAC CATHETERIZATION				2,431,494		2,431,494	59
60	LABORATORY				5,785,326		5,785,326	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY				849,114		849,114	65
66	PHYSICAL THERAPY				1,196,935		1,196,935	66
67	OCCUPATIONAL THERAPY				92,931		92,931	67
68	SPEECH PATHOLOGY				681,849		681,849	68
69	ELECTROCARDIOLOGY				772,187		772,187	69
70	ELECTROENCEPHALOGRAPHY				1,342,523		1,342,523	70
73	DRUGS CHARGED TO PATIENTS				1,866,586		1,866,586	73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS				41,214		41,214	74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY				2,060,860		2,060,860	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	879,448			7,136,643		7,136,643	90
90.01	OFFSITE CLINICS				3,163,821		3,163,821	90.01
91	EMERGENCY	160,247			3,430,020		3,430,020	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES				793,823		793,823	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				41,454		41,454	105
106	HEART ACQUISITION				67,523		67,523	106
107	LIVER ACQUISITION				30,686		30,686	107
110	INTESTINAL ACQUISITION				8,092		8,092	110
118	SUBTOTALS (sum of lines 1-117)	1,907,697			78,695,852		78,695,852	118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		17	21	22	24	25	26	
191	RESEARCH				5,064,666		5,064,666	191
191.01	OSA				709,971		709,971	191.01
192	PHYSICIANS' PRIVATE OFFICES				124,464		124,464	192
192.01	OFFSITE FACILITIES				5,724		5,724	192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS				20,037		20,037	193.02
194	ENDOWMENTS & OTHER SERVICES				498,896		498,896	194
194.01	NON-REIMBURSABLE CLINICS				1,313,676		1,313,676	194.01
194.02	KOHL HOUSE				24,534		24,534	194.02
200	CROSS FOOT ADJUSTMENTS		123,690	469,209	592,899		592,899	200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)	1,907,697	123,690	469,209	87,050,719		87,050,719	202



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON-CILIATION	
		1	1.01	2	4	4.01	5A.01	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	896,480						1
1.01	CAP REL COSTS-INT EXP		810,635					1.01
2	CAP REL COSTS-MVBLE EQUIP			26,511,654				2
4	EMPLOYEE BENEFITS DEPARTMENT				278,536,054			4
4.01	EMPLOYEE BENEFITS FTE BASED	9,404	9,404	16,506	4,645,550	340,554		4.01
5.01	ADMINISTRATION & GENERAL	41,516	41,516	10,181,874	33,638,767	31,835	-87,885,726	5.01
5.02	ADMIN & GENERAL CHCRC	11,557		274,881	3,143,405	2,961		5.02
5.03	ADMIN & GEN PATIENT RELATED	1,110	1,110	196,574	7,803,360	11,255		5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	20,903	20,550	2,084,697	7,921,292	12,623		7
8	LAUNDRY & LINEN SERVICE	2,483	2,483					8
9	HOUSEKEEPING	9,514	9,514	22,887	3,450,730	11,777		9
10	DIETARY	2,399	2,399	22,132	248,746	790		10
11	CAFETERIA	12,887	12,887	118,880	1,336,146	4,246		11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS	1,309	1,309	1,851	149,087	300		12.01
13	NURSING ADMINISTRATION	1,345	1,345	535,240	6,043,516	4,636		13
14	CENTRAL SERVICES & SUPPLY				786,664			14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	3,285	3,285	9,005	2,260,351	4,090		16
17	SOCIAL SERVICE	19,576	19,576	28,592	4,308,411	5,924		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD			999	3,742,801			21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,596	1,596		7,385,355	357		22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	126,492	126,492	1,345,029	26,968,365	37,193		30
31	INTENSIVE CARE UNIT	39,966	39,966	318,712	10,570,280	14,686		31
32	CORONARY CARE UNIT	29,503	29,503	559,456	8,575,956	11,178		32
35	NEONATOLOGY	35,278	35,278	687,178	12,465,512	14,618		35
40	SUBPROVIDER - IPF	11,137	11,137	368	2,132,288	3,319		40
	ANCHLLARY SERVICE COST CENTERS							
50	OPERATING ROOM	100,236	100,236	2,610,249	13,270,337	18,049		50
51	RECOVERY ROOM	9,656	9,656	93,847	2,097,277	2,570		51
53	ANESTHESIOLOGY	7,875	7,875	192,276	991,838	1,717		53
54	RADIOLOGY-DIAGNOSTIC	25,303	25,303	1,916,499	3,559,267	5,313		54
57	CT SCAN	2,649	2,649	442,176	373,360	499		57
58	MRI	8,380	8,380	1,131,377	953,841	1,227		58
59	CARDIAC CATHETERIZATION	14,799	14,799	1,159,475	2,663,447	3,134		59
60	LABORATORY	51,091	51,091	736,794	13,099,100	20,465		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	4,807	4,807	150,921	5,220,514	7,678		65
66	PHYSICAL THERAPY	12,388	12,388	19,185	3,602,223	5,148		66
67	OCCUPATIONAL THERAPY	647	647	2,862	889,766	1,157		67
68	SPEECH PATHOLOGY	5,964	5,964	62,320	2,586,244	3,830		68
69	ELECTROCARDIOLOGY	7,692	7,692	95,587	1,071,186	2,018		69
70	ELECTROENCEPHALOGRAPHY	13,278	13,278	118,091	2,996,523	4,086		70
73	DRUGS CHARGED TO PATIENTS	11,747	11,747	98,250	7,495,531	9,066		73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	303	303	1,824				74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	22,475	22,475	54,175	3,597,969	5,633		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	65,258	65,258	222,237	11,398,027	15,141		90
90.01	OFFSITE CLINICS	25,947	25,947	219,018	12,008,662	18,484		90.01
91	EMERGENCY	29,582	29,582	491,441	6,582,627	8,243		91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	7,660	7,660	46,374	2,890,430	2,901		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	166	166	209	138,641	159		105
106	HEART ACQUISITION	366	366	205	179,611	233		106
107	LIVER ACQUISITION	61	61	181	82,044	105		107
110	INTESTINAL ACQUISITION	58	58	68	46,391	48		110
118	SUBTOTALS (sum of lines 1-117)	809,648	797,738	26,270,502	245,371,438	308,692	-87,885,726	118



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	INTEREST EXPENSE SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	EMPLOYEE BENEFITS FTE BASED FTES	RECON-CILIATION	
		1	1.01	2	4	4.01	5A.01	
	NONREIMBURSABLE COST CENTERS							
191	RESEARCH	69,022		123,331	14,760,799	16,490		191
191.01	OSA	4,913		5,089	3,938,924	5,026		191.01
192	PHYSICIANS' PRIVATE OFFICES	3	3	21,681	1,076,296	1,409		192
192.01	OFFSITE FACILITIES				210,283			192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS				602,907			193.02
194	ENDOWMENTS & OTHER SERVICES				9,071,483	4,591		194
194.01	NON-REIMBURSABLE CLINICS	12,641	12,641	91,051	3,466,055	4,205		194.01
194.02	KOHL HOUSE	253	253		37,869	141		194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	40,553,841	23,464,070	23,032,808	8,006,176	45,018,856		202
203	UNIT COST MULT-WS B PT I	45,236,749	28,945,296	0,868,780	0,028,744	132,193,003		203
204	COST TO BE ALLOC PER B PT II					711,948		204
205	UNIT COST MULT-WS B PT II					2,090,558		205



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING HOURS OF SERVICE	
		ACCUM COST						
		5.01	5.02	5.03	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL	547,653,848						5.01
5.02	ADMIN & GENERAL CHCRC	5,453,980	30,303,424					5.02
5.03	ADMIN & GEN PATIENT RELATED	44,373,600		388,193,963				5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	32,182,620		27,128,567	903,470			7
8	LAUNDRY & LINEN SERVICE	1,645,336		1,386,893	2,483	1,839,291		8
9	HOUSEKEEPING	9,189,019		7,745,803	9,514	107,807	891,472	9
10	DIETARY	1,082,590		912,511	2,399		2,399	10
11	CAFETERIA	3,837,596		3,234,526	12,887		12,887	11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS	331,416		279,328	1,309		1,309	12.01
13	NURSING ADMINISTRATION	8,804,215		7,421,743	1,345		1,345	13
14	CENTRAL SERVICES & SUPPLY	1,903,266		1,604,420				14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	3,732,056		3,145,927	4,496		4,496	16
17	SOCIAL SERVICE	8,586,124		7,237,192	19,576		19,576	17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD	4,991,095		4,207,405				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,783,307		11,619,023	1,596		1,596	22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	47,568,861		43,142,995	126,492	668,554	126,492	30
31	INTENSIVE CARE UNIT	18,599,223		15,677,265	39,966	210,835	39,966	31
32	CORONARY CARE UNIT	15,093,580		12,722,476	29,503	49,537	29,503	32
35	NEONATOLOGY	20,033,492		16,886,510	35,278	68,150	35,278	35
40	SUBPROVIDER - IPF	3,616,820			11,137	18,779	11,137	40
	ANCHLLARY SERVICE COST CENTERS							
50	OPERATING ROOM	45,238,090		38,131,041	112,568	267,487	112,568	50
51	RECOVERY ROOM	3,522,138		2,968,726	9,656	57,818	9,656	51
53	ANESTHESIOLOGY	3,444,220		2,903,113	7,875		7,875	53
54	RADIOLOGY-DIAGNOSTIC	8,791,913		7,410,452	25,303	44,750	25,303	54
57	CT SCAN	1,097,740		925,274	2,649	7,533	2,649	57
58	MRI	3,112,553		2,623,504	8,380	33,528	8,380	58
59	CARDIAC CATHETERIZATION	8,340,570		7,030,382	14,799	38,351	14,799	59
60	LABORATORY	35,302,254		29,757,194	59,252		59,252	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	10,543,426		8,887,730	8,301		8,301	65
66	PHYSICAL THERAPY	6,152,746		5,186,175	12,388	9,256	12,380	66
67	OCCUPATIONAL THERAPY	1,195,329		1,007,616	647	4,707	648	67
68	SPEECH PATHOLOGY	4,990,661		4,206,805	6,149		6,148	68
69	ELECTROCARDIOLOGY	2,437,097		2,054,132	7,692	3,808	7,692	69
70	ELECTROENCEPHALOGRAPHY	5,568,281		4,693,446	13,278	19,269	13,278	70
73	DRUGS CHARGED TO PATIENTS	31,118,804		26,232,144	11,747		11,747	73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	625,668		527,415	303		309	74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	6,991,741		5,893,044	22,475		22,475	76
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	19,688,307		16,594,370	65,258		65,258	90
90.01	OFFSITE CLINICS	21,338,051		18,102,447	61,658	42,972	61,659	90.01
91	EMERGENCY	12,145,282		10,237,114	35,559	168,991	35,559	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	4,293,974		3,619,447	7,660	10,536	7,660	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	1,005,207		847,365	166		166	105
106	HEART ACQUISITION	1,343,028		1,132,135	366		366	106
107	LIVER ACQUISITION	896,075		755,374	61		61	107
110	INTESTINAL ACQUISITION	107,855		90,917	58		58	110
118	SUBTOTALS (sum of lines 1-117)	484,099,206		366,169,946	792,229	1,832,668	780,231	118



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	ADMIN + GENERAL ACCUM COST	ADMIN + GENERAL OTHER DIRECT COST	ADMIN + GEN NON-RESRCH DIRECT COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	
		5.01	5.02	5.03	7	8	9	
	NONREIMBURSABLE COST CENTERS							
191	RESEARCH	29,308,124	23,284,279		69,022		69,022	191
191.01	OSA	8,023,436	7,019,145		11,799		11,799	191.01
192	PHYSICIANS' PRIVATE OFFICES	1,690,609		1,344,078	8,508	6,623	8,508	192
192.01	OFFSITE FACILITIES	232,581		196,062				192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS	814,261		686,408				193.02
194	ENDOWMENTS & OTHER SERVICES	18,824,162		15,868,433				194
194.01	NON-REIMBURSABLE CLINICS	4,526,501		3,815,270	21,659		21,659	194.01
194.02	KOHL HOUSE	134,968		113,766	253		253	194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	87,885,726	6,329,218	51,494,542	40,945,849	2,205,880	12,251,616	202
203	UNIT COST MULT-WS B PT I	0.160477	0.208861	0.132652	45.320651	1.199310	13.743130	203
204	COST TO BE ALLOC PER B PT II	11,992,115	887,228	1,248,300	4,169,890	236,142	1,034,148	204
205	UNIT COST MULT-WS B PT II	0.021897	0.029278	0.003216	4.615416	0.128388	1.160045	205



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	VOLUNTEERS	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		MEALS SERVED	FTEs	HOURS OF SERVICE	13	14	16	
		10	11	12.01	13	14	16	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY	113,219						10
11	CAFETERIA		265,067					11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS		300	61,940				12.01
13	NURSING ADMINISTRATION		4,636		105,873			13
14	CENTRAL SERVICES & SUPPLY					65,595,677		14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY		4,090	92	9	31,611	10,000	16
17	SOCIAL SERVICE		5,924	35,257		7,893		17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD					737		21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD		357			6,965		22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	71,590	37,193	11,739	28,953	2,123,507	2,605	30
31	INTENSIVE CARE UNIT	6,661	14,686	2,092	12,719	1,577,157	642	31
32	CORONARY CARE UNIT	9,896	11,178	1,125	9,257	1,372,467	642	32
35	NEONATOLOGY		14,618	4,018	12,456	870,286	883	35
40	SUBPROVIDER - IPF	11,268	3,319	1,727	1,055	8,791		40
ANCHLLARY SERVICE COST CENTERS								
50	OPERATING ROOM	3,421	18,049	611	8,654	15,678,784	459	50
51	RECOVERY ROOM		2,570	999	2,088	73,982		51
53	ANESTHESIOLOGY		1,717		454	1,023,912		53
54	RADIOLOGY-DIAGNOSTIC		5,313			333,311		54
57	CT SCAN		499			32,010		57
58	MRI		1,227			214,573		58
59	CARDIAC CATHETERIZATION		3,134		997	2,522,051		59
60	LABORATORY		20,465			8,362,131		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY		7,678			2,978,588		65
66	PHYSICAL THERAPY		5,148	1,073		512,248		66
67	OCCUPATIONAL THERAPY		1,157	465		1,805		67
68	SPEECH PATHOLOGY		3,830	163		1,087,233		68
69	ELECTROCARDIOLOGY		2,018			17,814		69
70	ELECTROENCEPHALOGRAPHY		4,086	105	1,401	125,920		70
73	DRUGS CHARGED TO PATIENTS		9,066	115		20,616,277		73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS					167		74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	2,450	5,633	205	135	34,834		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	6,559	15,141	1,088	10,689	766,614	4,032	90
90.01	OFFSITE CLINICS		18,484	703	4,360	2,309,477		90.01
91	EMERGENCY	1,374	8,243	295	4,916	761,099	620	91
92	OBSERVATION BEDS (NON-DISTINCT PART)							92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES		2,901		1,861	22,955		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		159		239	471,768		105
106	HEART ACQUISITION		233		369	836,125		106
107	LIVER ACQUISITION		105		347	282,677		107
110	INTESTINAL ACQUISITION		48		50	39,917		110
118	SUBTOTALS (sum of lines 1-117)	113,219	233,205	61,872	101,009	65,105,686	9,883	118



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	DIETARY MEALS SERVED	CAFETERIA FTEs	VOLUNTEERS HOURS OF SERVICE	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT	
		10	11	12.01	13	14	16	
	NONREIMBURSABLE COST CENTERS							
191	RESEARCH		16,490		191	229,231		191
191.01	OSA		5,026					191.01
192	PHYSICIANS' PRIVATE OFFICES		1,409	68	565	65,548		192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES		4,591				117	194
194.01	NON-REIMBURSABLE CLINICS		4,205		4,108	151,621		194.01
194.02	KOHL HOUSE		141			43,591		194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	COST TO BE ALLOC PER B PT I	1,519,061	5,643,663	505,356	11,379,746	2,421,526	5,103,797	202
203	UNIT COST MULT-WS B PT I	13,417,015	21,291,458	8,158,799	107,484,873	0,036,916	510,379,700	203
204	COST TO BE ALLOC PER B PT II	239,338	1,237,004	116,454	820,529	46,836	397,219	204
205	UNIT COST MULT-WS B PT II	2,113,938	4,666,760	1,880,110	7,750,125	0,000,714	39,721,900	205



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
1.01	CAP REL COSTS-INT EXP						1.01
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS DEPARTMENT						4
4.01	EMPLOYEE BENEFITS FTE BASED						4.01
5.01	ADMINISTRATION & GENERAL						5.01
5.02	ADMIN & GENERAL CHCRC						5.02
5.03	ADMIN & GEN PATIENT RELATED						5.03
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA						11
12	MAINTENANCE OF PERSONNEL						12
12.01	VOLUNTEERS						12.01
13	NURSING ADMINISTRATION						13
14	CENTRAL SERVICES & SUPPLY						14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY						16
17	SOCIAL SERVICE	10,000					17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SERVICES-SALARY & FRINGES APPRVD		25,110				21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD			25,110			22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	3,810	5,056	5,056			30
31	INTENSIVE CARE UNIT	320	1,774	1,774			31
32	CORONARY CARE UNIT						32
35	NEONATOLOGY	420	1,341	1,341			35
40	SUBPROVIDER - IPF						40
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		3,203	3,203			50
51	RECOVERY ROOM						51
53	ANESTHESIOLOGY		2,263	2,263			53
54	RADIOLOGY-DIAGNOSTIC		1,314	1,314			54
57	CT SCAN						57
58	MRI						58
59	CARDIAC CATHETERIZATION		379	379			59
60	LABORATORY		2,025	2,025			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY		336	336			65
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY		553	553			69
70	ELECTROENCEPHALOGRAPHY		577	577			70
73	DRUGS CHARGED TO PATIENTS						73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS		298	298			74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY		847	847			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	4,610	690	690			90
90.01	OFFSITE CLINICS		758	758			90.01
91	EMERGENCY	840	2,472	2,472			91
92	OBSERVATION BEDS (NON-DISTINCT PART)						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION						105
106	HEART ACQUISITION						106
107	LIVER ACQUISITION						107



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	SOCIAL SERVICE TIME SPENT	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME			
		17	21	22			
110	INTESTINAL ACQUISITION						110
118	SUBTOTALS (sum of lines 1-117)	10,000	23,886	23,886			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		1,224	1,224			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	12,494,335	6,350,199	17,638,622			202
203	UNIT COST MULT-WS B PT I	1,249,433,500	252,895,221	702,454,082			203
204	COST TO BE ALLOC PER B PT II	1,907,697	123,690	469,209			204
205	UNIT COST MULT-WS B PT II	190,769,700	4,925,926	18,686,141			205



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		TOTAL COST (from Wkst. B, Part I, col. 26)	THERAPY LIMIT ADJ.	TOTAL COSTS	RCE DISALLOW- ANCE	TOTAL COSTS	
		1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	80,326.669		80,326.669			30
31	INTENSIVE CARE UNIT	28,848.922		28,848.922			31
32	CORONARY CARE UNIT	22,758.650		22,758.650			32
35	NEONATOLOGY	30,344.228		30,344.228			35
40	SUBPROVIDER - IPF	5,227.212		5,227.212			40
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	66,703.825		66,703.825			50
51	RECOVERY ROOM	5,410.858		5,410.858			51
53	ANESTHESIOLOGY	4,970.323		4,970.323			53
54	RADIOLOGY-DIAGNOSTIC	12,859.410		12,859.410			54
57	CT SCAN	1,573.941		1,573.941			57
58	MRI	4,529.269		4,529.269			58
59	CARDIAC CATHETERIZATION	11,798.707		11,798.707			59
60	LABORATORY	49,158.878		49,158.878			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	14,178.101		14,178.101			65
66	PHYSICAL THERAPY	8,708.021		8,708.021			66
67	OCCUPATIONAL THERAPY	1,593.182		1,593.182			67
68	SPEECH PATHOLOGY	6,835.770		6,835.770			68
69	ELECTROCARDIOLOGY	3,603.189		3,603.189			69
70	ELECTROENCEPHALOGRAPHY	8,134.904		8,134.904			70
73	DRUGS CHARGED TO PATIENTS	41,241.259		41,241.259			73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	814.021		814.021			74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	10,393.214		10,393.214			76
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	38,317.686		38,317.686			90
90.01	OFFSITE CLINICS	31,810.127		31,810.127			90.01
91	EMERGENCY	19,874.015		19,874.015			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	7,192.120		7,192.120		7,192.120	92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	6,190.892		6,190.892			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	1,335.219		1,335.219			105
106	HEART ACQUISITION	1,805.839		1,805.839			106
107	LIVER ACQUISITION	1,193.647		1,193.647			107
110	INTESTINAL ACQUISITION	148.519		148.519			110
200	SUBTOTAL (SEE INSTRUCTIONS)	527,880.617		527,880.617		7,192.120	200
201	LESS OBSERVATION BEDS	7,192.120		7,192.120		7,192.120	201
202	TOTAL (SEE INSTRUCTIONS)	520,688.497		520,688.497			202



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			COST OR OTHER RATIO	TEFRA INPATIENT RATIO	PPS INPATIENT RATIO	
		INPATIENT	OUTPATIENT	TOTAL (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	159,063,058		159,063,058				30
31	INTENSIVE CARE UNIT	81,176,556		81,176,556				31
32	CORONARY CARE UNIT	72,076,860		72,076,860				32
35	NEONATOLOGY	100,731,419		100,731,419				35
40	SUBPROVIDER - IPF	9,763,985		9,763,985				40
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	94,589,780	98,130,505	192,720,285	0.346117	0.346117		50
51	RECOVERY ROOM	5,245,507	12,132,447	17,377,954	0.311363	0.311363		51
53	ANESTHESIOLOGY	13,134,034	18,267,765	31,401,799	0.158281	0.158281		53
54	RADIOLOGY-DIAGNOSTIC	16,564,379	32,968,470	49,532,849	0.259614	0.259614		54
57	CT SCAN	7,543,602	9,517,834	17,061,436	0.092251	0.092251		57
58	MRI	10,816,814	39,760,001	50,576,815	0.089552	0.089552		58
59	CARDIAC CATHETERIZATION	26,451,185	36,018,594	62,469,779	0.188871	0.188871		59
60	LABORATORY	83,688,594	103,962,637	187,651,231	0.261969	0.261969		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	86,883,045	2,227,201	89,110,246	0.159107	0.159107		65
66	PHYSICAL THERAPY	2,937,837	10,094,187	13,032,024	0.668202	0.668202		66
67	OCCUPATIONAL THERAPY	1,311,927	2,255,245	3,567,172	0.446623	0.446623		67
68	SPEECH PATHOLOGY	1,477,870	10,526,462	12,004,332	0.569442	0.569442		68
69	ELECTROCARDIOLOGY	2,148,161	4,828,008	6,976,169	0.516500	0.516500		69
70	ELECTROENCEPHALOGRAPHY	1,454,731	9,706,016	11,160,747	0.728885	0.728885		70
73	DRUGS CHARGED TO PATIENTS	182,045,381	51,493,685	233,539,066	0.176593	0.176593		73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	1,838,779	362,478	2,201,257	0.369798	0.369798		74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	287,785	8,993,775	9,281,560	1.119770	1.119770		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	736,094	15,895,860	16,631,954	2.303860	2.303860		90
90.01	OFFSITE CLINICS		49,088,997	49,088,997	0.648009	0.648009		90.01
91	EMERGENCY	9,422,534	31,288,988	40,711,522	0.488167	0.488167		91
92	OBSERVATION BEDS (NON-DISTINCT PART)		24,777,938	24,777,938	0.290263	0.290263	0.290263	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	5,289,231	842,032	6,131,263	1.009725	1.009725		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	1,411,016		1,411,016				105
106	HEART ACQUISITION	1,411,016		1,411,016				106
107	LIVER ACQUISITION	1,039,696		1,039,696				107
110	INTESTINAL ACQUISITION	74,264		74,264				110
200	SUBTOTAL (SEE INSTRUCTIONS)	980,615,140	573,139,125	1,553,754,265				200
201	LESS OBSERVATION BEDS							201
202	TOTAL (SEE INSTRUCTIONS)	980,615,140	573,139,125	1,553,754,265				202



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS (General Routine Care)	14,029,675		14,029,675	40,643	345.19	383	132,208	30
31	INTENSIVE CARE UNIT	4,260,726		4,260,726	10,159	419.40	91	38,165	31
32	CORONARY CARE UNIT	3,419,602		3,419,602	10,163	336.48	51	17,160	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATOLOGY	4,238,165		4,238,165	13,974	303.29			35
40	SUBPROVIDER - IPF	1,030,093		1,030,093	3,402	302.79			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)	26,978,261		26,978,261	78,341		525	187,533	200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] TEFRA
 BOXES: [] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	11,727,965	192,720,285	0.060855	1,164,292	70,853	50
51	RECOVERY ROOM	983,175	17,377,954	0.056576	46,769	2,646	51
53	ANESTHESIOLOGY	897,316	31,401,799	0.028575	149,922	4,284	53
54	RADIOLOGY-DIAGNOSTIC	3,946,414	49,532,849	0.079673	132,869	10,586	54
57	CT SCAN	627,336	17,061,436	0.036769	134,598	4,949	57
58	MRI	1,742,304	50,576,815	0.034449	65,054	2,241	58
59	CARDIAC CATHETERIZATION	2,431,494	62,469,779	0.038923	247,718	9,642	59
60	LABORATORY	5,785,326	187,651,231	0.030830	1,013,568	31,248	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	849,114	89,110,246	0.009529	847,855	8,079	65
66	PHYSICAL THERAPY	1,196,935	13,032,024	0.091846	13,454	1,236	66
67	OCCUPATIONAL THERAPY	92,931	3,567,172	0.026052	5,526	144	67
68	SPEECH PATHOLOGY	681,849	12,004,332	0.056800	6,400	364	68
69	ELECTROCARDIOLOGY	772,187	6,976,169	0.110689	26,903	2,978	69
70	ELECTROENCEPHALOGRAPHY	1,342,523	11,160,747	0.120290	1,122	135	70
73	DRUGS CHARGED TO PATIENTS	1,866,586	233,539,066	0.007993	1,915,673	15,312	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	41,214	2,201,257	0.018723	144,169	2,699	74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	2,060,860	9,281,560	0.222038	347	77	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	7,136,643	16,631,954	0.429092	2,729	1,171	90
90.01	OFFSITE CLINICS	3,163,821	49,088,997	0.064451			90.01
91	EMERGENCY	3,430,020	40,711,522	0.084252	48,342	4,073	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,256,161	24,777,938	0.050697			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	52,032,174	1,120,875,132		5,967,310	172,717	200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)					30
31	INTENSIVE CARE UNIT					31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATOLOGY					35
40	SUBPROVIDER - IPF					40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY					43
44	SKILLED NURSING FACILITY					44
45	NURSING FACILITY					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V PPS
 APPLICABLE TITLE XVIII, PART A TEFRA
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	40,643		383		30
31	INTENSIVE CARE UNIT	10,159		91		31
32	CORONARY CARE UNIT	10,163		51		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATOLOGY	13,974				35
40	SUBPROVIDER - IPF	3,402				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)	78,341		525		200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTH- ETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPAT- IENT COST (sum of col. 2, 3, and 4)	
	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
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							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
7	8	9	10	11	12	13		
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	192,720,285			1,164,292		145,185	50
51	RECOVERY ROOM	17,377,954			46,769		26,514	51
53	ANESTHESIOLOGY	31,401,799			149,922		34,895	53
54	RADIOLOGY-DIAGNOSTIC	49,532,849			132,869		71,433	54
57	CT SCAN	17,061,436			134,598		35,454	57
58	MRI	50,576,815			65,054		194,025	58
59	CARDIAC CATHETERIZATION	62,469,779			247,718		228,625	59
60	LABORATORY	187,651,231			1,013,568		498,348	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	89,110,246			847,855		22,852	65
66	PHYSICAL THERAPY	13,032,024			13,454		1,391	66
67	OCCUPATIONAL THERAPY	3,567,172			5,526		467	67
68	SPEECH PATHOLOGY	12,004,332			6,400		12,723	68
69	ELECTROCARDIOLOGY	6,976,169			26,903		33,377	69
70	ELECTROENCEPHALOGRAPHY	11,160,747			1,122		7,415	70
73	DRUGS CHARGED TO PATIENTS	233,539,066			1,915,673		5,829,990	73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	2,201,257			144,169		5,549	74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	9,281,560			347		3,637	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	16,631,954			2,729		123,487	90
90.01	OFFSITE CLINICS	49,088,997					27,056	90.01
91	EMERGENCY	40,711,522			48,342		37,556	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	24,777,938					43,006	92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,120,875,132			5,967,310		7,382,985	200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [XX] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST		
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.346117	145,185			50,251		50
51	RECOVERY ROOM	0.311363	26,514			8,255		51
53	ANESTHESIOLOGY	0.158281	34,895			5,523		53
54	RADIOLOGY-DIAGNOSTIC	0.259614	71,433			18,545		54
57	CT SCAN	0.092251	35,454			3,271		57
58	MRI	0.089552	194,025			17,375		58
59	CARDIAC CATHETERIZATION	0.188871	228,625			43,181		59
60	LABORATORY	0.261969	498,348			130,552		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	0.159107	22,852			3,636		65
66	PHYSICAL THERAPY	0.668202	1,391			929		66
67	OCCUPATIONAL THERAPY	0.446623	467			209		67
68	SPEECH PATHOLOGY	0.569442	12,723			7,245		68
69	ELECTROCARDIOLOGY	0.516500	33,377			17,239		69
70	ELECTROENCEPHALOGRAPHY	0.728885	7,415			5,405		70
73	DRUGS CHARGED TO PATIENTS	0.176593	5,829,990			1,029,535		73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	0.369798	5,549			2,052		74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	1.119770	3,637			4,073		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	2.303860	123,487			284,497		90
90.01	OFFSITE CLINICS	0.648009	27,056			17,533		90.01
91	EMERGENCY	0.488167	37,556			18,334		91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.290263	43,006			12,483		92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	1.009725						95
200	SUBTOTAL (see instructions)		7,382,985			1,680,123		200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES							201
202	NET CHARGES (line 200 - line 201)		7,382,985			1,680,123		202

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II, (col. 26))	SWING BED ADJUSTMENT	REDUCED CAPITAL RELATED COST (col. 1 minus col. 2)	TOTAL PATIENT DAYS	PER DIEM (col. 3 ÷ col. 4)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM CAPITAL COST (col. 5 x col. 6)	
	INPATIENT ROUTINE SERV COST CENTERS	1	2	3	4	5	6	7	
30	ADULTS & PEDIATRICS (General Routine Care)	14,029,675		14,029,675	40,643	345.19	18,932	6,535,137	30
31	INTENSIVE CARE UNIT	4,260,726		4,260,726	10,159	419.40	3,953	1,657,888	31
32	CORONARY CARE UNIT	3,419,602		3,419,602	10,163	336.48	3,869	1,301,841	32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	NEONATOLOGY	4,238,165		4,238,165	13,974	303.29	4,271	1,295,352	35
40	SUBPROVIDER - IPF	1,030,093		1,030,093	3,402	302.79	1,634	494,759	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)	26,978,261		26,978,261	78,341		32,659	11,284,977	200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART II

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII, PART A [] IPF
 BOXES: [XX] TITLE XIX [] IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	11,727,965	192,720,285	0.060855	39,884,317	2,427,160	50
51	RECOVERY ROOM	983,175	17,377,954	0.056576	2,478,436	140,220	51
53	ANESTHESIOLOGY	897,316	31,401,799	0.028575	6,153,010	175,822	53
54	RADIOLOGY-DIAGNOSTIC	3,946,414	49,532,849	0.079673	8,625,140	687,191	54
57	CT SCAN	627,336	17,061,436	0.036769	3,650,558	134,227	57
58	MRI	1,742,304	50,576,815	0.034449	4,701,301	161,955	58
59	CARDIAC CATHETERIZATION	2,431,494	62,469,779	0.038923	13,167,312	512,511	59
60	LABORATORY	5,785,326	187,651,231	0.030830	40,963,335	1,262,900	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	849,114	89,110,246	0.009529	48,700,146	464,064	65
66	PHYSICAL THERAPY	1,196,935	13,032,024	0.091846	1,400,407	128,622	66
67	OCCUPATIONAL THERAPY	92,931	3,567,172	0.026052	703,574	18,330	67
68	SPEECH PATHOLOGY	681,849	12,004,332	0.056800	851,890	48,387	68
69	ELECTROCARDIOLOGY	772,187	6,976,169	0.110689	1,004,082	111,141	69
70	ELECTROENCEPHALOGRAPHY	1,342,523	11,160,747	0.120290	812,274	97,708	70
73	DRUGS CHARGED TO PATIENTS	1,866,586	233,539,066	0.007993	94,687,726	756,839	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	41,214	2,201,257	0.018723	794,255	14,871	74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	2,060,860	9,281,560	0.222038	93,061	20,663	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	7,136,643	16,631,954	0.429092	403,802	173,268	90
90.01	OFFSITE CLINICS	3,163,821	49,088,997	0.064451			90.01
91	EMERGENCY	3,430,020	40,711,522	0.084252	5,242,833	441,719	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	1,256,161	24,777,938	0.050697			92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	52,032,174	1,120,875,132		274,317,459	7,777,598	200

(A) Worksheet A line numbers



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

		NURSING SCHOOL	ALLIED HEALTH COST	ALL OTHER MEDICAL EDUCATION COST	SWING-BED ADJUSTMENT AMOUNT (see instructions)	TOTAL COSTS (sum of cols. 1 through 3 minus col 4.)	
(A)	COST CENTER DESCRIPTION	1	2	3	4	5	
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS (General Routine Care)						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	NEONATOLOGY						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII, PART A
 BOXES: TITLE XIX

		TOTAL PATIENT DAYS	PER DIEM (col. 5 ÷ col. 6)	INPATIENT PROGRAM DAYS	INPATIENT PROGRAM PASS THRU COST (col. 7 x col. 8)	
(A)	COST CENTER DESCRIPTION	6	7	8	9	
	INPATIENT ROUTINE SERV COST CENTERS					
30	ADULTS & PEDIATRICS (General Routine Care)	40,643		18,932		30
31	INTENSIVE CARE UNIT	10,159		3,953		31
32	CORONARY CARE UNIT	10,163		3,869		32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	NEONATOLOGY	13,974		4,271		35
40	SUBPROVIDER - IPF	3,402		1,634		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)	78,341		32,659		200

(A) Worksheet A line numbers



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	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
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							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART IV

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	192,720,285			39,884,317				50
51	RECOVERY ROOM	17,377,954			2,478,436				51
53	ANESTHESIOLOGY	31,401,799			6,153,010				53
54	RADIOLOGY-DIAGNOSTIC	49,532,849			8,625,140				54
57	CT SCAN	17,061,436			3,650,558				57
58	MRI	50,576,815			4,701,301				58
59	CARDIAC CATHETERIZATION	62,469,779			13,167,312				59
60	LABORATORY	187,651,231			40,963,335				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	89,110,246			48,700,146				65
66	PHYSICAL THERAPY	13,032,024			1,400,407				66
67	OCCUPATIONAL THERAPY	3,567,172			703,574				67
68	SPEECH PATHOLOGY	12,004,332			851,890				68
69	ELECTROCARDIOLOGY	6,976,169			1,004,082				69
70	ELECTROENCEPHALOGRAPHY	11,160,747			812,274				70
73	DRUGS CHARGED TO PATIENTS	233,539,066			94,687,726				73
73.01	OUTPATIENT PHARMACY								73.01
74	RENAL DIALYSIS	2,201,257			794,255				74
75.01	PSYCHIATRY								75.01
76	PSYCHIATRY	9,281,560			93,061				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	16,631,954			403,802				90
90.01	OFFSITE CLINICS	49,088,997							90.01
91	EMERGENCY	40,711,522			5,242,833				91
92	OBSERVATION BEDS (NON-DISTINCT PART)	24,777,938							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES								95
200	TOTAL (sum of lines 50-199)	1,120,875,132			274,317,459				200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-3300

WORKSHEET D
PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF
 APPLICABLE [] TITLE XVIII, PART B [] IPF [] SNF [] SWING BED NF
 BOXES: [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

(A)	COST CENTER DESCRIPTION	COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PROGRAM CHARGES			PROGRAM COST			
			PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.346117							50
51	RECOVERY ROOM	0.311363							51
53	ANESTHESIOLOGY	0.158281							53
54	RADIOLOGY-DIAGNOSTIC	0.259614							54
57	CT SCAN	0.092251							57
58	MRI	0.089552							58
59	CARDIAC CATHETERIZATION	0.188871							59
60	LABORATORY	0.261969							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.159107							65
66	PHYSICAL THERAPY	0.668202							66
67	OCCUPATIONAL THERAPY	0.446623							67
68	SPEECH PATHOLOGY	0.569442							68
69	ELECTROCARDIOLOGY	0.516500							69
70	ELECTROENCEPHALOGRAPHY	0.728885							70
73	DRUGS CHARGED TO PATIENTS	0.176593							73
73.01	OUTPATIENT PHARMACY								73.01
74	RENAL DIALYSIS	0.369798							74
75.01	PSYCHIATRY								75.01
76	PSYCHIATRY	1.119770							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	2.303860							90
90.01	OFFSITE CLINICS	0.648009							90.01
91	EMERGENCY	0.488167							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.290263							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	1.009725							95
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-S300

WORKSHEET D
PART II

CHECK TITLE V HOSPITAL SUB (OTHER)
 APPLICABLE TITLE XVIII, PART A IPF
 BOXES: TITLE XIX IRF

(A)	COST CENTER DESCRIPTION	CAPITAL RELATED COST (from Wkst. B, Part II (col. 26))	TOTAL CHARGES (from Wkst. C, Part I, (col. 8))	RATIO OF COST TO CHARGES (col. 1 ÷ col. 2)	INPATIENT PROGRAM CHARGES	CAPITAL COSTS (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	11,727,965	192,720,285	0.060855	5,263	320	50
51	RECOVERY ROOM	983,175	17,377,954	0.056576	3,283	186	51
53	ANESTHESIOLOGY	897,316	31,401,799	0.028575	4,290	123	53
54	RADIOLOGY-DIAGNOSTIC	3,946,414	49,532,849	0.079673	2,345	187	54
57	CT SCAN	627,336	17,061,436	0.036769			57
58	MRI	1,742,304	50,576,815	0.034449	19,222	662	58
59	CARDIAC CATHETERIZATION	2,431,494	62,469,779	0.038923	30,060	1,170	59
60	LABORATORY	5,785,326	187,651,231	0.030830	139,699	4,307	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	849,114	89,110,246	0.009529	11,171	106	65
66	PHYSICAL THERAPY	1,196,935	13,032,024	0.091846	1,108	102	66
67	OCCUPATIONAL THERAPY	92,931	3,567,172	0.026052			67
68	SPEECH PATHOLOGY	681,849	12,004,332	0.056800			68
69	ELECTROCARDIOLOGY	772,187	6,976,169	0.110689	31,200	3,453	69
70	ELECTROENCEPHALOGRAPHY	1,342,523	11,160,747	0.120290	9,419	1,133	70
73	DRUGS CHARGED TO PATIENTS	1,866,586	233,539,066	0.007993	272,837	2,181	73
73.01	OUTPATIENT PHARMACY						73.01
74	RENAL DIALYSIS	41,214	2,201,257	0.018723			74
75.01	PSYCHIATRY						75.01
76	PSYCHIATRY	2,060,860	9,281,560	0.222038	26,941	5,982	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	7,136,643	16,631,954	0.429092	302	130	90
90.01	OFFSITE CLINICS	3,163,821	49,088,997	0.064451			90.01
91	EMERGENCY	3,430,020	40,711,522	0.084252	96,516	8,132	91
92	OBSERVATION BEDS (NON-DISTINCT PART)		24,777,938				92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (sum of lines 50-199)	50,776,013	1,120,875,132		653,656	28,174	200

(A) Worksheet A line numbers



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S300

WORKSHEET D
PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR
 APPLICABLE TITLE XVIII, PART A IPF SNF
 BOXES: TITLE XIX IRF NF

(A)	COST CENTER DESCRIPTION	1	2	3	4	5	6	
		NON PHYSICIAN ANESTHETIST COST	NURSING SCHOOL	ALLIED HEALTH	ALL OTHER MEDICAL EDUCATION COST	TOTAL COST (sum of col. 1 through col. 4)	TOTAL OUTPATIENT COST (sum of col. 2, 3, and 4)	
	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
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							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)							200

(A) Worksheet A line numbers



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 14-S300

WORKSHEET D
PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR
 APPLICABLE [] TITLE XVIII, PART A [XX] IPF [] SNF
 BOXES: [XX] TITLE XIX [] IRF [] NF

(A)	COST CENTER DESCRIPTION	TOTAL CHARGES (from Wkst. C, Part I, col. 8)	RATIO OF COST TO CHARGES (col. 5÷ col. 7)	OUTPAT-IENT RATIO OF COST TO CHARGES (col. 6÷ col. 7)	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM PASS-THROUGH COSTS (col. 8 x col. 10)	OUTPAT-IENT PROGRAM CHARGES	OUTPAT-IENT PROGRAM PASS-THROUGH COSTS (col. 9 x col. 12)
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	192,720,285			5,263			50
51	RECOVERY ROOM	17,377,954			3,283			51
53	ANESTHESIOLOGY	31,401,799			4,290			53
54	RADIOLOGY-DIAGNOSTIC	49,532,849			2,345			54
57	CT SCAN	17,061,436						57
58	MRI	50,576,815			19,222			58
59	CARDIAC CATHETERIZATION	62,469,779			30,060			59
60	LABORATORY	187,651,231			139,699			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	89,110,246			11,171			65
66	PHYSICAL THERAPY	13,032,024			1,108			66
67	OCCUPATIONAL THERAPY	3,567,172						67
68	SPEECH PATHOLOGY	12,004,332						68
69	ELECTROCARDIOLOGY	6,976,169			31,200			69
70	ELECTROENCEPHALOGRAPHY	11,160,747			9,419			70
73	DRUGS CHARGED TO PATIENTS	233,539,066			272,837			73
73.01	OUTPATIENT PHARMACY							73.01
74	RENAL DIALYSIS	2,201,257						74
75.01	PSYCHIATRY							75.01
76	PSYCHIATRY	9,281,560			26,941			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	16,631,954			302			90
90.01	OFFSITE CLINICS	49,088,997						90.01
91	EMERGENCY	40,711,522			96,516			91
92	OBSERVATION BEDS (NON-DISTINCT PART)	24,777,938						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES							95
200	TOTAL (sum of lines 50-199)	1,120,875,132			653,656			200

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-S300

WORKSHEET D
PART V

CHECK TITLE V - O/P HOSPITAL SUB (OTHER) SWING BED SNF
 APPLICABLE TITLE XVIII, PART B IPF SNF SWING BED NF
 BOXES: TITLE XIX - O/P IRF NF ICF/MR

(A)	COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
		COST TO CHARGE RATIO (from Wkst C, Part I, col. 9)	PPS REIM-BURSED SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	PPS SERVICES (see inst.)	COST REIM-BURSED SUBJECT TO DED. & COINS. (see inst.)	COST REIM-BURSED NOT SUBJECT TO DED. & COINS. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.346117							50
51	RECOVERY ROOM	0.311363							51
53	ANESTHESIOLOGY	0.158281							53
54	RADIOLOGY-DIAGNOSTIC	0.259614							54
57	CT SCAN	0.092251							57
58	MRI	0.089552							58
59	CARDIAC CATHETERIZATION	0.188871							59
60	LABORATORY	0.261969							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	RESPIRATORY THERAPY	0.159107							65
66	PHYSICAL THERAPY	0.668202							66
67	OCCUPATIONAL THERAPY	0.446623							67
68	SPEECH PATHOLOGY	0.569442							68
69	ELECTROCARDIOLOGY	0.516500							69
70	ELECTROENCEPHALOGRAPHY	0.728885							70
73	DRUGS CHARGED TO PATIENTS	0.176593							73
73.01	OUTPATIENT PHARMACY								73.01
74	RENAL DIALYSIS	0.369798							74
75.01	PSYCHIATRY								75.01
76	PSYCHIATRY	1.119770							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	2.303860							90
90.01	OFFSITE CLINICS	0.648009							90.01
91	EMERGENCY	0.488167							91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.290263							92
	OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	1.009725							95
200	SUBTOTAL (see instructions)								200
201	LESS PBP CLINIC LAB. SERVICES PROGRAM ONLY CHARGES								201
202	NET CHARGES (line 200 - line 201)								202

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	40,643	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	40,643	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	37,004	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	383	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)	80,326,669	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	80,326,669	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	80,326,669	37



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [XX] TEFRA
 BOXES: [] TITLE XIX - I/P [] IRF [] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,976.40	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					756,961	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)					756,961	41
		TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)	
		1	2	3	4	5	
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	28,848,922	10,159	2,839.74	91	258,416	43
44	CORONARY CARE UNIT	22,758,650	10,163	2,239.36	51	114,207	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	NEONATOLOGY	30,344,228	13,974	2,171.48			47

48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					1,392,918	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					2,522,502	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					187,533	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					172,717	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					360,250	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)					2,162,252	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					65	54
55	TARGET AMOUNT PER DISCHARGE					18,497	55
56	TARGET AMOUNT (line 54 x line 55)					1,202,331	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)					-959,921	57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)					120,233	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)					1,682,814	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



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					3,639	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (line 27 ÷ line 2)					1,976.40	88
89	OBSERVATION BED COST (line 87 x line 88) (see instructions)					7,192,120	89
		COST	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST	14,029,675	80,326,669	0.174658	7,192,120	1,256,161	90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	40,643	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	40,643	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	37,004	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	18,932	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)	80,326,669	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	80,326,669	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	80,326,669	37



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PART II

CHECK [] TITLE V - I/P [XX] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII, PART A [] IPF [] TEFRA
 BOXES: [XX] TITLE XIX - I/P [] IRF [XX] OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

						1	
	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (col. 1 ÷ col. 2)	PROGRAM DAYS	PROGRAM COST (col. 3 x col. 4)		
	1	2	3	4	5		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)					1,976.40	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)					37,417,205	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)					37,417,205	41
42	NURSERY (Titles V and XIX only)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	28,848,922	10,159	2,839.74	3,953	11,225,492	43	
44	22,758,650	10,163	2,239.36	3,869	8,664,084	44	
45						45	
46						46	
47	30,344,228	13,974	2,171.48	4,271	9,274,391	47	

						1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)					62,968,348	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)					129,549,520	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)					10,790,218	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)					7,777,598	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)					18,567,816	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT (line 54 x line 55)						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)						57
58	BONUS PAYMENT (see instructions)						58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET						59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET						60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)						61
62	RELIEF PAYMENT (see instructions)						62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)						65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only. For CAH, see instructions)						66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)						67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)						68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)						69



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-3300

WORKSHEET D-1
PARTS III & IV

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (see instructions)					3,639	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	ROUTINE COST (from line 27)	column 1 ÷ column 2	TOTAL OBSERVATION BED COST (from line 89)	OBSERVATION BED PASS-THROUGH COST col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	CAPITAL-RELATED COST						90
91	NURSING SCHOOL COST						91
92	ALLIED HEALTH COST						92
93	ALL OTHER MEDICAL EDUCATION						93



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S300

WORKSHEET D-1
PART I

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF TEFRA
 BOXES: TITLE XIX - I/P IRF NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (including private room days and swing-bed days, excluding newborn)	3,402	1
2	INPATIENT DAYS (including private room days, excluding swing-bed and newborn days)	3,402	2
3	PRIVATE ROOM DAYS (excluding swing-bed private room days). IF YOU HAVE ONLY PRIVATE ROOM DAYS, DO NOT COMPLETE THIS LINE.		3
4	SEMI-PRIVATE ROOM DAYS (excluding swing-bed private room days)	3,402	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (including private room days) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (if calendar year, enter 0 on this line)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (excluding swing-bed and newborn days)	1,634	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)	5,227,212	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	5,227,212	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (excluding swing-bed and observation bed charges)		28
29	PRIVATE ROOM CHARGES (excluding swing-bed charges)		29
30	SEMI-PRIVATE ROOM CHARGES (excluding swing-bed charges)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (line 27 ÷ line 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (line 29 ÷ line 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (line 30 ÷ line 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (line 32 minus line 33) (see instructions)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (line 34 x line 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (line 3 x line 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (line 27 - line 36)	5,227,212	37



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-S300

WORKSHEET D-1
PART II

CHECK TITLE V - I/P HOSPITAL SUB (OTHER) PPS
 APPLICABLE TITLE XVIII, PART A IPF TEFRA
 BOXES: TITLE XIX - I/P IRF OTHER

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

1

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (see instructions)	1,536.51	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (line 9 x line 38)	2,510,657	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)	2,510,657	41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (Worksheet D-3, column 3, line 200)	199,785	48
49	TOTAL PROGRAM INPATIENT COSTS (sum of lines 41 through 48)(see instructions)	2,710,442	49

PASS-THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (from Worksheet D, sum of Parts I and III)	494,759	50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (from Worksheet D, sum of Parts II and IV)	28,174	51
52	TOTAL PROGRAM EXCLUDABLE COST (sum of lines 50 and 51)	522,933	52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (line 49 minus line 52)		53

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES		54
55	TARGET AMOUNT PER DISCHARGE		55
56	TARGET AMOUNT (line 54 x line 55)		56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT (line 56 minus line 53)		57
58	BONUS PAYMENT (see instructions)		58
59	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60	LESSER OF LINE 53 ÷ LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61	IF LINE 53 ÷ 54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (line 53) ARE LESS THAN EXPECTED COSTS (line 54 x 60), OR 1% OF THE TARGET AMOUNT (line 56), OTHERWISE ENTER ZERO (see instructions)		61
62	RELIEF PAYMENT (see instructions)		62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (see instructions)		63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (see instructions) (Title XVIII only)		65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (Title XVIII only, For CAH, see instructions)		66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (line 12 x line 19)		67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (line 13 x line 20)		68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (line 67 + line 68)		69



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL [] SUB (OTHER) [] SWING BED SNF [] PPS
 APPLICABLE [XX] TITLE XVIII, PART A [] IPF [] SNF [] SWING BED NF [XX] TEFRA
 BOXES: [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS		853,710		30
31	INTENSIVE CARE UNIT		837,132		31
32	CORONARY CARE UNIT		219,854		32
35	NEONATOLOGY				35
40	SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.346117	1,164,292	402,981	50
51	RECOVERY ROOM	0.311363	46,769	14,562	51
53	ANESTHESIOLOGY	0.158281	149,922	23,730	53
54	RADIOLOGY-DIAGNOSTIC	0.259614	132,869	34,495	54
57	CT SCAN	0.092251	134,598	12,417	57
58	MRI	0.089552	65,054	5,826	58
59	CARDIAC CATHETERIZATION	0.188871	247,718	46,787	59
60	LABORATORY	0.261969	1,013,568	265,523	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.159107	847,855	134,900	65
66	PHYSICAL THERAPY	0.668202	13,454	8,990	66
67	OCCUPATIONAL THERAPY	0.446623	5,526	2,468	67
68	SPEECH PATHOLOGY	0.569442	6,400	3,644	68
69	ELECTROCARDIOLOGY	0.516500	26,903	13,895	69
70	ELECTROENCEPHALOGRAPHY	0.728885	1,122	818	70
73	DRUGS CHARGED TO PATIENTS	0.176593	1,915,673	338,294	73
73.01	OUTPATIENT PHARMACY				73.01
74	RENAL DIALYSIS	0.369798	144,169	53,313	74
75.01	PSYCHIATRY				75.01
76	PSYCHIATRY	1.119770	347	389	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	2.303860	2,729	6,287	90
90.01	OFFSITE CLINICS	0.648009			90.01
91	EMERGENCY	0.488167	48,342	23,599	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.290263			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		5,967,310	1,392,918	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		5,967,310		202

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-3300

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS		41,324,103		30
31	INTENSIVE CARE UNIT		26,360,089		31
32	CORONARY CARE UNIT		16,235,512		32
35	NEONATOLOGY		28,563,696		35
40	SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.346117	39,884,317	13,804,640	50
51	RECOVERY ROOM	0.311363	2,478,436	771,693	51
53	ANESTHESIOLOGY	0.158281	6,153,010	973,905	53
54	RADIOLOGY-DIAGNOSTIC	0.259614	8,625,140	2,239,207	54
57	CT SCAN	0.092251	3,650,558	336,768	57
58	MRI	0.089552	4,701,301	421,011	58
59	CARDIAC CATHETERIZATION	0.188871	13,167,312	2,486,923	59
60	LABORATORY	0.261969	40,963,335	10,731,124	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.159107	48,700,146	7,748,534	65
66	PHYSICAL THERAPY	0.668202	1,400,407	935,755	66
67	OCCUPATIONAL THERAPY	0.446623	703,574	314,232	67
68	SPEECH PATHOLOGY	0.569442	851,890	485,102	68
69	ELECTROCARDIOLOGY	0.516500	1,004,082	518,608	69
70	ELECTROENCEPHALOGRAPHY	0.728885	812,274	592,054	70
73	DRUGS CHARGED TO PATIENTS	0.176593	94,687,726	16,721,190	73
73.01	OUTPATIENT PHARMACY				73.01
74	RENAL DIALYSIS	0.369798	794,255	293,714	74
75.01	PSYCHIATRY				75.01
76	PSYCHIATRY	1.119770	93,061	104,207	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	2.303860	403,802	930,303	90
90.01	OFFSITE CLINICS	0.648009			90.01
91	EMERGENCY	0.488167	5,242,833	2,559,378	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.290263			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		274,317,459	62,968,348	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		274,317,459		202

(A) Worksheet A line numbers



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-S300

WORKSHEET D-3

CHECK TITLE V HOSPITAL SUB (OTHER) SWING BED SNF PPS
 APPLICABLE TITLE XVIII, PART A IPF SNF SWING BED NF TEFRA
 BOXES: TITLE XIX IRF NF ICF/MR OTHER

(A)	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	INPATIENT PROGRAM COSTS (col. 1 x col. 2)	
		1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
32	CORONARY CARE UNIT				32
35	NEONATOLOGY				35
40	SUBPROVIDER - IPF		5,036,556		40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.346117	5,263	1,822	50
51	RECOVERY ROOM	0.311363	3,283	1,022	51
53	ANESTHESIOLOGY	0.158281	4,290	679	53
54	RADIOLOGY-DIAGNOSTIC	0.259614	2,345	609	54
57	CT SCAN	0.092251			57
58	MRI	0.089552	19,222	1,721	58
59	CARDIAC CATHETERIZATION	0.188871	30,060	5,677	59
60	LABORATORY	0.261969	139,699	36,597	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	RESPIRATORY THERAPY	0.159107	11,171	1,777	65
66	PHYSICAL THERAPY	0.668202	1,108	740	66
67	OCCUPATIONAL THERAPY	0.446623			67
68	SPEECH PATHOLOGY	0.569442			68
69	ELECTROCARDIOLOGY	0.516500	31,200	16,115	69
70	ELECTROENCEPHALOGRAPHY	0.728885	9,419	6,865	70
73	DRUGS CHARGED TO PATIENTS	0.176593	272,837	48,181	73
73.01	OUTPATIENT PHARMACY				73.01
74	RENAL DIALYSIS	0.369798			74
75.01	PSYCHIATRY				75.01
76	PSYCHIATRY	1.119770	26,941	30,168	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	2.303860	302	696	90
90.01	OFFSITE CLINICS	0.648009			90.01
91	EMERGENCY	0.488167	96,516	47,116	91
92	OBSERVATION BEDS (NON-DISTINCT PART)	0.290263			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (sum of lines 50-94, and 96-98)		653,656	199,785	200
201	LESS PBP CLINIC LABORATORY SERVICES-PROGRAM ONLY CHARGES (line 61)				201
202	NET CHARGES (line 200 minus line 201)		653,656		202

(A) Worksheet A line numbers



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		I	D				
1	ADULTS & PEDIATRICS		38	1,976.40			1
2	INTENSIVE CARE UNIT		43	2,839.74			2
3	CORONARY CARE UNIT		44	2,239.36			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATOLOGY		47	2,171.48			6
7	TOTAL (sum of lines 1-6)						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	I			
8	OPERATING ROOM	50	0.346117			8
9	RECOVERY ROOM	51	0.311363			9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.158281			11
12	RADIOLOGY-DIAGNOSTIC	54	0.259614			12
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.092251			15
16	MRI	58	0.089552			16
17	CARDIAC CATHETERIZATION	59	0.188871			17
18	LABORATORY	60	0.261969			18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63				21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.159107			23
24	PHYSICAL THERAPY	66	0.668202			24
25	OCCUPATIONAL THERAPY	67	0.446623			25
26	SPEECH PATHOLOGY	68	0.569442			26
27	ELECTROCARDIOLOGY	69	0.516500			27
28	ELECTROENCEPHALOGRAPHY	70	0.728885			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71				29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.176593			31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	RENAL DIALYSIS	74	0.369798			32
33	ASC (NON-DISTINCT PART)	75				33
33.01	PSYCHIATRY	75.01				33.01
34	PSYCHIATRY	76	1.119770			34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	2.303860			37
37.01	OFFSITE CLINICS	90.01	0.648009			37.01
38	EMERGENCY	91	0.488167			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.290263			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)					41

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART II

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

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (from Wkst. D-2, Part I, col. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		D	1			
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 instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)					55

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I					56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	1,335,219		1,335,219		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	1,335,219		1,335,219		61
62	TOTAL USABLE ORGANS (see instructions)		19			62
63	MEDICARE USABLE ORGANS (see instructions)		5			63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 ÷ line 62)		0.263158			64
65	MEDICARE COST/CHARGES (see instructions)	351,374		351,374		65
66	REVENUE FOR ORGANS SOLD					66
67	SUBTOTAL (line 65 minus line 66)	351,374		351,374		67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)	351,374		351,374		69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)				70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)	10			71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		9		73
74	TOTAL (sum of lines 70 thru 73)	10	9		74
75	ORGANS TRANSPLANTED	10	9		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs				77
78	ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79	ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80	ORGANS SOLD OUTSIDE THE U.S.				80
81	ORGANS SENT OUTSIDE THE U.S.(no revenue received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)	10	9		84

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		I	D				
1	ADULTS & PEDIATRICS		38	1,976.40			1
2	INTENSIVE CARE UNIT		43	2,839.74			2
3	CORONARY CARE UNIT		44	2,239.36			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATOLOGY		47	2,171.48			6
7	TOTAL (sum of lines 1-6)						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	I			
8	OPERATING ROOM	50	0.346117			8
9	RECOVERY ROOM	51	0.311363			9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.158281			11
12	RADIOLOGY-DIAGNOSTIC	54	0.259614			12
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.092251			15
16	MRI	58	0.089552			16
17	CARDIAC CATHETERIZATION	59	0.188871			17
18	LABORATORY	60	0.261969			18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63				21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.159107			23
24	PHYSICAL THERAPY	66	0.668202			24
25	OCCUPATIONAL THERAPY	67	0.446623			25
26	SPEECH PATHOLOGY	68	0.569442			26
27	ELECTROCARDIOLOGY	69	0.516500			27
28	ELECTROENCEPHALOGRAPHY	70	0.728885			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71				29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.176593			31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	RENAL DIALYSIS	74	0.369798			32
33	ASC (NON-DISTINCT PART)	75				33
33.01	PSYCHIATRY	75.01				33.01
34	PSYCHIATRY	76	1.119770			34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	2.303860			37
37.01	OFFSITE CLINICS	90.01	0.648009			37.01
38	EMERGENCY	91	0.488167			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.290263			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)					41

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART II

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

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (from Wkst. D-2, Part I, col. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		D	1			
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 instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)					55

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

	COST		CHARGES		
	PART A	PART B	PART A	PART B	
	1	2	3	4	
56 ROUTINE & ANCILLARY FROM PART I					56
57 INTERNS & RESIDENTS (inpatient)					57
58 INTERNS & RESIDENTS (outpatient)					58
59 DIRECT ORGAN ACQUISITION (see instructions)	1,805,839		1,805,839		59
60 COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61 TOTAL (sum of lines 56 thru 60)	1,805,839		1,805,839		61
62 TOTAL USABLE ORGANS (see instructions)		19			62
63 MEDICARE USABLE ORGANS (see instructions)					63
64 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 -line 62)					64
65 MEDICARE COST/CHARGES (see instructions)					65
66 REVENUE FOR ORGANS SOLD					66
67 SUBTOTAL (line 65 minus line 66)					67
68 ORGANS FURNISHED PART B					68
69 NET ORGAN ACQUISITION COST AND CHARGES (see instructions)					69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)				70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)				71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		19		73
74	TOTAL (sum of lines 70 thru 73)		19		74
75	ORGANS TRANSPLANTED		19		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs				77
78	ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79	ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80	ORGANS SOLD OUTSIDE THE U.S.				80
81	ORGANS SENT OUTSIDE THE U.S.(no revenue received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)		19		84

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART I

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

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS (from Wkst D-1, Part II)	ORGAN ACQUISITION DAYS	COST (col. 2 x col. 3)	
		1	D				
1	ADULTS & PEDIATRICS		38	1,976.40			1
2	INTENSIVE CARE UNIT		43	2,839.74			2
3	CORONARY CARE UNIT		44	2,239.36			3
4	BURN INTENSIVE CARE UNIT		45				4
5	SURGICAL INTENSIVE CARE UNIT		46				5
6	NEONATOLOGY		47	2,171.48			6
7	TOTAL (sum of lines 1-6)						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			
8	OPERATING ROOM	50	0.346117			8
9	RECOVERY ROOM	51	0.311363			9
10	DELIVERY ROOM & LABOR ROOM	52				10
11	ANESTHESIOLOGY	53	0.158281			11
12	RADIOLOGY-DIAGNOSTIC	54	0.259614			12
13	RADIOLOGY-THERAPEUTIC	55				13
14	RADIOISOTOPE	56				14
15	CT SCAN	57	0.092251			15
16	MRI	58	0.089552			16
17	CARDIAC CATHETERIZATION	59	0.188871			17
18	LABORATORY	60	0.261969			18
19	PBP CLINICAL LAB SERVICES-PRGM ONLY	61				19
20	WHOLE BLOOD & PACKED RED BLOOD CELLS	62				20
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30				20.30
21	BLOOD STORING, PROCESSING & TRANS.	63				21
22	INTRAVENOUS THERAPY	64				22
23	RESPIRATORY THERAPY	65	0.159107			23
24	PHYSICAL THERAPY	66	0.668202			24
25	OCCUPATIONAL THERAPY	67	0.446623			25
26	SPEECH PATHOLOGY	68	0.569442			26
27	ELECTROCARDIOLOGY	69	0.516500			27
28	ELECTROENCEPHALOGRAPHY	70	0.728885			28
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	71				29
30	IMPL. DEV. CHARGED TO PATIENTS	72				30
31	DRUGS CHARGED TO PATIENTS	73	0.176593			31
31.01	OUTPATIENT PHARMACY	73.01				31.01
32	RENAL DIALYSIS	74	0.369798			32
33	ASC (NON-DISTINCT PART)	75				33
33.01	PSYCHIATRY	75.01				33.01
34	PSYCHIATRY	76	1.119770			34
34.97	CARDIAC REHABILITATION	76.97				34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98				34.98
34.99	LITHOTRIPSY	76.99				34.99
35	RURAL HEALTH CLINIC	88				35
36	FEDERALLY QUALIFIED HEALTH CENTER	89				36
37	CLINIC	90	2.303860			37
37.01	OFFSITE CLINICS	90.01	0.648009			37.01
38	EMERGENCY	91	0.488167			38
39	OBSERVATION BEDS (NON-DISTINCT PART)	92	0.290263			39
40	OTHER OUTPATIENT SERVICE (SPECIFY)	93				40
41	TOTAL (sum of lines 8-40)					41

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PART II

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

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

	COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM	AVERAGE COST PER DAY (from Wkst. D-2, Part I, col. 4)		ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		D	1			
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 instructions)		RATIO OF COST TO CHARGES (from Wkst. D-2, Part I, col. 4)	ORGAN ACQUISITION COSTS (col. 1 x col. 2)	
		1	D			
49	RURAL HEALTH CLINIC		21			49
50	FEDERALLY QUALIFIED HEALTH CENTER		22			50
51	CLINIC		23			51
51.01	OFFSITE CLINICS		23.01			51.01
52	EMERGENCY		24			52
53	OBSERVATION BEDS (NON-DISTINCT PART)		25			53
54	OTHER OUTPATIENT SERVICE (SPECIFY)		26			54
55	TOTAL (sum of lines 49-54)					55

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



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

OPO CCN:

WORKSHEET D-4
PARTS III & IV

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

PART III - SUMMARY OF COSTS AND CHARGES

		COST		CHARGES		
		PART A	PART B	PART A	PART B	
		1	2	3	4	
56	ROUTINE & ANCILLARY FROM PART I					56
57	INTERNS & RESIDENTS (inpatient)					57
58	INTERNS & RESIDENTS (outpatient)					58
59	DIRECT ORGAN ACQUISITION (see instructions)	1,193,647		1,193,647		59
60	COST OF SERVICES OF TEACHING PHYSICIANS (Wkst. D-5, Part II)					60
61	TOTAL (sum of lines 56 thru 60)	1,193,647		1,193,647		61
62	TOTAL USABLE ORGANS (see instructions)		14			62
63	MEDICARE USABLE ORGANS (see instructions)					63
64	RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS (line 63 -line 62)					64
65	MEDICARE COST/CHARGES (see instructions)					65
66	REVENUE FOR ORGANS SOLD					66
67	SUBTOTAL (line 65 minus line 66)					67
68	ORGANS FURNISHED PART B					68
69	NET ORGAN ACQUISITION COST AND CHARGES (see instructions)					69

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE	
		1	2	3	
70	ORGANS EXCISED IN PROVIDER (1)				70
71	ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS (2)	6			71
72	ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				72
73	ORGANS PURCHASED FROM OPOs		8		73
74	TOTAL (sum of lines 70 thru 73)	6	8		74
75	ORGANS TRANSPLANTED	6	8		75
76	ORGANS SOLD TO OTHER HOSPITALS				76
77	ORGANS SOLD TO OPOs				77
78	ORGANS SOLD TO TRANSPLANT HOSPITALS				78
79	ORGANS SOLD TO MILITARY OR VA HOSPITALS				79
80	ORGANS SOLD OUTSIDE THE U.S.				80
81	ORGANS SENT OUTSIDE THE U.S.(no revenue received)				81
82	ORGANS USED FOR RESEARCH				82
83	UNUSABLE/DISCARDED ORGANS				83
84	TOTAL (sum of lines 75 through 83 should equal line 74)	6	8		84

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	MEDICAL AND OTHER SERVICES (see instructions)				1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (see instructions)	1,680,123			2
3	PPS PAYMENTS	2,670,978			3
4	OUTLIER PAYMENT (see instructions)	1,483			4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (see instructions)	0.920			5
6	LINE 2 TIMES LINE 5	1,545,713			6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6				7
8	TRANSITIONAL CORRIDOR PAYMENT (see instructions)				8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200				9
10	ORGAN ACQUISITION				10
11	TOTAL COST (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	ANCILLARY SERVICE CHARGES				12
13	ORGAN ACQUISITION CHARGES (from Wkst D-4, Part III, line 69, col. 4)				13
14	TOTAL REASONABLE CHARGES (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)				16
17	RATIO OF LINE 15 TO LINE 16 (not to exceed 1.000000)	1.000000			17
18	TOTAL CUSTOMARY CHARGES (see instructions)				18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 18 exceeds line 11 (see instructions))				19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 11 exceeds line 18 (see instructions))				20
21	LESSER OF COST OR CHARGES (line 11 minus line 20) (for CAH, see instructions)				21
22	INTERNS AND RESIDENTS (see instructions)				22
23	COST OF TEACHING PHYSICIANS (see instructions, 42 CFR 415.160 and CMS PUB. 15-1 §2148)				23
24	TOTAL PROSPECTIVE PAYMENT (sum of lines 3, 4, 8 and 9)	2,672,461			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	DEDUCTIBLES AND COINSURANCE (see instructions)	116,460			25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (see instructions)				26
27	SUBTOTAL {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)	2,556,001			27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Wkst E-4, line 50)	30,105			28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (from Wkst E-4, line 36)				29
30	SUBTOTAL (sum of lines 27 through 29)	2,586,106			30
31	PRIMARY PAYER PAYMENTS				31
32	SUBTOTAL (line 30 minus line 31)	2,586,106			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	COMPOSITE RATE ESRD (from Wkst I-5, line 11)				33
34	ALLOWABLE BAD DEBTS (see instructions)				34
35	ADJUSTED REIMBURSABLE BAD DEBTS (see instructions)				35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (see instructions)				36
37	SUBTOTAL (see instructions)	2,586,106			37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R				38
39	OTHER ADJUSTMENTS (SPECIFY) (see instructions)				39
40	SUBTOTAL (see instructions)	2,586,106			40
40.01	SEQUESTRATION ADJUSTMENT (see instructions)	51,722			40.01
41	INTERIM PAYMENTS	2,565,320			41
42	TENTATIVE SETTLEMENT (for contractor use only)				42
43	BALANCE DUE PROVIDER/PROGRAM (see instructions)	-30,936			43
44	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2				44

TO BE COMPLETED BY CONTRACTOR

90	ORIGINAL OUTLIER AMOUNT (see instructions)				90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (see instructions)				91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY				92
93	TIME VALUE OF MONEY (see instructions)				93
94	TOTAL (sum of lines 91 and 93)				94



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-3300

WORKSHEET E-1
PART I

CHECK HOSPITAL SUB (OTHER)
 APPLICABLE IPF SNF
 BOXES: IRF SWING BED SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy	AMOUNT	mm/dd/yyyy	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,320,185		2,556,001	1
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO					2
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT			08/28/2014	12,147	3.01
	AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM					3.02
	RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF	PROGRAM				3.03
	EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	TO				3.04
		PROVIDER				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
			04/22/2014	145,284	04/22/2014	3.51
		PROVIDER	08/28/2014	409,484		3.52
		TO				3.53
		PROGRAM				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	SUBTOTAL (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	-554,768		9,319	3.99
4	TOTAL INTERIM PAYMENTS (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,765,417		2,565,320	4
TO BE COMPLETED BY CONTRACTOR						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT					5.01
	AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.					5.02
	IF NONE, WRITE 'NONE' OR ENTER A ZERO. (1)	PROGRAM				5.03
		TO				5.04
		PROVIDER				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		PROVIDER				5.52
		TO				5.53
		PROGRAM				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	SUBTOTAL (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99				5.99
6	DETERMINED NET SETTLEMENT AMOUNT (balance due)					6.01
	BASED ON THE COST REPORT (1)					6.02
7	TOTAL MEDICARE PROGRAM LIABILITY (see instructions)					7
8	NAME OF CONTRACTOR	CONTRACTOR NUMBER		NPR DATE (Month/Day/Year)		8

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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

PART I - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER - TEFRA

1	INPATIENT HOSPITAL SERVICES (see instructions)	1,682,814	1
2	ORGAN ACQUISITION	351,374	2
3	COST OF TEACHING PHYSICIANS (from Worksheet D-5, Part II, col. 3, line 20) (see instructions)		3
4	SUBTOTAL (sum of lines 1-3)	2,034,188	4
5	PRIMARY PAYER PAYMENTS		5
6	SUBTOTAL (line 4 less line 5)	2,034,188	6
7	DEDUCTIBLES	43,456	7
8	SUBTOTAL (line 6 minus line 7)	1,990,732	8
9	COINSURANCE	5,776	9
10	SUBTOTAL (line 8 minus line 9)	1,984,956	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)	1,984,956	14
15	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4, line 49)	51,496	15
16	DO NOT USE THIS LINE		16
17	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		17
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (see instructions)	2,036,452	18
18.01	SEQUESTRATION ADJUSTMENT (see instructions)	40,729	18.01
19	INTERIM PAYMENTS	1,765,417	19
20	TENTATIVE SETTLEMENT (for contractor use only)		20
21	BALANCE DUE PROVIDER/PROGRAM (line 18 minus lines 18.01, 19 and 20)	230,306	21
22	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2		22



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S300

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
 APPLICABLE [XX] SUBPROVIDER IPF
 BOX:

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (excluding outlier, ECT, and medical education payments)		1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004		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 $\{(1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1\}$		10
11	TEACHING ADJUSTMENT (line 1 multiplied by line 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (sum of lines 1, 2, 3 and 11)		12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (see instructions)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (from Worksheet 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 Worksheet 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



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-3300

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUB (OTHER) ICF/MR TEFRA
 BOXES: SNF OTHER

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

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	129,549,520		1
2			2
3			3
4	129,549,520		4
5			5
6			6
7	129,549,520		7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	117,519,956		8
9	274,317,459		9
10			10
11			11
12	391,837,415		12
CUSTOMARY CHARGES			
13			13
14			14
15	1	1	15
16	391,837,415		16
17	262,287,895		17
18			18
19			19
20			20
21	129,549,520		21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29	129,549,520		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31	129,549,520		31
32			32
33			33
34			34
35			35
36	129,549,520		36
37			37
38	129,549,520		38
39			39
40	129,549,520		40
41	88,709,259		41
42	40,840,261		42
43			43



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-S300

WORKSHEET E-3
PART VII

CHECK TITLE V HOSPITAL NF PPS
 APPLICABLE TITLE XIX SUBPROVIDER IPF ICF/MR TEFRA
 BOXES: SNF OTHER

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL SNF/NF SERVICES	2,710,442		1
2	MEDICAL AND OTHER SERVICES			2
3	ORGAN ACQUISITION (certified transplant centers only)			3
4	SUBTOTAL (sum of lines 1, 2 and 3)	2,710,442		4
5	INPATIENT PRIMARY PAYER PAYMENTS			5
6	OUTPATIENT PRIMARY PAYER PAYMENTS			6
7	SUBTOTAL (line 4 less sum of lines 5 and 6)	2,710,442		7
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
8	ROUTINE SERVICE CHARGES			8
9	ANCILLARY SERVICE CHARGES	653,656		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)	653,656		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	1	15
16	TOTAL CUSTOMARY CHARGES (see instructions)	653,656		16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (complete only if line 16 exceeds line 4) (see instructions)			17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (complete only if line 4 exceeds line 16) (see instructions)	2,056,786		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)	653,656		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	653,656		29
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	EXCESS OF REASONABLE COST (from line 18)	2,056,786		30
31	SUBTOTAL (sum of lines 19 and 20 plus 29 minus lines 5 and 6)	653,656		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)	653,656		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	SUBTOTAL (line 36 ± line 37)	653,656		38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (from Worksheet E-4)			39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (sum of lines 38 and 39)	653,656		40
41	INTERIM PAYMENTS	2,793,559		41
42	BALANCE DUE PROVIDER/PROGRAM (line 40 minus 41)	-2,139,903		42
43	PROTESTED AMOUNTS (nonallowable cost report items) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2			43



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
		PRIMARY CARE	OTHER	TOTAL	
		1	2	3	
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)			246.14	6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			149.46	7
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	89.86	108.57	198.43	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	54.56	65.93	120.49	9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		2.50		10
11	TOTAL WEIGHTED FTE COUNT	54.56	68.43		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	54.51	64.99		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	55.78	70.28		13
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	54.95	67.90		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	54.95	67.90		17
18	PER RESIDENT AMOUNT	94,512.49	94,512.00		18
19	APPROVED AMOUNT FOR RESIDENT COSTS	5,193,461	6,417,365	11,610,826	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)			96.68	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)			11,610,826	25
COMPUTATION OF PROGRAM PATIENT LOAD					
26	INPATIENT DAYS	525			26
27	TOTAL INPATIENT DAYS (see instructions)	74,702			27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.007028	0.000000		28
29	PROGRAM DIRECT GME AMOUNT	81,601			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE				30
31	NET PROGRAM DIRECT GME AMOUNT			81,601	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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)				32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			2,201,257	33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)				34
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)				35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)				36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME					
PART A REASONABLE COST					
37	REASONABLE COST (see instructions)			2,522,502	37
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			351,374	38
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)				39
40	PRIMARY PAYER PAYMENTS (see instructions)				40
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			2,873,876	41
PART B REASONABLE COST					
42	REASONABLE COST (see instructions)			1,680,123	42
43	PRIMARY PAYER PAYMENTS (see instructions)				43
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			1,680,123	44
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			4,553,999	45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			0.631066	46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			0.368934	47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48	TOTAL PROGRAM GME PAYMENT (line 31)			81,601	48
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			51,496	49
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			30,105	50



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
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
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.00	0.00	0.00
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.00	0.00	0.00
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		0.00	
11	TOTAL WEIGHTED FTE COUNT	0.00	0.00	
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (see instructions)	0.00	0.00	
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (see instructions)	0.00	0.00	
14	ROLLING AVERAGE FTE COUNT (sum of lines 11-13 divided by 3)	0.00	0.00	
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS	0.00	0.00	
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE	0.00	0.00	
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.00	0.00	
18	PER RESIDENT AMOUNT	0.00	0.00	
19	APPROVED AMOUNT FOR RESIDENT COSTS			
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (see instructions)			
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (see instructions)			
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (see instructions)			
24	MULTIPLY LINE 22 TIMES LINE 23			
25	TOTAL DIRECT GME AMOUNT (sum of lines 19 and 24)			
COMPUTATION OF PROGRAM PATIENT LOAD				
26	INPATIENT DAYS	32,659	2,213	
27	TOTAL INPATIENT DAYS (see instructions)	74,702	74,702	
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.437190	0.029624	
29	PROGRAM DIRECT GME AMOUNT			
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			
31	NET PROGRAM DIRECT GME AMOUNT			
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 Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (Worksheet C, Part I, column 8, sum of lines 74 and 94)			
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (line 32 ÷ line 33)			
35	MEDICARE OUTPATIENT ESRD CHARGES (see instructions)			
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (line 34 x line 35)			
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (see instructions)			
38	ORGAN ACQUISITION COSTS (Worksheet D-4, Part III, column 1, line 69)			
39	COST OF TEACHING PHYSICIANS (Worksheet D-5, Part II, column 3, line 20)			
40	PRIMARY PAYER PAYMENTS (see instructions)			
41	TOTAL PART A REASONABLE COST (sum of lines 37-39 minus line 40)			
PART B REASONABLE COST				
42	REASONABLE COST (see instructions)			
43	PRIMARY PAYER PAYMENTS (see instructions)			
44	TOTAL PART B REASONABLE COST (line 42 minus line 43)			
45	TOTAL REASONABLE COST (sum of lines 41 and 44)			
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (line 41 ÷ line 45)			
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (line 44 ÷ line 45)			
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (line 31)			
49	PART A MEDICARE GME PAYMENT (line 46 x line 48) (Title XVIII only) (see instructions)			
50	PART B MEDICARE GME PAYMENT (line 47 x line 48) (Title XVIII only) (see instructions)			



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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BALANCE SHEET

WORKSHEET G

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

	ASSETS (Omit Cents)	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
CURRENT ASSETS						
1	CASH ON HAND AND IN BANKS	19,768,457				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	63,354,219				4
5	OTHER RECEIVABLES	16,685,000				5
6	ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	-9,872,005				6
7	INVENTORY					7
8	PREPAID EXPENSES					8
9	OTHER CURRENT ASSETS	34,546,269				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (sum of lines 1-10)	124,481,940				11
FIXED ASSETS						
12	LAND	38,092,506				12
13	LAND IMPROVEMENTS	449,471				13
14	ACCUMULATED DEPRECIATION					14
15	BUILDINGS	1,062,013,447				15
16	ACCUMULATED DEPRECIATION	-280,810,332				16
17	LEASEHOLD IMPROVEMENTS	20,703,981				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	273,486,939				23
24	ACCUMULATED DEPRECIATION	-167,873,684				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)	946,062,328				30
OTHER ASSETS						
31	INVESTMENTS	673,553,758	209,535,724	156,855,480		31
32	DEPOSITS ON LEASES					32
33	DUE FROM OWNERS/OFFICERS					33
34	OTHER ASSETS	84,786,463				34
35	TOTAL OTHER ASSETS (sum of lines 31-34)	758,340,221	209,535,724	156,855,480		35
36	TOTAL ASSETS (sum of lines 11, 30 and 35)	1,828,884,489	209,535,724	156,855,480		36
LIABILITIES AND FUND BALANCES						
	(Omit Cents)	1	2	3	4	
CURRENT LIABILITIES						
37	ACCOUNTS PAYABLE	79,071,669				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	27,975,133				44
45	TOTAL CURRENT LIABILITIES (sum of lines 37 thru 44)	107,046,802				45
LONG TERM LIABILITIES						
46	MORTGAGE PAYABLE					46
47	NOTES PAYABLE	377,712,036				47
48	UNSECURED LOANS					48
49	OTHER LONG TERM LIABILITIES	128,787,745				49
50	TOTAL LONG TERM LIABILITIES (sum of lines 46 thru 49)	506,499,781				50
51	TOTAL LIABILITIES (sum of lines 45 and 50)	613,546,583				51
CAPITAL ACCOUNTS						
52	GENERAL FUND BALANCE	1,215,337,906				52
53	SPECIFIC PURPOSE FUND BALANCE		209,535,724			53
54	DONOR CREATED - ENDOWMENT FUND BALANCE - RESTRICTED			156,855,480		54
55	DONOR CREATED - ENDOWMENT FUND BALANCE - UNRESTRICTED					55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BALANCE					56
57	PLANT FUND BALANCE - INVESTED IN PLANT					57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT, AND EXPANSION					58
59	TOTAL FUND BALANCES (sum of lines 52-58)	1,215,337,906	209,535,724	156,855,480		59
60	TOTAL LIABILITIES AND FUND BALANCES (sum of lines 51 and 59)	1,828,884,489	209,535,724	156,855,480		60



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ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	FUND BALANCES AT BEGINNING OF PERIOD		1,093,692,943		180,588,558	1
2	NET INCOME (loss) (from Worksheet G-3, line 29)		147,757,297			2
3	TOTAL (sum of line 1 and line 2)		1,241,450,240		180,588,558	3
4	ADDITIONS (credit adjustments)	-6,101,718		70,982,382		4
5	GRANTS					5
6	INVESTMENT RETURN			17,172,922		6
7	TRANSFER FROM AFFILIATES					7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		-6,101,718		88,155,304	10
11	SUBTOTAL (line 3 plus line 10)		1,235,348,522		268,743,862	11
12	DEDUCTIONS (debit adjustments)	20,010,617		59,185,034		12
13	TRANSFER TO AFFILIATES			23,104		13
14	CAPITAL ASSETS					14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)		20,010,617		59,208,138	18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		1,215,337,905		209,535,724	19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	FUND BALANCES AT BEGINNING OF PERIOD		148,542,673			1
2	NET INCOME (loss) (from Worksheet G-3, line 29)					2
3	TOTAL (sum of line 1 and line 2)		148,542,673			3
4	ADDITIONS (credit adjustments)	8,289,703				4
5	GRANTS					5
6	INVESTMENT RETURN					6
7	TRANSFER FROM AFFILIATES	23,104				7
8						8
9						9
10	TOTAL ADDITIONS (sum of lines 4-9)		8,312,807			10
11	SUBTOTAL (line 3 plus line 10)		156,855,480			11
12	DEDUCTIONS (debit adjustments)					12
13	TRANSFER TO AFFILIATES					13
14	CAPITAL ASSETS					14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS (sum of lines 12-17)					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (line 11 minus line 18)		156,855,480			19



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	109,916,417		109,916,417	1
2	SUBPROVIDER IPF				2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				9
10	TOTAL GENERAL INPATIENT CARE SERVICES (sum of lines 1-9)	109,916,417		109,916,417	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	INTENSIVE CARE UNIT	81,176,556		81,176,556	11
12	CORONARY CARE UNIT	72,076,860		72,076,860	12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	NEONATOLOGY	100,731,419		100,731,419	15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (sum of lines 11-15)	253,984,835		253,984,835	16
17	TOTAL INPATIENT ROUTINE CARE SERVICES (sum of lines 10 and 16)	363,901,252		363,901,252	17
18	ANCILLARY SERVICES	616,717,562	576,140,479	1,192,858,041	18
19	OUTPATIENT SERVICES				19
20	RHC				20
21	FQHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	980,618,814	576,140,479	1,556,759,293	28

PART II - OPERATING EXPENSES

		1	2	
29	OPERATING EXPENSES (per Worksheet A, column 3, line 200)		667,405,080	29
30	ADD (SPECIFY)			30
31				31
32				32
33				33
34				34
35				35
36	TOTAL ADDITIONS (sum of lines 30-35)			36
37	DEDUCT (SPECIFY)			37
38				38
39				39
40				40
41				41
42	TOTAL DEDUCTIONS (sum of lines 37-41)			42
43	TOTAL OPERATING EXPENSES (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		667,405,080	43



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES (from Worksheet G-2, Part I, column 3, line 28)	1,556,759,293	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	949,169,943	2
3	NET PATIENT REVENUES (line 1 minus line 2)	607,589,350	3
4	LESS - TOTAL OPERATING EXPENSES (from Worksheet G-2, Part II, line 43)	667,405,080	4
5	NET INCOME FROM SERVICE TO PATIENTS (line 3 minus line 4)	-59,815,730	5

OTHER INCOME

6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	57,404,386	6
7	INCOME FROM INVESTMENTS	87,814,818	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	1,715,344	11
12	PARKING LOT RECEIPTS	2,888,301	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,142,524	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES 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		18
19	TUITION (fees, sale of textbooks, uniforms, etc.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	30,638	21
22	RENTAL OF HOSPITAL SPACE	4,386,924	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	OTHER (SELF INSURANCE INCOME)	4,592,808	24.01
24.02	OTHER (INTEREST INCOME)	8,037,507	24.02
24.03	OTHER (CHANGE IN UNREALIZED INVESTMENT)		24.03
24.04	OTHER (SPECIMEN REVENUE)	1,155,528	24.04
24.05	OTHER (ASSETS RELEASED FROM RESTRICTION)	4,056,384	24.05
24.06	OTHER (CMRI)	17,050,187	24.06
24.07	OTHER (INTEREST RATE SWAP)		24.07
24.08	OTHER (CONTRACT REVENUE-70412)	26,332	24.08
24.09	OTHER (SHUTTLE REVENUE)	137,137	24.09
24.10	OTHER (CLINIC REVENUE)		24.10
24.11	OTHER (PENSION LIABILITY ADJUSTMENT)		24.11
24.12	OTHER (TRUST INCOME)	1,095,749	24.12
24.13	OTHER (CDH REVENUE)	12,453,934	24.13
24.14	OTHER (INDIRECT COST RECOVERY)	1,606,639	24.14
24.15	OTHER (ENDOWMENT & SP FUND RECOVERY)	977,887	24.15
25	TOTAL OTHER INCOME (sum of lines 6-24)	207,573,027	25
26	TOTAL (line 5 plus line 25)	147,757,297	26
27.01	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSETS)		27.01
27.02	OTHER EXPENSES (OTHER EXPENSE)		27.02
27.03	OTHER EXPENSES (PENSION LIABILITY ADJUSTMENT)		27.03
27.04	OTHER EXPENSES (INTEREST RATE SWAP)		27.04
27.05	OTHER EXPENSES (AFFILIATE TRANSFERS)		27.05
29	NET INCOME (or loss) FOR THE PERIOD (line 26 minus line 28)	147,757,297	29



ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
	GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT							1
1.01	CAP REL COSTS-INT EXP							1.01
2	CAP REL COSTS-MVBLE EQUIP							2
4	EMPLOYEE BENEFITS DEPARTMENT							4
4.01	EMPLOYEE BENEFITS FTE BASED							4.01
5.01	ADMINISTRATION & GENERAL							5.01
5.02	ADMIN & GENERAL CHCRC							5.02
5.03	ADMIN & GEN PATIENT RELATED							5.03
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT							7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING							9
10	DIETARY							10
11	CAFETERIA							11
12	MAINTENANCE OF PERSONNEL							12
12.01	VOLUNTEERS							12.01
13	NURSING ADMINISTRATION							13
14	CENTRAL SERVICES & SUPPLY							14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY							16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SERVICES-SALARY & FRINGES APPRVD							21
22	I&R SERVICES-OTHER PRGM COSTS APPRVD							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE 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
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							
95	AMBULANCE SERVICES							95
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
105	KIDNEY ACQUISITION							105
106	HEART ACQUISITION							106
107	LIVER ACQUISITION							107
110	INTESTINAL ACQUISITION							110
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							



COMPU-MAX

ANN & ROBERT H. LURIE CHILDREN'S HOS Provider CCN: 14-3300	In Lieu of Form CMS-2552-10	Period : From: 09/01/2013 To: 08/31/2014	Run Date: 01/26/2015 Run Time: 13:32 Version: 2014.03
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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		0	2A	24	25	26		
191	RESEARCH							191
191.01	OSA							191.01
192	PHYSICIANS' PRIVATE OFFICES							192
192.01	OFFSITE FACILITIES							192.01
193.01	ENDOWMENTS & OTHER SERVICES							193.01
193.02	NON-REIMBURSABLE CLINICS							193.02
194	ENDOWMENTS & OTHER SERVICES							194
194.01	NON-REIMBURSABLE CLINICS							194.01
194.02	KOHL HOUSE							194.02
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL (sum of lines 118-201)							202